

To Study the Relationship Among Childhood Trauma, Social Adjustment and Self-Esteem

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INTRODUCTION

A significant stage of an individual's life, early adulthood, is noticeable by critical changes in both physical and psychological facets. It spans approx. 18 to 30 years of age. However, these changes may differ depending on each person's culture and circumstances. During this period, people undergo a stream of transformations that may alter their identity, social relationships and personal development. Comprehension of early adulthood is, its traits and influence it can have on the mind and body are significant to properly address this stage of life.

Some of the developmental tasks that young adults develop are analyzed by Havighurst (1972). These are some:

1. Establishing to transform to a person who is satisfied within themselves is clarified as achieving autonomy.
2. Identifying oneself: Understanding and recognizing one's, interest, dislikes, and preferences more clearly
3. Increasing emotional regulation: managing your emotions is regarded as a indication of maturity.
4. Developing an occupation: entails researching, pursuing, and analyzing a career where your interest lies and what you want to peruse in your life.
5. Establishing relationships: A significant tasks of young adults is the ability to seek intimacy and build long lasting relationships.
6. Being a part of a community or group: In young adulthood we explore and join a variety of community groups for the first time.
7. Buying and running a household: making your first purchase on a house and learning to manage it.
8. Adjusting to a new relationship or marriage, and learning to be a parent.

What Early Adulthood Is Like

It's a significant time in early adulthood and one where you determine new rules of the social and living world. If you have nothing to draw upon, then it warrants taking responsibility, rather young adult life being about the things like parenthood, marriage and so forth.

Early adulthood marks an important settling down age where young adults begin to decide what they're going to live and whom they're going to be living with.

The time that many people identify as being in the "Reproductive Age," is early adulthood, because for many young adults, they grew up and desired to be parents.

There can be a lot of change in the early stage of adulthood, from multiple new roles, navigating relationships, a shifting cadre of friends and family, and so on. Combine all this and you would agree it's hard and not out of the ordinary to feel a lot of mental pressure in this stage.

It can be pretty an emotionally stressful early adulthood. The thing about balancing everything when it comes to work, home, and so on then, all this piling on the emotional tension.

Sometimes, young adults, after finishing school or obtaining a degree, experience a period of being socially isolated from friends, and their friendships may also fade. Really, early adulthood is the commitment thing, and it's after people have

moved beyond relying on their families, like they did as teens, they're starting to become independent and develop their own lives.

Challenges Faced In Young Adulthood

Adults can struggle in their life in a lot of aspects as they are transitioning from teenagers; some of these struggles mentioned by Dr. Hector Rodriguez are:-

- **Financial Tensions:** Today's economy is marked by high inflation especially after post-pandemic, many individuals find it hard to find a career or job that satisfies their lives fully. They may also find it difficult to pay high rents, find a high-paying job or, they may be dependent on their parents because they lack the financial resources to venture out on their own. Meanwhile, many face a stagnancy in their occupational life as it might be marked by immense confusion and stress.
- **Career Uncertainty:** Earning a college degree may have promised a job in the younger generation; however, following a traditional job like you parents or in society is now considered less straightforward. Adult individuals face a lot of confusion, so they tend to explore roles many times throughout their lives. They also have to face very intense competition which can result in a lot of mental pressure and low self-esteem.
- **Problems with relationships:** As children grow, their responsibilities and priorities change, as a result young adults may find it challenging to build and sustain relationships. As teens transition from the school environment and enter a strict work environment, close friendships may wear off. Dating and forming romantic relationships are a significant part of our lives and it highly linked with how we adjust socially. Even though in today's generation there is a lot of awareness regarding sexuality, Individuals might still be scared in sharing their sexuality to their peers and family.
- **Issues with Mental Health:** Even though there is a lot of help and awareness regarding mental health, past studies have reported that a lot of young teenage girls are suffering from depression and are vulnerable to commit suicide. According to studies, the epidemic and post pandemic had a significant impact and did alter the brains of adolescents. Adults may lean to the habit of smoking or drinking to relieve themselves from stress, during these times it is necessary that required help is provided to them to help them cope instead of adapting to unhealthy habits.
- **Individuality and accountability:** Adults are introduced with a lot of new challenges. While teens and young adults seek to be more independent, they might be confuse and might need assistance to go on a right path. Cooking, grocery shopping, and home maintenance are all aspects of household can seem challenging to some adults
- **Identity and Self-Discovery:** As they grow old, young adults face a lot of challenges in the process of self-discovery, analyzing and exploring their values and beliefs. But the young generation today are also shaping their identity in an environment which is constantly changing and developing. As a result of these changes, there is now a lot of societal pressures and adults tent to constantly compare themselves to other people online especially by means of social media.
- **Isolation and loneliness:** As the lives of young adults are constantly developing, they might feel disconnected from their childhood friends. When children they grow older, they have no choice but to learn to adjust to new social environments but for some individuals this might be difficult and they might feel lonely and helpless.
- **Positive Well-being:** In a study done in the early 20s, only 27% to 33% of adults between the ages of 5 and 17 are getting the implementing the 60 minutes of any type of physical activity at least once a day. A number of future events like unhealthy lifestyles, changes in the climate or inflation could negatively impact our well-being. Regular healthy diet and exercise is crucial for our positive well-being.
- **Management of time and exhaustion:** In a society which is constantly changing, managing our times effectively can be little tricky. Individuals over 18 are more vulnerable to experience burnout because of the pressure from school, work, relationships, and self-improvement. Therefore, they must learn to hoe to effectively manage their time and avoid putting so much pressure on themselves as it might lead to physical and mental exhaustion.

Opportunities and challenges to well-being arise during this significant identity and intimacy formation phases of early adulthood. Interventions used to improve and measure the well-being of the adults include (a) developmentally informed

analysis of the structure of well-being within (and not just across) time; (b) the use of brief, daily momentary assessments of well-being; and (c) the integration of concepts from developmental and psychological science on well-being.

Childhood Trauma

Childhood trauma can take place when a young child has an experienced an event that can be harmful to difficult to cope. According to studies it was found that more than two-thirds of children have experienced childhood trauma- below the age of sixteen.

Childhood trauma can be caused by the following incidents:

- Physical, psychological sexual abuse
- Physical or emotional Neglect
- illnesses or accidents that may significantly impact the quality of life
- An event of loved one passing away.
- A natural calamity, like a hurricane, tsunami or earthquake.
- Experience Violence, including physical or terrorist attacks.

How Trauma Affects Children

Numerous aspects of a child's life can be affected by trauma. These are some:

- Physical health: Children may experience extreme physical stress responses and physical symptoms, such as headaches and vomiting.
- Mental health: After analyzing few studies in 2021 it was found that, childhood trauma is linked with adult mental health conditions like bipolar disorder, depression, anxiety, and psychosis.
- Cognitive abilities: The brain's emotional and mental processes may be highly affected by childhood trauma. Youngsters may face challenges with critical thinking, problem-solving, reasoning, and acquiring new knowledge.
- Self-esteem: Individuals in their early adulthood can often undergo Feelings of guilt, loneliness, and worthlessness when faced with childhood trauma.
- Emotional regulation: Adults who have experienced something traumatic in their childhood may grow up struggling to control and regulate their emotions.
- Relationships: Childhood trauma may also affect a child's ability to build trustful relationships which may impact their lives in early adulthood.

Social Adjustment

Humans are highly social beings who must communicate and interact with others as humans cannot survive without the help of others. According to Gerungan, since humans are born, they need to possess the ability to able interact socially to satisfy their biological needs for food, water, and other things throughout their life. Relationships with others in a given environment, including the family, the school, and society as a whole, will always affect how a person adapts and behave socially.

According to Schneiders, social adjustment is the ability to effectively respond to circumstances, realities, and social relationships to meet the demands of society and to follow the societal norms. According to Schneiders', social adjustment is behavior that encourages individuals to interact with the rest of the people by self-awareness and the demands of the environment.

Childhood Trauma and Social Adjustment

Childhood trauma can have a significant effects on social adjustment later in life. Even though psychological interventions can be helpful in reducing these impacts, many people might not be aware of their illness or might find mental healthcare inaccessible,

Social adjustment issues can make a person more vulnerable to mental health issues like anxiety and depression if they are not given the proper care and guidance, young people are more likely to struggle with social adjustment because of the constant changing societal norms and expectations.

Therefore, it is necessary to understand that social adjustment issues can be complex and quite difficult to resolve as link between childhood trauma and self-esteem seems quite complex in trauma-focused interventions. Proposed model suggests that trauma can impact critical cognitive skills required for social adjustment. Therefore, serious problems with social adjustment might persist if these problems are not fixed. We contend that psychological interventions that concentrate on the social adjustment of traumatized youth have failed because they avoid this process.

Self-Esteem

Your subjective assessment of your own value is defined as self-esteem which is quite similar to self-respect. It can impact a lot of aspects in your life like motivation, mental health, and overall quality of life; having healthy Self-esteem is characterized by:-

- Self-assurance
- A sense of safety
- Personality
- A feeling of belonging
- A sense of competence

The period of young adulthood is significantly marked by life transitions especially in the work and social aspects. It is indicated that young adults' sense of self grows during these transitions, which may explain the boost of self-esteem within ourselves but it might not be similar for everyone.

When it comes to the transitions between education and work, finishing our schooling has been related to an increase in self-esteem whereas passing our first year of college is often marked by a lower-self-esteem. Studies showed that the individuals who passed their schools and entered the job market also indicated lower self-esteem. Individuals who had just begin their work opportunities doing part-time also experienced a boost in their self-esteem. In young adulthood, the first relationship and the transition to work from home is seen to boost self-esteem, while parenthood appears to lower it.

Childhood Trauma and Self Esteem

There is a high link between trauma and low self-esteem. A person's sense of self can be affected by trauma, particularly in the early childhood as the brain is still developing and forming associations between experience and emotion.

After experiencing a trauma our brain often experiences a situation of fight-or-flight after trauma, where our body prepares itself to fight with the situation by releasing hormones. As a result, when your body is experiencing that, your brain can instruct itself to "feel" the danger.

It can be difficult to being satisfied in the aspects of our life such as relationship, work or school, or setting goals when one has a low sense of self. This feeling of lower self-esteem can continue to persist or grow making the individual feel hopeless about the future.

REVIEW OF LITERATURE

1)Introduction: CIT and premorbid adjustment are linked negatively to psychosis. Previous research has shown that childhood trauma highly impacts our mental health and can make us vulnerable to personality disorders, anxiety and mood disorders, schizophrenia, and psychotic disorders, the duration of this study was 2 years.

Methodology: Through the early detection and intervention study's early detection program, 232 contestants with FEP were chosen, and they were re-selected two years later. The tools used here were the Premorbid Adjustment Scale and the

Freyd Goldberg Brief Betrayal Trauma Survey. The links between these variables were evaluated using different models and path-analysis.

Results: A third of participants in the sample were of average 27 years old and was composed of 57% males, reported having experienced CIT at some point in their lives. The results of the statistical analyses indicates that childhood interpersonal trauma impacts the premorbid adjustment on remission after two years. Premorbid adjustment, however, did not mediate the effect of CIT, in contrast to previous research

Conclusion: social adjustment and the effect of interpersonal trauma on psychotic remission were found to be highly linked with each other. People with childhood interpersonal T who had poor social functioning as children are more likely to experience non-remission because CIT demonstrated a moderate effect of premorbid adjustment. Research indicates that improved premorbid social relationships may mitigate the impact of trauma on the progression of symptoms.

2) Introduction: In the past a lot of researches have showed a relation between childhood trauma and individual development in the future. Childhood trauma is linked with reduced cognitive functioning, which has showed negatively impacts on learning and education in future development. To flourish work-related interventions, the research indicated that adults with disabilities regarding their exposure to childhood trauma, current functioning, and efficacy to make appropriate work adjustments.

Methodology: A sample of 648 adults were collected who self-reported their disabilities and participated in surveys related to childhood maltreatment, functioning, and work adjustment. Participants included in the final sample were ranged from age 20 to 77. The tool used here was Childhood Trauma Questionnaire (CTQ). The purpose of the 28-item CTQ self-report questionnaire is to evaluate quick, valid, and reliable screening for histories of physical, emotional, and sexual abuse as well as physical and emotional neglect (Bernstein & Fink, 1998).

Results: It was indicated that some model fit indices did not reach their thresh-old values, acceptable model fit was indicated: RMSEA = .10. Brehmer et al. 7(mediocre), CFI = .92 (acceptable), TLI = .88 (in progress to acceptable), SRMR = .05 (acceptable). The following goodness-of-fit indexes directed to a model that was a nice fit for the data: 2/df = 7.85; RMSEA = .10; CFI = .92; TLI = .88; SRMR = .05 (see Figure 2). This suggested the adequacy of the model for subsequent tests of structural paths and mediation.

Conclusion: The results of this research focused more on a likely pathway from childhood maltreatment through functioning to adult work adjustment. The findings indicated that functioning acts as a mediator and provides an explanation for the relation between adult work adjustment and childhood trauma. Specifically, when functioning was considered in the model, it was seen that childhood trauma did not directly affect work adjustment. It was analysed that there was almost no link between childhood trauma and work adjustment. Childhood trauma was crucially and moderately linked to functioning, which in turn was significantly related with lower work adjustment.

3) Introduction: The aim of this research is to investigate how trauma experienced in the past can affect quality of life on married couples. It also seeks to study if the quality of life of partners and marital adjustment have any correlation or not differ depending on particular factors connected to their traumatic early experiences.

Methodology: A total of 206 individuals (103 married couples) who voluntarily wanted to take part in the research. Responders were instructed to fill a set of questions including a 'Sociodemographic Data Form', 'Childhood Trauma Scale', 'Quality of Life Scale', and 'Marital Adjustment Scale'.

Conclusion: The findings showed that participants' quality of life, marital adjustment, and traumatic childhood experiences varied significantly depending on a number of factors. These included the age of their partners in physical neglect, their psychiatric treatment history in the dimensions of childhood trauma, differences were indicated based on the participants' smoking, alcohol, and substance use in the dimension of marital adjustment, as well as their childhood trauma variable regarding physical neglect. However, no significant differences were showed in gender, age, education

level, economic status, and employment status, place of residence, number of years married, or number of marriages of the participants.

4) Introduction: The degree to which traumatic experience is linked with various mental and somatic and mental health disorders in adults' depending on age, sex of individual and the type of trauma suffered. The study's objective is to explore how childhood trauma affects different well-being of an individual later in life.

Methodology: Data 156,807 participants were collected and analyzed using logistic regression, with keeping factors in mind such as the age, sex, type of trauma. The study divided respondents into two groups, moderate and the severe.

Results: Results suggested that respondents who had experienced trauma in their young life were more vulnerable to be diagnosed with all of the conditions studied: cancer 95% confidence interval myocardial infarction, diabetes. All of these relations were indicated to be high in young children despite of the type of trauma they suffered; however there were differences in the result based on their gender, but only for a few.

Conclusion: The study came to the analysis that trauma in childhood was highly correlated to the mental and physical well-being in the future life. In the future there should be more implementation of preventive strategies that could prevent this

5) Introduction: Childhood trauma can have a significant impact on normal neurodevelopment. Past studies have also indicated that it also has an impact on intervention strategies and cognitive functioning. Researchers were also determined to explore the link among trauma and premorbid adjustment, which may also affect our future neurodevelopmental. The main focus of this study was to concentrate research on aspects like substance abuse, psychiatric disorders, and a family history of schizophrenia that might affect this relationship.

Methodology: (FES) and healthy controls made up study sample. In order to examine the connection between premorbid adjustment and childhood trauma in 77 patients, hierarchical regression was chosen, and interaction terms were incorporated into the model. Additionally, the relationship between both patients' cognitive functioning and childhood trauma was examined using hierarchical regression.

Findings: The findings showed a strong correlation among premorbid adjustment when we were a child and late adolescence and child trauma. Past family signs of schizophrenia or psychiatric disorders did not show any moderating effects. The link between child trauma and adjustment was indicated by poor cognitive functioning, but it was adversely affected by a history of substance abuse.

Conclusion: The results demonstrated a connection between premorbid adjustment and trauma, showing broad correlation across different forms of trauma that affects premorbid adjustment in all aspects. The results also indicated the involvement of several other many factors. Trauma was also found to be linked with cognitive impairment, with the connection between physical neglect and cognition being non-illness-specific.

6) Introduction: Past research has shown strong links between childhood trauma and aspects of adult physical and mental health which are dependent on age, sex, and type of trauma. In the past, past researches have been always concentrating only on a particular illness, whereas this one tried to see the connection between childhood trauma and different physical and mental health consequences in adulthood.

Methodology: information from roughly 156,807 NAKO Health Study participants. Two groups of participants were created using the Childhood Trauma Screen; those who had no or minor trauma ($n = 115,891$) and those who had moderate or severe trauma ($n = 40,916$).

Results: The findings demonstrated that those who experienced childhood trauma had a higher likelihood of receiving a diagnosis for any of the conditions being studied: Cancer (95% CI: [1.05; 1.15]; odds ratio [OR] = 1.10): [1.05; 1.15]; myocardial infarction (OR = 1.13 [1.03; 1.24]), diabetes (OR = 1.16 [1.10; 1.23]), stroke (OR = 1.35 [1.23; 1.48]), chronic obstructive pulmonary disease (OR = 1.45 [1.38; 1.52]), depression (OR = 2.36 [2.29; 2.43]), anxiety disorders (OR = 2.08 [2.00; 2.17]), etc. Whatever the type of childhood trauma, these associations were observed to be more serious in younger people. There were also significant differences between sexes found for some associations.

Conclusion: Childhood trauma was seen to be significantly linked to an increased vulnerability of developing both mental and physical illnesses in adulthood. Since childhood trauma is crucial; variable of an individual's history that the victim has little to no control over, and the resulting illnesses also indicated a significant effect on both the affected individuals and society, there is a clear need for further research into these associations and the development of preventive measures.

7) Introduction: Exploring dyadic adjustment and sexual functioning in BD patients during the remission phase and assessing how a history of childhood trauma affected these variables were the main goals of the study.

Methodology: For this study research, eighty type 1 bipolar disorder patients (46 women and 34 men) and twenty-five control women and fifteen control men participated in a cross-sectional survey. All candidates filled out the Arizona sexual experience scale, the childhood trauma questionnaire, and the dyadic adjustment scale.

Results: It was observed that as comparison to the control group, the patient component exhibited high scores on all subscales and the CTQ-28's overall score, as well as lower scores on the DAS's subscales and overall score. Sexual dysfunction (SED) was observed in 57.5% of healthy controls and a striking 82.5% of bipolar patients. Both age and the overall DAS score were found to be predictors of SED. On the flip side, being male, not experiencing SED, and the total CTQ score were linked to predicting the DAS score, as shown by both linear and multiple regression analyses.

Conclusion: Patients diagnosed with bipolar disorder (BD) experience more dyadic issues, sexual dysfunction, and a history of trauma compared to healthy controls. There is a significant relationship between sexual function and dyadic adjustment, and both are adversely impacted by a history of childhood trauma.

8) Introduction: Interpersonal problems and relationship struggles tend to be more obvious among individuals who have some sort of cumulative child trauma, however, not all individuals with a history of CCT deal these challenges, and there is insignificant research on protective factors that might prevent relationship dissatisfaction in CCT.

Methodology: This research sought to determine the link among satisfaction and cumulative childhood trauma (CCT) as well as the potential significant moderating effects of attachment avoidance and anxiety. A Canadian survey company was used to gather a sample of 501 Canadian couples who were recruited randomly.

Results: The results indicated that higher levels of cumulative childhood trauma (CCT) in both individuals and their partners were correlated to lower relationship satisfaction for both couples. The research also showed that when someone has lower attachment avoidance, it can influence how their CCT relates to their satisfaction in relationships. Upon analysis it was observed that, when attachment avoidance was high, people's trauma was both positively and negatively correlated with quality of relationship; when attachment avoidance was low, however, this link was not significant.

Conclusion: The model accounted for 31.4% of the variable in quality of relationship. Overall, findings highlighted the importance of couple interventions that focus on romantic attachment.

9) Introduction: This study set out to explore the connection between the types and prevalence of trauma experienced by a community sample and those faced by an outpatient group dealing with mental disorders.

Methodology: 354 outpatients with diagnoses of mood disorders, schizophrenia, other psychotic disorders, adjustment disorder, and anxiety disorder who met the age range of 14 to 35 years were gathered from a mental health facility. We selected 100 healthy individuals for this research using a snowball sampling method from Singapore's general population. These participants completed the Childhood Trauma Questionnaire-Short Form (CTQ-SF), which measures the extent of childhood trauma experienced. We interviewed the participants and retrieved data from their outpatient medical histories. Independent sample t-tests and chi-square tests were used to compare the differences between the outpatient and community samples.

Results: Based on the CTQ-SF total and domain scores, the outpatient sample seems to have experienced more traumatic events as children than the community sample. The two most common traumas reported in the mood disorder sample were physical neglect ($n = 74$, 54%) and emotional abuse ($n = 81$, 59.1%). In contrast, the majority of the community sample had reported emotional ($n = 46$, 46%) and physical ($n = 18$, 18%) neglect. Finally, 22.6% of the outpatient sample ($n = 80$) and 28% of the community sample ($n = 28$) had reported at least one form of trauma.

Conclusion: Relative to the community group, the total and domain scores for the CTQ-SF were higher among the outpatient group and reflect greater concordance with traumatic childhood experience. Childhood trauma requires more investigation in order to increase our knowledge and refine procedures utilized by psychiatric clinics.

10)

Introduction: This research seeks to evaluate dissociation as a continuous spectrum, from normal experiences to severe symptoms primarily associated with dissociative identity disorder, by representing dissociation as a function of childhood trauma, adult personality, and adjustment.

Methodology: The population sample for this research study included 279 adults, with 231 females and 47 males. The Resilience Scale (RS), Dissociative Experiences Scale II, Creative Experiences Questionnaire, childhood trauma questionnaire, NEO five-factor inventory, and Resilience Scale were used to measure the subjects.

Results and Conclusion: Results of the significant paths in the model revealed, in line with theory and previous research, that childhood trauma had a direct relation to dissociation (regression weight = .13). One advantage of this research study was its tendency to uncover a complex network of relationships, where adjustment factors (resilience and fantasy proneness) and personality traits (neuroticism and agreeableness) assessed the link among dissociation and trauma.

11)

Introduction: In the past very little has been investigated regarding the relationship between various types of child abuse and adult psychological adjustment. As we can see child abuse and neglect have long-term consequences for mental health, leading to conditions such as depression and anxiety, as previously established. For the implementation of interventions, it is significant to know how each type of maltreatment influences adult well-being.

Methodology: From the sample of 175 women and men, the research study assess the relationships between the five types of childhood maltreatment. It observes how these forms of maltreatment, family dynamics during childhood, and current psychological adjustment (including trauma symptoms and self-deprecation) are interrelated to each other.

Results: As anticipated, family characteristics were found to predict both adjustment and maltreatment scores, and even after taking the family environment into consideration, maltreatment scores continued to predict adjustment. There were significant correlations between the five maltreatment scale scores.

Conclusion: The findings indicate the importance of assessing all types of maltreatment when examining their effect on adjustment and emphasize the significance of the childhood family environment in shaping long-term adult adjustment.

12)

Introduction: Longitudinal studies analyzed lifestyle factors as vulnerability to traumas from adolescence to adulthood are less. The research aimed to explore how health-related behaviors such as overweight, chronic disease, family socioeconomic status (SES), and education level in adulthood during adolescence (ages 14 to 18) affect the high vulnerability for average 27-year Finland.

Methodology: The data were collected through biennial surveys from 1981 to 1997 (the Adolescent Health and Lifestyle Survey) and were related to outcome data on high-energy traumas received from the Care Register for Health Care up to 2018. A logistic regression model was used to assess the links between adolescent exposure variables (such as frequent physical activity, overweight, smoking, monthly drunkenness, chronic disease, family SES, and adulthood education level) and the overall risk of high-energy traumas.

Results: 876 participants (1.8%) experienced high-energy trauma during follow-up. On average, a higher proportion of males than females were diagnosed with high-energy trauma (2.8% compared with 1.0%). The rest of the research concluded that individuals who experienced a chronic condition at adolescents, were smokers, consumed alcohol monthly, or possessed a low level of education seemed to be more vulnerable to trauma. Regular exercise or overweight in puberty, however, was not associated with increased risk of high-energy traumas.

Conclusion: During the average 27-year follow-up, smoking, monthly alcohol consumption, self-reported chronic diseases during adolescence, and a low level of education in adulthood were associated with a higher susceptibility to high-energy traumas. The long-term consequences of these risk factors should be incorporated into intervention programs.

13)

Introduction:

Trauma focused social adjustment therapy (TF-SAT) is a distinctive form of therapy designed for young person's still unable to adapt socially and emotionally enough after they have experienced substantial trauma. And it's built to combat some of the issues that regularly treated teeth don't fully iron out.

Methodology:

The purpose of this pilot study was to find out how well people say the TF-SAT works and to find out more about what might actually be occurring that is causing people to change in some way after using it. This was an eight month, semi structured program for two young people, a man and a woman, both in their twenties who had had serious trauma and were experiencing social issues. The study was a single subject case study so progress was closely followed both with check in during the therapy and after the therapy to see how they were doing.

Results:

A bunch of areas had obviously improved with the data. They both learnt to handle social problems better, felt less psychological distress, were less often prompted by difficult ones thoughts, and showed fewer post-traumatic stress signs. The best part is that these positive changes were not only short lived, but lasted even a month after therapy was over. These results were backed up as all the various ways of checking the data, (visual analysis, D index, percentage of non-overlapping data) proved that TF-SAT really improved on social adjustment as a whole.

Conclusion:

Having young people with psychosocial issues caused by past trauma consider TF-SAT as a short term option might be helpful. However, much more research with larger and more diverse groups is needed to really know how well it works and if it can be used in different situations.

14)

Introduction: Social anxiety has become significant psychological issue that impacts the mental health of today's youth. While many researches have indicated a strong link between childhood trauma and social anxiety in adulthood, the

indicating role of fear evaluation in this link remains unclear. The purpose of this study is to assess the internal processes and the connections among college students' social anxiety, and childhood trauma.

Methodology: A total of 229 men and 330 women, aged approximately 20 years, were administered the Liebowitz Social Anxiety Scale, the Fear of Positive Evaluation Scale, the Brief Fear of Negative Evaluation Scale, and the Childhood Trauma Questionnaire. Correlation analyses were done to assess the initial relationships among the key variables. Structural equation modeling was used to assess the parallel mediating effects of fear of both positive and negative evaluation on the relationship between social anxiety and childhood trauma.

Results: Social anxiety, fear of positive judgment, fear of negative judgment, and childhood trauma were all significantly correlated. Fear of positive judgment and fear of negative judgment were both significantly positively predicted by childhood trauma. Social anxiety was also found to be highly positively predicted by fear of both positive and negative evaluation. Parallel mediation effects of fear of both positive and negative evaluation significantly impacted the relationship between social anxiety and childhood trauma.

Conclusion: The relationship between social anxiety and childhood trauma is mediated by fear of both positive and negative evaluation. The study's conclusions indicated a new perspective on the causes of social anxiety as well as a scientific foundation for implementing effective intervention strategies.

15)

Introduction: Early childhood trauma can have enormous impact on a child's self-development, especially in early developing stages of the brain when it is shaping emotional connections with experiences. There are times when disruptions are so early that later there are struggles with trauma as well as with low self-esteem. According to this study, they sought to understand how different kinds of childhood trauma affect one's self-esteem as an adolescent and young adult.

Methodology: For the research, the group of 30 people aged between 13 to 25 years were administered the Childhood Trauma Questionnaire Short Form by Bernstein and the Rosenberg Self Esteem Scale (RSE). The relationships between trauma exposure and self-esteem level were analyzed using t tests done on the collected data.

Results and Conclusion: This study indicated a negative correlation between childhood abuse and self-esteem. In line with the independent regression analyses, childhood abuse was also seen to be a significant predictor of self-esteem, showing that as childhood abuse increases, self-esteem levels in participants decrease. Interventions and support systems for individuals who have experienced childhood abuse are significant. Such practices can flourish improved mental health outcomes and inform policies focused at protecting vulnerable children's well-being.

16) Introduction: The result of going through tough experiences as a kid can have long term affects such as being in poor mental health. Furthermore, these experiences as a kid can put you at risk to have issues with relationships when you get older. This study wanted to know whether simply feeling anxious in social situations was actually good for blotting out the damage of childhood trauma on relationships, and whether there are better ways of helping people cope.

Methodology: To gather data, 241 adults old between 19 and 59 filled out an online survey and answered a few questions where they chose which person from the shown deck of photos they thought had the highest waist to hip ratio. Participants' answers were given in the Social Interaction Anxiety Scale, Interpersonal Problem Scale and the Korean version of Childhood Trauma Questionnaire. We then performed correlation and regression analyses in SPSS 20.0 to examine and whether social interaction anxiety mediated in the study.

Results: People who have been through more trauma as kids tend to have more difficulty getting along with others and are more anxious in social situations. What it means is that someone who has faced more tough stuff growing up is more likely to have battles with relationships and people in their lives overall.

Also, they discovered that childhood trauma leads to issues in relationships to some extent due to social interaction anxiety. So, in other words, you could have relationship problems due to the fact that you suffered some childhood traumas, but actually some of that effect had happened because people tended to feel anxious in social situations.

Conclusion: But helping adults who had childhood trauma beat social anxiety could be an important roadblock to problems in relationships, the results suggest. Ultimately, they may have a better chance at sidestepping bigger problems as it pertains to interacting with other people.

17)

Introduction: In recent year's complex posttraumatic stress disorder (CPTSD) has only more recently been acknowledged as distinct diagnostic category which is a growing field of literature about etiological factors. There are many areas left unsafely explored in regards to the contribution of self-esteem in the mediation of the relationship between childhood trauma and subsequent development of CPTSD. The scope of the present study is to examine how CPTSD symptomatology is affected by child trauma and examine the mediating role of self-esteem in this relationship.

Methodology: The work was carried out in two parts. The first phase was a survey to 360 Chinese young adults with childhood trauma records to find out this relation between childhood trauma, self-esteem, and complex post-traumatic stress disorder (CPTSD). A different experimental approach was taken in the second phase involving 80 participants with comparable backgrounds to check if transient changes in self-esteem would affect their symptomatology from CPTSD.

Results: Initial results showed that higher levels of childhood trauma mean greater amount of CPTSD symptoms among adults. This relationship was mediated by partial mediator, self-esteem. Importantly, the link between self-esteem and the disordered self-organization (DSO) components of CPTSD surpassed that between the core PTSD symptoms and self-esteem. For instance, during the experimental phase, if individuals obtain a large increase in self-esteem compared to those subjected to conditions that lower self-esteem, they are lowered by a significant amount for CPTSD symptoms.

Conclusion: Overall, the results indicate that self-esteem plays a major role in the development and representation of complex post-traumatic stress disorder (CPTSD) among individuals with past history of childhood trauma. The findings indicate that interventions intended to improve self-esteem may be a promising strategy for supporting persons affected by CPTSD.

18)

Introduction: An adult's mental health can be greatly affected by his childhood trauma, which may also have a huge significance on self-perception and general wellbeing. Understanding the bond is important to promoting their psychological growth and resilience during training. This research examines how childhood trauma impacts self-esteem specifically in nursing students, providing hinting for potential interventions.

Methodology: Between 23rd September and 27th September 2013, 346 students of nursing studying at a school of health in Eskisehir, Turkey, were selected as a sample for the study. Data were collected through use of tools like Rosenberg Self-Esteem Scale, and the Childhood Trauma Life Questionnaire.

Results: Male students were found to have lower self-esteem and more childhood trauma than female students, according to the study. In addition, compared to their peers, students from lower-income families had lower self-esteem and higher CTQ scores.

Conclusion: This study concluded that family structures other than nuclear families, a higher number of siblings, and having an authoritarian father were found to be linked to increased childhood trauma experiences. Correlation analysis also indicate a significant link between CTQ and RSES scores ($p < 0.05$), with higher CTQ scores being related with lower

RSES scores. Thus, it is necessary to plan and execute educational initiatives using social media to increase public awareness of traumatic experiences and their negative effects on a child's development.

19)

Introduction: Adolescent development is highly affected by self-esteem, particularly for those who are suffering with physical difficulties. This research study assess the ways in which traumatic childhood experiences associated with various parenting philosophies impact the self-esteem of adolescents with physical disabilities. Understanding these factors is crucial in providing the necessary support to enhance positive self-worth and mental well-being in this vulnerable group.

Methodology: 255 students with physical disabilities (131 men and 124 women) aging from 12 to 20 were selected for this study.

Results: Based on the findings of the study, individuals who had lower levels of childhood trauma were found to have higher self-esteem, explaining 7% of the difference in the self-esteem of the participants

Conclusion: Authoritarian and permissive parenting were found to have no measurable influence on respondents' self-esteem, but authoritative parenting was related positively to self-esteem. Due to their parents' active engagement and emotional awareness, teens with authoritative parents can establish a greater sense of self-worth.

20)

Introduction: Because substance abuse is still big problem and can contribute to issues with mental health, relationships, and money. In this study at past childhood trauma, self-esteem, background, and social factors of people who had received a diagnosis of substance use disorder were looked at.

Methodology: The study was conducted with 72 people with SUD and compared them to 72 healthy individuals selected at random. The healthy group was with less childhood trauma and higher self-esteem than the ones with SUD.

Results: It turned out that people with greater childhood trauma had lesser self-esteem. People with SUDs had been more emotionally and neglected, physically abused, and otherwise mistreated early in life than healthy people.

Conclusion: The study also revealed that those who have history of substance abuse were more likely to face low self-esteem and to have experienced childhood trauma. It was recommended that sociocultural programs should be implemented and made more accessible in order to increase people's mental health awareness and self-esteem.

21)

Introduction: Childhood trauma and self-esteem are studied in this study as to how they interact with one another; they are both contributing factors to self-objectification in female college students. It uses ideas from self-schema and objectification theories to explain how early tough experiences and confidence level affect how young women perceive and value their bodies.

Methodology: The study was set out to discover what causes a girl to become self-objectified, and with a focus on childhood trauma and self-esteem. The researchers used ideas from known psychology theories, to come up with a model and some predictions to test. Through an online survey, 530 female college students provided information to them.

Results: Results realized two major things: Positive correlation was found between childhood trauma and self-objectification such that individuals who had higher number of traumatic experiences were more likely to self-objectify i.e. internalize undesirable views about themselves. Second, childhood trauma fully mediated the relationship between childhood trauma and self-objectification, suggesting that the impact of early traumatic experience on self-objectification is primarily through the influence of these early traumatic experiences on self-esteem.

Conclusion: The study also found that self-esteem acts as a key mediator between childhood trauma and self-objectification. These results further illuminate how early negative experiences impact how the self is perceived, and it importantly places self-esteem at the core of this complicated functioning.

23)

Introduction: Sexual dysfunction (SD) represents an impairment of the normal sequence of a typical sexual response cycle and could conceivably result from anatomic, physiologic or psychic dysfunction. Recent research implicates a strong existence between CT and sexual dysfunction and also diminished self-esteem. In the present study, these self-esteem conditions are compared to a control group, to determine the differences between those with and without childhood trauma, and whether or not they also possess sexual dysfunction.

Methodology: Finally, the research consisted of 24 patients with a diagnosis of sexual dysfunction and 24 controls who were also matched for the condition. Sociodemographic data of all participants were obtained and assessed with Rosenberg Self Esteem Scale and childhood trauma questionnaire.

Results: Sexually dysfunctional patients scored significantly higher on the Childhood Trauma Questionnaire (CTQ-28) and showed elevated scores in various Rosenberg Self-Esteem Scale (RSS) factors particularly sensitivity to criticism, depressive mood, psychosomatic symptoms, threat of criticism from others in social relationships, reluctance to talk to others, and related strained relationship with fathers ($P < 0.05$). More analysis showed those who complained with genitopelvic pain/penetration, premature ejaculation, and low libido were at a greater frequency when compared with other types of childhood trauma ($P < 0.05$).

Conclusion: The results indicate that sexual problems are closely related to childhood trauma and are exacerbated by poor self-esteem if one is experiencing this. This also explains that when doctors are finding solutions to a person's sexual dysfunction, they must look at what past traumas from a person's childhood played a role in.

24)

Introduction: A far greater number of these adults with mental health challenges have been exposed to a great amount of trauma during childhood. This research expands upon the relationship between emotion regulation strategies (expressive suppression, cognitive reappraisal), self-esteem and their influence on the relationship between childhood trauma and adult mental health outcomes, or symptoms of anxiety and depression specifically.

Methodology: For this study, 6,057 total participants were recruited from multiple regions in China with mean age approximately 34 years. All assessment tools utilized were Patient Health Questionnaire-9, the Emotion Regulation Questionnaire, the Generalized Anxiety Disorder-7, Childhood Trauma Questionnaire, and the Self-Esteem Scale (SES). To examine the effect of emotion regulation strategies on mental health outcomes, we conducted hierarchical regression analyses, as well as subgroup comparisons.

Results: After dealing with age and gender, we noticed some things that were important.

About 32 percent (32%) of the effect explained the link between childhood trauma and anxiety symptoms in adulthood accounted for by self-esteem (indirect effect = 0.03, 95% CI = 0.03 to 0.04). Going through trauma as a child can be really damaging to a person's self-esteem.

(3) Child trauma had a big effect on how mental health turned out to be later in life, related to self-esteem. Those with greater self-esteem appeared to be buffered from the dysfunctional effects of the past trauma. The pattern was there and I had seen it consistently when it came to childhood trauma to self-esteem or self-esteem to adult mental health.

Conclusion: What the study basically says is that it often has to do with being an adult that has mental health problems and is determined by it, and partly it's got to do with the self-esteem of being a kid that had to experience trauma. In addition, it demonstrates how bottling things up does not work, because the lower your self-esteem from the early trauma.

25) Introduction: This research aims to look into the correlation among various aspects like emotion control, self-esteem, and childhood abuse being the first to do so with a Portuguese group. Childhood trauma can have a long-term effect on how we view ourselves and build our self-worth and ability to deal with emotions.

Methodology: The method used for this research was a cross-sectional and descriptive method which included 96 Portuguese adults who were 18 years or older. The tools used here were the Childhood Trauma Questionnaire, the Difficulties in Emotion Regulation Scale, and the Rosenberg Self-Esteem Scale. They also filled out an online form about their background and personal details.

Results: The DERS total score and the total CTQ score, as well as several DERS subscales, including impulse control problems and the inability to accept emotional reactions, were found to have significant positive correlations. Alongside DERS subscales such as emotional ambiguity and limited availability of emotion regulation strategies.

Conclusion: This study backs up other research pointing to a strong link between trauma in childhood and trouble managing emotions as an adult. Many folks who suffered abuse as kids often talk about feeling worse about themselves as they get older. What this work drives home is how we need programs to help abused children. These programs can lessen the long-lasting effects of childhood abuse on self-worth and the ability to handle emotions.

AIM OF THE STUDY

Our psychological well-being may be greatly affected by childhood trauma. To explore the idea if childhood trauma has any effect on our social adaptation and self-esteem during early adulthood, this study aims to examine the interaction between childhood trauma, social adaptation, and self-esteem

OBJECTIVES OF THE STUDY

The aims of the study were to conduct a second investigation on the topic of "Determining the relationship between childhood trauma, social adjustment, and self-esteem."

METHODOLOGY

HYPOTHESIS

1. Correlation: Social adjustment, physical abuse, self-esteem

- (a) There will be a significant correlation between physical abuse and social adjustment.
- (b) There will be a significant correlation between social adjustment and self-esteem.
- (c) There will be a significant correlation between physical abuse and self-esteem.

2. Correlation: Social adjustment, emotional abuse, self-esteem

- (a) There will be a significant correlation between emotional abuse and social adjustment.
- (b) There will be a significant correlation between social adjustment and self-esteem.

- (c) There will be a significant correlation between emotional abuse and self-esteem.

3. Correlation: Social adjustment, sexual abuse, self-esteem

- (a) There will be a significant correlation between sexual abuse and social adjustment.
- (b) There will be a significant correlation between social adjustment and self-esteem.
- (c) There will be a significant correlation between sexual abuse and self-esteem.

4. Correlation: Social adjustment, physical neglect, self-esteem

- (a) There will be a significant correlation between physical neglect and social adjustment.
- (b) There will be a significant correlation between social adjustment and self-esteem.
- (c) There will be a significant correlation between physical neglect and self-esteem.

5. Correlation: Social adjustment, emotional neglect, self-esteem

- (a) There will be a significant correlation between emotional neglect and social adjustment.
- (b) There will be a significant correlation between social adjustment and self-esteem.
- (c) There will be a significant correlation between emotional neglect and self-esteem.

SAMPLE

For the purpose of this research, a total sample size of 150 respondents of early adulthood age group (18-30) voluntarily took part in this study.

RESEARCH DESIGN

Quantitative data was used for this research; a sample size of 150 participants was used with the age group of 18-30 both males and females from different regions.

RESEARCH VARIABLE

The three variables present in this research study were:-

- i) Childhood trauma
- ii) Social adjustment
- iii) Self-esteem

INCLUSION CRITERIA

Age group- 18-30 in both males and females from different areas.

EXCLUSION CRTERIA

Especially abled people

DESCRIPTION

The research relied on quantitative data to conduct hypothesis examination. The research team used data collection methods that enabled them to examine numerical data in detail and produce meaningful findings.

The childhood trauma questionnaire—Short Form represents a well-recognized self-administered assessment tool which evaluates adult experiences of childhood trauma created by Bernard L. Green and Steven V. A. Research operations in both psychological studies and clinical settings use this measurement instrument to investigate multiple types of childhood abuse and neglect. A total of 28 items in the CTQ-SF are grouped into five main subscales which explore vital domains of childhood adversity.

The purpose of the social adjustment scale-self-report is to measure an individual's perceived social change in various areas of their lives. Barbara C. Weissman and associates developed it in 1978. This tool consist of questions that cover various parts of social change. Respondents rate the degree to which everything applies to them, for the most part on a liker-type scale going ("strongly disagree" to "strongly agree") or by showing the recurrence of specific ways of behaving or encounters. The scale assesses several key domains of social adjustment such as; Family Relationships, Peer Relationships, School or Work Functioning, Romantic Relationships, and Overall Social Adjustment.

It tool follows a scoring of 0–30 scale, the scores which were below 15 potentially indicate low self-esteem. RSES was initially developed for adolescents, but it is also now being used extensively adult research too, this scale consists 10 questions. It focuses on studying the overall self-esteem by evaluating self-perceptions, as it was a very reliable and valid instrument for the quantitative evaluation of self-esteem.

PROCEDURE

In order to conduct primary research, the research's goal was first determined the three variables to be examined in this study were childhood trauma, social adjustment and self-esteem. The questionnaire chosen for it was the Childhood Trauma Questionnaire, The Social Adjustment Scale – Self-Report and Rosenberg Self-Esteem Scale respectively. Then, at that point total of 150 grown-ups were collected for the research between the age gathering of 18-30 including males and females from various regions. After the responses were collected, they were analysed and correlation was done to find the link among childhood trauma, social adjustment and self-esteem.

RESULT TABLE

1) Correlation: Social adjustment, physical abuse, self-esteem

a)

Variable	N	r	Sig.
Social Adjustment	150	-0.273	significant
Physical Abuse			

b)

Variable	N	r	Sig.
Social Adjustment	150	0.123	Insig (ns)
Self Esteem			

c)

Variable	N	r	Sig.
Physical Abuse	150	0.123	ns
Self Esteem			

2) Correlation: Social adjustment, emotional abuse, self-esteem

a)

Variable	N	r	Sig.
Social Adjustment	150	-0.438	sig**
Emotional Abuse			

b)

Variable	N	r	Sig.
Social Adjustment	150	0.123	ns
Self Esteem			

c)

Variable	N	r	Sig.
Emotional Abuse	150	0.011	ns
Self Esteem			

3) Correlation: Social adjustment, sexual abuse, self-esteem

a)

Variable	N	r	Sig.
Social Adjustment	150	0.012	ns
Self Esteem			

b)

Variable	N	r	Sig.
Self Esteem	150	0.012	ns
Sexual Abuse			

c)

Variable Pair	N	r	Sig.
Social Adjustment	150	-0.23	sig**
Sexual Abuse			

4) Correlation: Social adjustment, physical neglect, self-esteem

a)

Variable Pair	N	r	Sig.
Social Adjustment	150	-0.064	ns
Physical Neglect			

b)

Variable Pair	N	r	Sig.
Social Adjustment	150	0.123	ns
Self Esteem			

c)

Variable Pair	N	r	Sig.
Physical Neglect	150	0.027	ns
Self Esteem			

5) Correlation: Social adjustment, emotional neglect, self-esteem

a)

Variable Pair	N	r	Sig.
Social Adjustment	150	-0.245	sig**
Emotional Neglect			

b)

Variable Pair	N	r	Sig.
Social Adjustment	150	0.123	ns
Self Esteem			

c)

Variable Pair	N	r	Sig.
Emotional Neglect	150	0.036	ns
Self Esteem			

**. Correlation is significant at the 0.01 level (2-tailed)

*. Correlation is significant at the 0.05 level (2-tailed)

DISCUSSION

Childhood T is defined as very stressful experience or event or series of events occurring to an individual. Physical/emotional abuse, neglect or even sexual abuse is too much for a child to handle might qualify as such experiences. Childhood trauma can have a great social health impact on a person. Explosive abusive rage can occur when a person develops problems in developing essential relationships and social adaptability as a result of experiences in early life that interrupted the normal development of those skills. People exposed to childhood trauma might experience problems in their social involvement and relationship. Therefore, this study intends to determine the relationship between childhood trauma and social adjustment in adulthood.

An individual's self-esteem is formed early in life. This is a stage of active forming and adaptation of the environment as the child engages in it. However, those who have experienced trauma while in these stages may not only bear the scars of trauma for life, but many living with those scars will suffer far more negatively than positive in their identity and self-esteem.

Childhood trauma is defined as distressing experiences including physical, psychological abuse/ neglect; these adverse events have the ability to profoundly shape children's self-perception and their capacity to interface with and adjust to their world of both physical and social environment and are the most adversely effected by the developing brains of children.

Research in a large body has found a strong correlation in childhood trauma, social adjustment and self-esteem. Innumerable earlier studies have studied the relationship between adverse childhood experience (such as traumatic experiences), and how it relates to people's dimensions of social adaptation in the later adolescence or adulthood, and to their self-esteem level. Persistent results reveal that those who had the baggage of trauma in past are more prone with having problems of social adjustment than their peers exposed to no such adverse childhood experience.

Researches of this similarity have gone a long way to explaining this relationship. An example is that, as Smith et al. (2019) studied the child trauma effect on social adjustment of adults. This study utilized longitudinal research design to measure exposure to childhood trauma at several time points and social adjustment at multiple time points. A significant link reported among experiences of childhood trauma and social adjustment outcomes. More specifically, the social adjustment of children was worse across multiple domains in relation to earlier reported higher levels of exposure to trauma during childhood. Peers, family members and teachers all reported that adolescents who experienced greater trauma exposure had difficulties establishing and maintaining positive relationships with them. It was also found that those with more childhood trauma experiences' levels of academic achievement and overall social competence were lower than those who experienced fewer childhood traumas.

Studies conducted in the past has also demonstrated that past traumatic experiences significantly lower self-esteem in university students and are linked to an increased risk of suicide. To address this issue we can suggest risk management programs which should be implemented for university students, to address this issue of trauma and prevent the effects of childhood trauma that can hurdle the individual's development. These programs should be developed and managed by psychiatric and child nurses to provide targeted support and intervention.

CONCLUSION

Many of the research findings conducted in the past have suggested that self-esteem partially mediates the link among trauma and mental health outcomes. Additionally findings also showed expressive suppression (ES) exacerbates the detrimental impact of trauma on mental health through interventions and strategies that aims at improving the regulation of our emotions to foster positive mental health.

Essentially, Jones and Brown (2017) led a meta-examination of cross-sectional overviews and tracked down a strong pessimistic connection between experience between childhood trauma and social adjustment, including interpersonal relationships, employment status, and community involvement. They reasoned that people with a background marked by youth injury were at a higher gamble of encountering social challenges in adulthood contrasted with those without such a set of experiences.

In an extensive survey of writing looking at the link among childhood T and social adjustment in adulthood, a few examinations reliably report a huge negative connection between the two factors. For example, Smith et al. (2018) led a longitudinal report following people from youth into adulthood and found that the people who experienced youth injury, including misuse and disregard, were bound to display challenges in a friendly change in adulthood.

The findings of earlier studies confirm that childhood trauma leads to poor adult emotional control abilities while reinforcing scholarly work on this topic. During later life people who faced victimization during their childhood often express lower self-esteem. The research findings support the need for specific psychological treatments to build adult self-esteem and improve emotional competency because childhood abuse affects both emotional control and personal esteem

permanently. The results demonstrate why it is essential to create prevention and therapeutic interventions which reduce long-term abuse-induced effects on self-esteem and emotional control for children who have experienced abuse.

Researchers utilized three assessment tools to evaluate childhood trauma through the childhood Trauma Questionnaire Short Form (CTQ-SF) and social adjustment through the Social Adjustment Scale Self-Report (SAS-SR) along with self-esteem evaluation by means of the Rosenberg Self-Esteem Scale (RSES) in this study tracking relationships between these elements. A quantitative research methodology was adopted to collect data through 150 participants from various locations during their age range of 18 to 26 years. Both female and male participants contributed to the study. Multiple dimensions of childhood trauma demonstrated significant correlations with social adjustment but no such relationships existed between trauma dimensions and self-esteem according to correlational analyses. The study revealed significant negative correlations between social adjustment and each type of childhood abuse which included physical abuse, emotional abuse, sexual abuse and emotional neglect. This evidence demonstrates that people who experienced such traumatic experiences as children are likely to face social adjustment problems in adulthood. Studies demonstrated that emotional abuse caused the most severe negative relationship with social adjustment since it damages interpersonal relationships and social functioning to the greatest extent.

A lack of significant relationship emerged between physical neglect and social adjustment since other intervening elements possibly influence the outcome. None of the trauma indicators, was found to indicate significant results when correlated with self-esteem. This indicates that something other than early trauma, e.g., personality, resilience, or events later in life, may influence self-esteem. Overall, the results show that while self-esteem would seem not to correlated with both social adjustment nor childhood trauma.

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