



Adverse Childhood Experience Exposure In Teenagers

¹Shivika Paul, ²Shweta Dubey

¹M.Sc. Home Sc. (Human Development), ²Associate Professor

¹Faculty of Home Science, Department of Human Development

¹Banasthali Vidyapith, Rajasthan, India

Abstract

Background Adverse childhood experiences (ACEs) are traumatic experiences that occur between the ages of 1 and 17. These experiences are generally negative events. It can affect human health throughout life. They can lead to problems like mental health. Chronic health of psychoactive substance uses conditions and/or disorders. These conditions can be considered or managed throughout a person's life. **Objective** To identify adverse childhood experiences in teenagers **Methodology:** This study was conducted in Fr. Angel School, Greater Noida, UP among Class 10 to 12. A purposive sampling technique was used to select participants. **Result:** this research signifies that there are 10 children out of 70 who have suffered from adverse childhood experience and need care and counseling.

Keywords: Adverse Childhood Experiences (ACEs), Trauma, Mental Health, Teenagers

Introduction

Adverse children's experience (ACE) belongs to those children's events that cause problems of a later life. This experience includes various forms of abuse, neglect, and dysfunction of the household, which can have a long -term effect on the human mental and physical health. This study categorized in three major areas.

- Violence - Physical, emotional, sexual violence
- Neglect - Physical and emotional neglect
- Family dysfunction - Observing parents' division/divorce, psychoactive substance abuse, family mental illness, family, and family prisoner violence

ACEs are widely recognized as significant predictors of health risks such as depression, anxiety, substance abuse, heart disease, and even early mortality. Early intervention and resilience-building strategies can mitigate the harmful effects of ACEs, highlighting the importance of childhood support systems and trauma-informed care.

Signs of Adverse Childhood Experiences

The impact of "ACEs" can manifest in various ways across different stages of life. Some common signs include:

1. Emotional and Psychological Signs

- Persistent sadness or depression
- Anxiety, excessive worry, or fear
- Difficulty forming trustful relationships
- Intense emotional reactions or mood swings
- Low self-esteem and feelings of worthlessness
- Self-harming behaviours

2. Behavioural Signs

- Aggressive or violent behaviour
- Risky sexual behaviour
- Substance use and addiction
- Withdrawal from family and social interactions
- Difficulty in school, such as attention problems or learning disabilities
- Criminal or delinquent behaviour

3. Physical Signs

- Chronic headaches or migraines
- Unexplained aches and pains
- Frequent illness due to weakened immune system
- Sleep disturbances (insomnia, nightmares)
- Fatigue and difficulty concentrating

Symptoms of ACEs

The symptoms of ACEs vary based on the severity and duration of exposure to trauma. These symptoms can persist into adulthood if not addressed.

1. Psychological Symptoms

- Post-traumatic stress disorder (PTSD): Memory, nightmares, hyper-vision, emotional numbness.
- Depression and Anxiety Disorders: Feelings of hopelessness, excessive worry, and panic attacks.
- Dissociation: A mental detachment from reality as a coping mechanism.

2. Behavioural Symptoms

- Substance Use Disorders: Increased likelihood of smoking, alcohol abuse, and drug addiction.
- Self-Harm: Cutting, burning, or other forms of self-injury as a response to emotional pain.
- Impulsivity and Poor Decision-Making: Increased risk-taking behaviours such as reckless driving or unsafe sex.

3. Physical Health Symptoms

- Chronic Diseases: Increased risk for diabetes, cardiovascular diseases, and obesity.
- Autoimmune Disorders: Higher rates of inflammatory and immune-related conditions.
- Gastrointestinal problems: digestive problems such as irritable bowel syndrome and gastric ulcers.

Risk Factors for ACEs

Several factors contribute to a child's likelihood of experiencing ACEs. These can be divided into individual, familial, and societal risk factors (Shonkoff et al., 2012).

1. Individual Risk Factors

- Low Birth Weight: Associated with increased risk of developmental challenges.
- Genetic Predisposition: Family history of mental illness or addiction.
- Disabilities: Children with disabilities may be at higher risk of neglect or abuse.

2. Familial Risk Factors

- Parental Substance Abuse: A major contributor to neglect and household dysfunction.
- Parental Mental Illness: Increases stress in the household, affecting children's emotional development.
- Domestic Violence: Exposure to violence can cause lasting psychological trauma.
- Economic Hardship: Poverty is a strong predictor of neglect and abuse.
- Parental Divorce or Separation: Can create instability, emotional distress, and increased risk of neglect.

3. Societal and Environmental Risk Factors

- Community Violence: Living in high-crime neighbourhoods increases stress and trauma exposure.
- Lack of Social Support: Weak community support systems increase the likelihood of ACEs.
- Discrimination and Systemic Inequality: Racial and economic disparities contribute to higher ACE exposure in marginalized communities.

Justification

Adverse children's experiences (ACE) are defined as traumatic events that occur in childhood, such as physical, emotional, or sexual violence, neglect, or dysfunction of households. The influence of ACE on physical, emotional, and mental well-being has been widely studied, but the specific effects of the effects of ACE in teenagers are not enough. This study is important for several reasons.

1. Prevalence of ACEs in Teenagers: ACE is widespread among teenagers and affects a large part of the population. According to studies, around 1 out of 6 teenagers reports that at least one ACE lives which can deeply affect their psychological and behavioural development. The study of the specific influence of ACE on teenagers can help better understand the unique vulnerability of this group, offering an idea of the degree of problem.
2. Sensitivity to teenagers development: Puberty is an important period of development characterized by important changes in brain development, identity formation, and emotional regulation. On the other hand, people are particularly sensitive to stressful environmental factors. Behaviours during this period can have wide effects on cognitive, emotional, and social development, and can affect performance, peer relationships, and mental health. Understanding how ACEs have an impact on teenagers development trajectory will allow more targeted interventions.
3. Communicating mental health and behavioural outcomes: The alias was associated with many negative outcomes of mental health, including depression, anxiety, drug addiction, and suicide. In teenagers, it was shown that the consequences of ACE increase the risk of developing these problems that may remain in adulthood. Early identification of ACEs and their psychological outcomes in teens is essential to prevent or alleviate these long-term health concerns. Research identifies key risk factors and protective mechanisms, allowing for customized treatment strategies for affected teenagers.
4. Impact on Academic and Social Function: Young people who have experienced butts can cope with school performance, motivation, and interactions. They can also face difficulties in training healthy relationships with peers and adults. These academic and social problems can contribute to the cycle of failures and disconnect from a school or social systems, perpetuating the negative results associated with the influence of ECA. This study, which studied the correlations between academic or social or social issues, can shed light on school interventions aimed at improving the support system of teenagers in risk groups.
5. Development of politics and intervention: Studies on ACEs among teenagers are necessary for the training of public health and intervention policy. Understanding how the AHA affects the behaviour and development of teenagers can inform of the creation of prevention strategies and the intervention framework, which are more effective in reducing their negative consequences. Schools, mental health suppliers and public organizations can make more useful efforts to eliminate ace with this knowledge and provide support and services specifically directed to teenagers needs.
6. Reduce long-term health inequality: Ace contributes to a key part of health differences. Teenagers who know many agricultural sectors are at high risk for chronic diseases, such as cardiovascular disease, diabetes, and early mortality, and are associated with poor lifestyle choices associated with early injuries. Conducting research on ACE exposure in teens will help to understand the relationship between trauma and physical health, thereby supporting public health initiatives that aim to reduce long-term health inequalities across diverse communities.
7. Existing research space: Although the relationship between adult and adult health outcomes has been extensively studied, teenagers research remains emerging. As a rule, most studies focus on adults or children younger than teenagers. Teens represent unique stages of life where people seek to establish independence, deal with increasing autonomy, and navigate complex social environments. Therefore, focusing on this age group can provide an important understanding of the development of appropriate age-related interventions and can solve the specific problems they face.
8. Stable promotion: It is important to acknowledge that all teenagers exposed to ACEs do not benefit from negative outcomes. Despite the disadvantaged experience, some people still exhibit amazing stability and adapt well. Research into factors contributing to teenagers exposed to ACE can inform the development of supplementary programs and strategies that help young people develop survival skills and increase emotional strength, thus violating the trauma cycle. In conclusion, the study of adverse children's experience in teenagers is crucial for understanding the unique problems that this group faces. Having examined the specific methods with which ACE affect teenagers, we can create informed interventions, support policies and frames that reduce the negative consequences of injury in childhood and contribute to a healthier, more stable future generations.

Objective

To identify adverse childhood experiences in teenagers

Delimitation

The study was delimited to teenagers with ACEs studying in Fr. Angel School, Greater Noida, UP.

Methodology

Locale:

Fr. Angel School, Greater Noida, UP

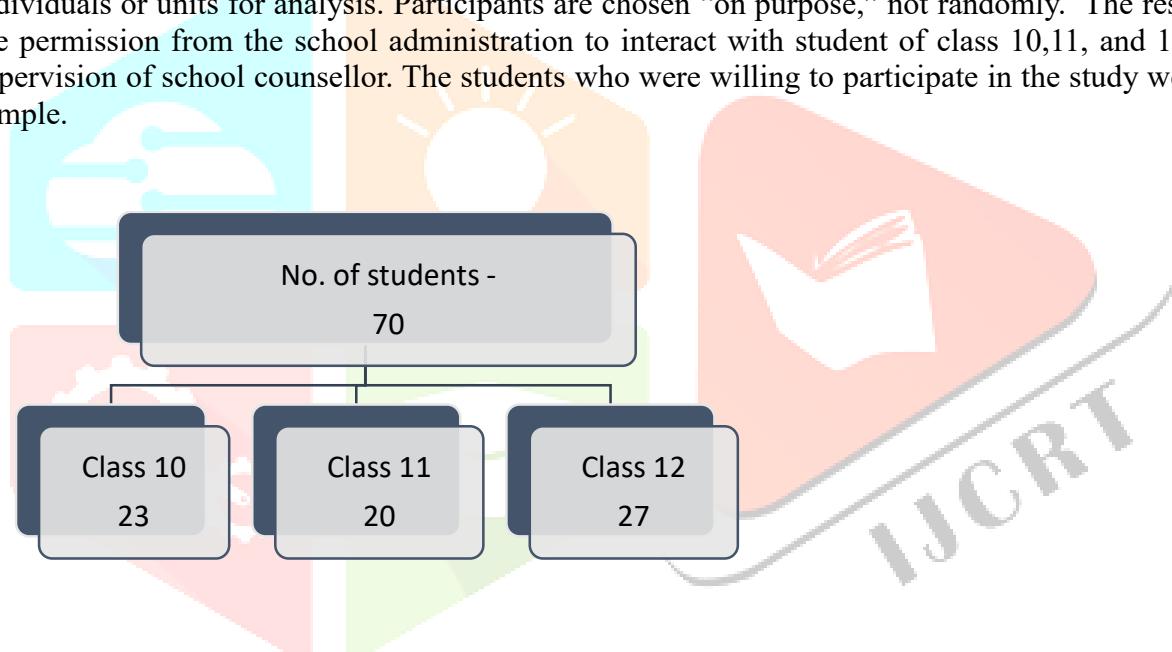
Research design:

Present study has adopted descriptive research design. It is used to systematically describe a phenomenon, situation, or population without manipulating variables. It aims to provide an accurate and detailed account of the subject under study. In this study, both quantitative and qualitative research approaches have been employed to enhance the depth and reliability of the findings.

Sampling Technique:

Purposive Method is a technique used in qualitative research to select a specific group of individuals or units for analysis. Participants are chosen "on purpose," not randomly. The researcher got the permission from the school administration to interact with student of class 10, 11, and 12 under the supervision of school counsellor. The students who were willing to participate in the study were taken as sample.

Size:



Tool: Child and Teenagers Trauma Screen (CATS) - 7-17 Years

"Child and Teenagers Trauma Screen (CATS)" is a DSM-5-based checklist that includes 15 potentially traumatic events or a series of events, 20 post-traumatic stress symptoms (PTSS) and 5 impairment items.

The "CATs" administration must be conducted as a clinical conference. This is part of the usual assessment procedure and can occur at later points with the prescribed physician. "CATS" can be used in the context of autonomous screening or higher clinical evaluation and maintenance levels. Examinations and comments on patients and their teachers' outcomes are important. A joint review of results creates the ability to test child/young people's experiences and study key factors related to treatment and recovery, such as identifying hot spots in traumatic memory and reminiscing knowledge about injuries and injuries and outcomes. Screening is important so the teenager can get treatment in right time which can prevent the further complication which can affect their daily life. This scale can also help in a monitoring of symptoms during treatment.

CATS Scoring and Interpretation

Below 15	Normal
15 – 20	Moderate trauma-related distress
21 +	Probable PTSD

Result and Analysis:

Teenagers who have suffered from adverse childhood education have problems in getting along with others, family relation, hobbies, school, and general happiness. The findings emphasize the need for early intervention, psychological support, and awareness programs to mitigate the long-term consequences of ACEs. By fostering a supportive environment in schools and communities, we can help teenagers develop resilience and coping mechanisms, ensuring better mental health outcomes in the future. (Table 7.1) (Table 7.2)

Table 7.1: Class wise distribution of scores of Child and Adolescents Trauma Screen among teenagers

scores	class 10	class 11	class 12
below 15	18	18	24
15 – 20	1	2	2
21 +	4	0	1

Table 7.2: Interpretation

scores	no of students	interpretation
below 15	60	validate, normalize, and reassure. anticipatory guidance
15 – 20	5	provide psychoeducation and coping tips.
21 +	5	provide counseling therapies according their condition

Further Suggestion

Teenagers should give proper care and attention by school and parents with the help of professional counsellor this will help them to live better life. There are many therapies which can help them to come up with their conditions such as Psychodynamic therapies, Group therapies, mindfulness, and relaxation techniques

Psychodynamic therapy: Psychodynamic therapy is focused on the study of unconscious conflicts, children's experiences and emotional models that form human behavior. In the context of ACE, this therapy helps people understand how early injuries affect their current emotions and relationships. By approaching these unresolved conflicts, psychodynamic therapy promotes self-awareness and emotional healing (Fonagy and Target, 2003).

Group therapies: Group therapy provides a support environment where individuals with shared experiences can connect and heal together. This helps people with Ace to reduce the feeling of isolation, develop social skills and get peer performance. Cognitivo-behavioral group therapy (CBGT) and group therapy focused on injuries are particularly effective in solving non-adaptive thought problems and emotional regulation difficulties associated with ACE.

Attention: Attention practices, including meditation and attentive breathing, help people regulate emotions and reduce stress. Research suggests that mindfulness-based interventions (MBIs) are beneficial

in mitigating the long-term psychological impact of ACEs by improving emotional regulation, reducing anxiety, and fostering resilience. Mindfulness encourages individuals to remain present, reducing the impact of traumatic memories on current functioning.

Relaxation Techniques: Relaxation techniques, such as progressive muscle relaxation, deep breathing, and guided imagery, are effective in managing stress and anxiety resulting from ACEs. These techniques activate the parasympathetic nervous system, promoting a state of calm and reducing hyperarousal linked to trauma. Regular practice can enhance emotional stability and improve overall mental health outcomes for individuals with ACEs.

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