

Outcome of Childhood Trauma on Adulthood Mental Health

AUTHOR(S): AJANI Oluronke Yetunde (RN, BNSc), OHAERI, Beatrice (RN, Ph.D),
OJO, Iyanuoluwa Oreofe (RN, Ph.D), OJEWALE, Lucia Yetunde (RN, Ph.D),
BABARIMISA, Oluwatoyin (RN, M.Sc.),

Abstract:

Childhood trauma has been increasingly recognised as a significant predictor of adverse mental health outcomes in adulthood. This study explores the long-term impact of adverse childhood experiences (ACEs) on adult mental health, highlighting their association with psychiatric disorders, maladaptive coping behaviours, and social dysfunction. A global survey conducted by the World Mental Health (WMH) Initiative revealed that nearly 40% of adults across 21 countries reported experiencing childhood trauma, underscoring its widespread prevalence. Adverse experiences, including childhood maltreatment, domestic violence, and parental loss, disrupt normal psychological development, leading to an increased risk of depression, anxiety, post-traumatic stress disorder (PTSD), and substance use disorders in later life. Additionally, trauma accelerates biological aging, affecting brain development and increasing vulnerability to chronic health conditions. Research suggests that individuals with a history of ACEs face greater difficulties in social relationships, employment, and overall well-being. However, early interventions such as trauma-informed care, cognitive-behavioural therapy (CBT), and community-based support have proven effective in mitigating long-term consequences. This study seeks to elucidate the connection between childhood trauma and adult mental health while exploring preventive strategies to reduce its impact. Addressing childhood trauma through early intervention and supportive frameworks is essential for fostering resilience and improving mental health outcomes in adulthood.

Keywords: Childhood trauma, Adverse childhood experiences, Mental health outcomes, Post-traumatic stress disorder, Cognitive-behavioural therapy, Resilience,

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About Author

Author(s):

AJANI Oluronke Yetunde (RN, BNSc)

Department of Nursing
University of Ibadan, Ibadan, Nigeria

OHAERI, Beatrice (RN, Ph.D)

Department of Nursing
University of Ibadan, Ibadan, Nigeria

OJO, Iyanuoluwa Oreofe (RN, Ph.D)

Department of Nursing
University of Ibadan, Ibadan, Nigeria

OJEWALE, Lucia Yetunde (RN, Ph.D)

Department of Nursing
University of Ibadan, Ibadan, Nigeria

BABARIMISA, Oluwatoyin (RN, M.Sc.)

Department of Nursing
University of Ibadan, Ibadan, Nigeria



Introduction

Mental health outcomes stemming from childhood experiences are a significant concern across diverse populations worldwide. Research has consistently shown that adverse childhood experiences (ACEs) play a critical role in shaping mental health trajectories in adulthood. These negative outcomes often manifest as depression, anxiety disorders, post-traumatic stress disorder (PTSD), and other psychiatric conditions. A global survey conducted by the World Mental Health (WMH) Initiative, covering 21 countries, including Belgium, Japan, the United States, South Africa, and China, revealed that nearly 40 percent of the 51,945 adults surveyed had encountered adverse childhood experiences (Kessler, 2015, as cited in Devi, 2019). These findings underscore the widespread nature of childhood trauma and its long-lasting effects on mental well-being.

Adverse childhood experiences encompass a range of negative events, including chronic environmental stressors, domestic violence, childhood maltreatment (such as emotional, physical, or sexual abuse), and interpersonal losses, such as parental divorce, parental death, or parental mental illness (Bellis, et al, 2017; Behere, Basnet, & Campbell, 2017). The cumulative impact of these experiences can disrupt normal developmental processes, leading to significant psychological distress and maladaptive coping mechanisms. Exposure to such adversities during childhood has been linked to long-term impairments in emotional regulation, cognitive functioning, and interpersonal relationships.

Children who experience severe maltreatment and trauma early in life face an increased risk of developing mental health disorders at an earlier stage compared to their peers. Studies indicate that early exposure to trauma is associated with the early onset of psychiatric conditions, including mood disorders, psychosis, and substance use disorders (Teicher, et al, 2017). Furthermore, such individuals often exhibit health-harming behaviors, including self-harm, risky sexual behavior, and substance misuse, which further exacerbate their vulnerability to poor mental health outcomes in adulthood.

Beyond psychological implications, childhood trauma also affects social adjustment and overall life functioning. Individuals with a history of ACEs are more likely to experience difficulties in maintaining stable relationships, securing employment, and achieving educational success. Research by Copeland, et al (2018) suggests that exposure to childhood trauma is strongly correlated with impaired functional outcomes in adulthood, including an increased likelihood of unemployment, lower socioeconomic status, and social isolation. These challenges highlight the long-term socioeconomic consequences of early-life adversities, which extend beyond mental health and into broader life domains.

Physiological consequences of childhood trauma further complicate the mental health outcomes of affected individuals. Studies suggest that early trauma accelerates biological aging, affecting both the brain and body. Colich, et al (2020) found that individuals who experienced childhood trauma exhibited signs of premature aging, including faster pubertal development, early onset of physical health conditions, and alterations in brain structure. These findings suggest that childhood trauma has a profound impact on neurodevelopment, predisposing individuals to heightened stress reactivity and increased vulnerability to mental health disorders.

Given the significant burden of childhood trauma on adult mental health, it is essential to explore preventive strategies to mitigate its negative consequences. Early interventions, such



as trauma-informed care, cognitive-behavioral therapy (CBT), and social support systems, have been shown to improve resilience and mental health outcomes. A meta-analysis conducted by Taillieu, Brownridge, Sareen, and Afifi (2021) emphasized the importance of early identification and psychological intervention in preventing the escalation of trauma-related disorders into adulthood. Furthermore, strengthening family support networks, improving parenting practices, and implementing community-based mental health programs can reduce the impact of ACEs on individuals' long-term well-being.

The specific objective of the review were:

1. To explain the concept of childhood trauma and mental health outcomes exclusively.
2. To examine relationship between childhood trauma and adult mental health outcomes
3. To identify preventive strategies that can be used to mitigate negative mental health outcomes after childhood exposure to trauma.

Childhood Trauma

Childhood trauma refers to adverse experiences during early developmental years that significantly impact a child's emotional, psychological, and physical well-being. Such experiences may include neglect, abuse, domestic violence, parental separation, and exposure to life-threatening events. The impact of childhood trauma is profound, often leading to long-term consequences that extend into adulthood. Research has demonstrated that childhood trauma can disrupt cognitive development, impair emotional regulation, and increase the risk of mental health disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Felitti et al., 1998). The Adverse Childhood Experiences (ACE) study found a strong correlation between traumatic experiences in childhood and negative health outcomes later in life, demonstrating how childhood adversity can shape lifelong health trajectories (Anda et al., 2006).

One of the most concerning aspects of childhood trauma is its effect on brain development. The developing brain is particularly sensitive to stress, and prolonged exposure to trauma can alter neural pathways, leading to difficulties in memory, learning, and emotional regulation (Teicher & Samson, 2016). Chronic stress from traumatic experiences results in excessive activation of the hypothalamic-pituitary-adrenal (HPA) axis, leading to elevated cortisol levels that contribute to structural and functional brain changes (McLaughlin et al., 2015). Such changes are often associated with increased vulnerability to psychiatric disorders, including schizophrenia and borderline personality disorder (Perry & Szalavitz, 2017). This underscores the necessity of early intervention to mitigate the neurobiological impact of trauma.

Social and emotional development is also significantly affected by childhood trauma. Children who experience neglect or abuse often struggle with forming secure attachments, leading to difficulties in interpersonal relationships (Cicchetti & Valentino, 2017). Attachment theory suggests that early childhood relationships with caregivers serve as the foundation for future social interactions; thus, when these relationships are characterized by neglect or abuse, children may develop insecure attachment styles that persist into adulthood (Bowlby, 1988). Moreover, traumatised children frequently exhibit heightened levels of aggression, impulsivity, and difficulty regulating emotions, which may result in poor academic performance and social isolation (Cook et al., 2017).



The long-term health implications of childhood trauma extend beyond mental health, affecting physical health as well. Studies indicate that individuals with a history of childhood trauma are at higher risk for chronic diseases, including cardiovascular disease, obesity, and diabetes (Danese & McEwen, 2012). This is largely due to the physiological impact of prolonged stress, which contributes to systemic inflammation, dysregulation of the immune system, and unhealthy coping mechanisms such as substance abuse and poor dietary habits (Shonkoff et al., 2012). Furthermore, childhood trauma has been linked to an increased likelihood of engaging in risky behaviours, such as smoking, substance abuse, and unsafe sexual practices, which further exacerbate health disparities (Hughes et al., 2017).

The societal impact of childhood trauma is also substantial, as individuals who experience early adversity are more likely to experience difficulties in education, employment, and social integration (Bellis et al., 2014). Research suggests that childhood trauma is associated with lower educational attainment, increased likelihood of unemployment, and greater involvement with the criminal justice system (Mersky et al., 2013). This highlights the importance of implementing policies that support early intervention and trauma-informed care within educational and healthcare settings. Schools, for instance, can adopt trauma-sensitive approaches that foster safe and supportive learning environments, helping traumatised children develop resilience and coping strategies (Brunzell et al., 2016).

Treatment and intervention for childhood trauma require a multi-faceted approach. Trauma-focused cognitive-behavioural therapy (TF-CBT) has been identified as one of the most effective treatment modalities for children and adolescents experiencing trauma-related symptoms (Cohen et al., 2017). TF-CBT integrates cognitive-behavioural techniques with trauma-sensitive approaches, helping children process traumatic experiences in a safe and structured manner. Additionally, supportive relationships with caregivers, teachers, and mental health professionals play a crucial role in promoting recovery and resilience (National Child Traumatic Stress Network, 2016). The effectiveness of intervention strategies is greatly enhanced when implemented early, highlighting the need for increased awareness and accessibility of mental health resources for children exposed to trauma.

In conclusion, childhood trauma has profound and lasting effects on an individual's cognitive, emotional, and physical well-being. The long-term consequences of childhood adversity are evident in mental health disorders, attachment difficulties, chronic diseases, and socioeconomic disparities. Given the extensive impact of trauma, early intervention and trauma-informed approaches are critical in mitigating its negative effects. Schools, healthcare providers, and policymakers must collaborate to create supportive environments that promote resilience and healing for children who have experienced trauma. Continued research and advocacy are essential to ensuring that affected individuals receive the necessary support to lead healthier and more fulfilling lives.

Mental Health Outcomes

Mental health outcomes are influenced by a complex interplay of individual, societal, and systemic factors. Understanding these outcomes necessitates a comprehensive examination of various determinants, including early life experiences, access to appropriate interventions, and the broader socio-economic environment. Adverse childhood experiences (ACEs) have been consistently linked to negative mental health outcomes in adulthood. Research indicates a strong, dose-response relationship between ACEs and the development of conditions such



as anxiety, depression, post-traumatic stress disorder (PTSD), self-harm, suicidality, and psychotic-like experiences. A systematic review protocol aims to investigate these associations further, highlighting the long-term impact of early adversities on mental health (Thurston et al., 2023).

The quality of mental health interventions plays a crucial role in determining patient outcomes. A systematic review assessing the analysis and reporting of multiple outcomes in mental health randomized controlled trials (RCTs) found that the choice of a single primary outcome can be challenging, especially when interventions target multiple outcomes simultaneously. This complexity underscores the need for comprehensive reporting and analysis to capture the multifaceted effects of mental health interventions (Stringer et al., 2024). Workplace mental health programs have emerged as vital components in supporting employees' well-being. Studies have shown that such programs can effectively reduce stress and depression, leading to improved mental health outcomes. However, the long-term efficacy of these interventions requires further exploration to ensure sustained benefits for employees (JAMA Network Open, 2022).

Technological advancements have introduced innovative methods for monitoring and predicting mental health outcomes. For instance, the use of convolutional variational autoencoders to analyze actigraphy data has shown promise in predicting post-trauma health outcomes. By capturing locomotor activity through wearable devices, researchers can estimate mental health status and identify individuals at risk for conditions like depression and PTSD, facilitating early interventions (Cakmak et al., 2020). Social media platforms have also become significant in understanding and influencing mental health outcomes. Engagement with mental health coping stories on platforms like Twitter has been associated with decreased stress and depression. A causal-inference study demonstrated that individuals who interacted with such content experienced improved affective, behavioral, and cognitive outcomes, suggesting the potential of social media as a tool for mental health support (Yuan et al., 2023).

Moreover, the integration of artificial intelligence in mental health surveillance has opened new avenues for public health monitoring. Frameworks that analyze locally posted tweets to predict neighborhood-level mental health outcomes have been developed, providing real-time data that can inform targeted interventions and resource allocation (Deshpande et al., 2024). In the realm of personalized medicine, trajectory-based individualized treatment rules have been proposed to optimize mental health interventions. By incorporating longitudinal data, these approaches aim to tailor treatments based on individual trajectories, potentially enhancing the effectiveness of mental health care (Yao & Tarpey, 2024).

In summary, mental health outcomes are shaped by a myriad of factors ranging from early life experiences to the quality of interventions and the influence of technological advancements. Ongoing research continues to shed light on these complex relationships, paving the way for more effective strategies to promote mental well-being across diverse populations.

Relationship between Childhood Trauma and Adult Mental Health Outcomes

Childhood trauma, encompassing experiences such as abuse, neglect, and household dysfunction, has been extensively studied for its profound impact on adult mental health outcomes. Research consistently demonstrates a strong association between adverse childhood experiences (ACEs) and a heightened risk of various psychiatric disorders in



adulthood. One significant finding was that individuals exposed to multiple forms of childhood trauma exhibited a higher prevalence of psychiatric disorders, including depression, anxiety, and substance use disorders, persisting into adulthood. These associations remained significant even after adjusting for childhood psychiatric issues and other adversities, underscoring the independent impact of early trauma on later mental health (Copeland et al., 2018). The biological underpinnings of this relationship have also been explored. A meta-analysis highlighted that childhood trauma accelerates biological aging, as evidenced by early puberty onset and cellular aging markers. This accelerated aging process may increase susceptibility to mental health disorders, suggesting that early adversity can leave lasting biological imprints that predispose individuals to psychiatric conditions (Colich et al., 2020). A study in *Frontiers in Psychology* indicated that mental health issues and lower socioeconomic status partially explain the link between early trauma and chronic illnesses in adulthood. Notably, mental health emerged as a more substantial mediator than socioeconomic status, highlighting the critical role of psychological well-being in the trajectory from childhood adversity to adult health outcomes (Wegman & Stetler, 2009). The type and context of trauma also play crucial roles in determining specific mental health outcomes. A study that focused on Black men in Philadelphia who had experienced serious injuries found that both adverse childhood experiences and perceived neighborhood disorder significantly impacted their mental health post-injury. This finding emphasizes the importance of considering both individual trauma histories and current environmental stressors when addressing mental health in trauma-exposed populations (Beck et al., 2025). The cumulative effect of multiple ACEs has been shown to have a dose-response relationship with mental health outcomes. A systematic review protocol outlined in *Systematic Reviews* aims to investigate this association further, recognizing that higher numbers of ACEs correlate with increased risks of anxiety, depression, post-traumatic stress disorder (PTSD), self-harm, suicidality, and psychotic-like experiences in adulthood. This planned meta-analysis seeks to provide a comprehensive understanding of how varying levels of childhood adversity impact adult mental health (Thurston et al., 2023). The World Health Organization defines childhood abuse to include physical, sexual, emotional, psychological abuse, and neglect, all of which can lead to potential or actual harm to a child's physical or psychological health. Emotional abuse, in particular, has been less studied but is significantly associated with adverse emotional, cognitive, behavioral, and social outcomes that often persist into adulthood (Taillieu et al., 2021). In summary, the relationship between childhood trauma and adult mental health outcomes is complex. Evidence indicates that early adverse experiences can lead to a range of psychiatric disorders in later life, influenced by biological changes, socioeconomic factors, and the nature of the trauma experienced. Understanding these dynamics is crucial for developing targeted interventions aimed at mitigating the long-term mental health consequences of childhood trauma.

Strategies to Prevent Negative Mental Health Outcomes after Exposure to Childhood Trauma

Exposure to adverse childhood experiences remains a significant challenge, particularly in societies where social institutions responsible for child protection are still evolving. Despite efforts to create an ideal social environment, many children continue to suffer trauma due to



systemic failures. Addressing the mental health consequences of childhood trauma requires a multifaceted approach that includes early identification and intervention, strengthening support systems, fostering resilience, and implementing trauma-informed education. Additionally, tackling the social determinants of health and ensuring integrated care through collaborative services are crucial in mitigating the negative impact of childhood trauma on long-term mental health outcomes.

Early identification and intervention play a pivotal role in preventing adverse mental health consequences following childhood trauma. Routine screening for childhood trauma exposure in healthcare, educational, and social service settings is essential to identify at-risk individuals before symptoms escalate into severe mental health disorders. Immediate access to trauma-informed interventions such as cognitive-behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and other trauma-focused therapies can help mitigate the psychological impact of trauma. Research has demonstrated that early therapeutic interventions significantly reduce the risk of developing anxiety, depression, and post-traumatic stress disorder (PTSD) in adulthood (Copeland, Shanahan, Costello, & Angold, 2018). Early intervention strategies also improve emotional regulation and cognitive functioning, ultimately fostering better long-term psychological outcomes.

A strong social support system is another critical factor in preventing negative mental health outcomes following childhood trauma. The presence of supportive relationships within families, schools, and communities can serve as a protective buffer against the adverse effects of trauma. Studies have shown that children who receive consistent emotional support from caregivers exhibit lower levels of psychological distress compared to those who lack such support (Taillieu, et al, 2021). Parenting support and education programs are particularly valuable in equipping caregivers with the necessary skills to create a nurturing and safe environment for children. These programs enhance caregivers' ability to address trauma-related behaviours and reinforce positive coping mechanisms, thereby reducing the likelihood of mental health complications later in life.

Building resilience is a key component in mitigating the effects of childhood trauma on mental health. Resilience-focused programs aim to enhance children's coping skills, emotional regulation, and adaptive problem-solving abilities. Encouraging positive social connections, self-efficacy, and emotional intelligence can help trauma survivors develop healthier psychological responses to stress. Research suggests that individuals who develop strong resilience mechanisms are better able to cope with traumatic experiences and exhibit lower rates of depression and anxiety in adulthood (Colich, et al, 2020). School-based interventions that teach mindfulness, stress management, and cognitive restructuring techniques can be particularly effective in fostering resilience among trauma-exposed youth. Education and training on trauma-informed care are essential in equipping healthcare providers, educators, and community workers with the skills necessary to support trauma survivors. Trauma-sensitive approaches in schools and healthcare settings help create safe and supportive environments where individuals feel validated and empowered to heal. Educators who receive training on trauma-informed teaching strategies are better able to recognise and address trauma-related behavioural issues in students, ultimately reducing disciplinary actions and academic disengagement (Thurston, et al, 2023). Similarly,



healthcare professionals trained in trauma-informed care are more adept at recognising the long-term health implications of childhood trauma and providing appropriate interventions. Addressing the social determinants of health is crucial in preventing the perpetuation of childhood trauma and its associated mental health disparities. Factors such as poverty, discrimination, and lack of access to healthcare contribute to the intergenerational transmission of trauma. Advocacy for policies that improve access to education, affordable housing, and employment opportunities can significantly reduce children's exposure to adverse experiences. Additionally, community-based initiatives that provide social support networks and resources for at-risk families can help mitigate the impact of trauma on vulnerable populations (Beck, et al, 2025). Reducing exposure to violence and ensuring that children grow up in stable, nurturing environments are essential steps toward breaking the cycle of trauma and mental illness.

A collaborative approach to care ensures that trauma survivors receive comprehensive and coordinated support. Healthcare providers, mental health professionals, social service agencies, and community organisations must work together to create trauma-informed care networks that provide holistic services tailored to the unique needs of trauma survivors. Integrated care models that incorporate mental health services into primary healthcare settings have been shown to improve treatment adherence and long-term outcomes for trauma-affected individuals (Wegman & Stetler, 2009). Multidisciplinary teams that address both the psychological and social aspects of trauma recovery enhance overall well-being and help survivors reintegrate successfully into society.

In conclusion, preventing negative mental health outcomes following childhood trauma requires a combination of early intervention, strong support systems, resilience-building, trauma-informed education, and policy reforms addressing social determinants of health. Collaborative care models further ensure that survivors receive the necessary treatment and support to heal and thrive. While childhood trauma remains a pressing issue, strategic and evidence-based interventions can significantly improve mental health outcomes and enhance the overall quality of life for trauma survivors.

Implications for Nursing Education, Research and Practice

Mental health nurses play a crucial role in the prevention, early identification, and intervention strategies related to childhood trauma. Their contributions extend across specialized training, research initiatives, and evidence-based practice. One of the key implications for general nursing education is the regular integration and upgrade of trauma-informed care within nursing curricula. Nursing programs should incorporate educational components that focus on trauma-informed principles and practices, ensuring that nurses are equipped to recognize the signs of childhood trauma, understand its long-term mental health effects, and implement appropriate interventions. By embedding trauma-informed care in nursing education, future nurses will be better prepared to provide compassionate, culturally sensitive, and effective care to trauma survivors, ultimately improving patient outcomes.

The advancement of trauma-responsive research is another essential aspect of addressing childhood trauma in nursing practice. Nursing research is fundamental in enhancing the understanding of the complex relationship between childhood trauma and adult mental health disorders. Nurse researchers can investigate the mechanisms that link trauma to specific psychiatric conditions, identify protective factors that foster resilience, and assess the



effectiveness of various trauma-informed interventions. This body of research provides the evidence necessary for developing clinical guidelines and shaping policies that improve the mental health outcomes of individuals who have experienced childhood trauma. Without a solid research foundation, the integration of trauma-informed care into practice would lack the empirical support needed to ensure its effectiveness.

In clinical settings, the implementation of trauma-informed practices is vital for supporting trauma survivors. Nurses can lead the adoption of trauma-sensitive protocols by creating safe, empowering healthcare environments tailored to the needs of individuals with trauma histories. This includes advocating for trauma-informed screening procedures, assembling interdisciplinary care teams to provide holistic support, and collaborating with community organizations to expand access to trauma-related services. Through these efforts, nurses can foster healing, promote recovery, and enhance the resilience of individuals affected by childhood trauma. Healthcare institutions should prioritise these initiatives to ensure that trauma survivors receive the necessary support in their recovery journey.

Continuing education and professional development also play a crucial role in equipping nurses with the expertise needed to deliver trauma-informed care. Engaging in ongoing training programs, workshops, and seminars enables nursing professionals to refine their skills and stay up to date with the latest research findings and best practices in trauma care. Certification programs focusing on trauma-responsive nursing further enhance their competency, ensuring they are well-prepared to meet the evolving needs of trauma survivors. The rapidly evolving nature of trauma research necessitates that nurses commit to lifelong learning to maintain their ability to provide high-quality, evidence-based care.

Finally, advocacy for policy change and resource allocation is an essential component of trauma-informed nursing practice. Nurses are in a unique position to influence policy changes that address the root causes of childhood trauma and enhance mental health services. They can advocate for increased funding for trauma-informed initiatives, support legislative efforts that improve access to mental health care, and raise public awareness about the impact of childhood trauma on individuals, families, and communities. By leveraging their expertise and professional influence, nurses can contribute to the development of policies that prioritize prevention, early intervention, and support for trauma survivors. Through a combination of education, research, clinical practice, professional development, and advocacy, nurses can make a significant impact in mitigating the long-term mental health consequences of childhood trauma.

Conclusion

The relationship between childhood trauma and adult mental health outcomes is a critical area of research with broad implications for mental health care, emphasizing the importance of prevention, early intervention, and ongoing support for those who have experienced trauma during their formative years. Understanding the link between childhood trauma and adult mental health outcomes underscores the importance of early intervention and trauma-informed care. Providing support and therapeutic interventions during childhood can potentially mitigate the long-term effects of trauma.



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