

# The Relationship Between Negative Experiences In Childhood And Mental Health

Tianqi Xie \*

College of Humanities and Social Sciences, National University of Malaysia, Selangor, Malaysia

\* Corresponding Author Email: A199972@siswa.ukm.edu.my

**Abstract.** In recent years, the prevalence of mental illnesses such as depression and bipolar disorder among Chinese adolescents has shown an increasing trend. Therefore, this issue has received significant attention from all sectors in China. Given that childhood is a crucial stage in individual development, poor mental health can affect the mental well-being of adolescents. Thus, this study analyzes the risk factors for adolescent mental illness, including physical constitution, family factors, and whether they have experienced adverse events during childhood, in light of the characteristics of adolescent physical and mental development. It is found that early adolescence and childhood experiences of adversity, if not promptly identified and treated or intervened, can increase the risk of mental illness in mid-or late adolescence. The study proposes to combine Chinese realities to actively explore whether negative childhood experiences influence the likelihood of mental illness in adolescence and to investigate intervention methods and treatments at different stages. This aims to develop effective intervention methods and treatments.

**Keywords:** Childhood, adolescence, mental illness, society, risk.

## 1. Introduction

Psychological research has shown that negative experiences during childhood can have profound impacts on an individual's mental health, both during adolescence and into adulthood [1]. Current studies primarily focus on issues of abuse in childhood. As research has progressed, the academic community has gained new insights into negative experiences in childhood. These include domestic violence, school bullying, sexual abuse, and other forms of violence and mistreatment, as well as family upheavals, neglect, poor parent-child relationships, low economic conditions, and experiencing family changes. Although these may be less severe than domestic violence, they are more common. The longer one endures these negative impacts in childhood, the more profound their effects can be [2]. Research related to the life course has confirmed that the cumulative outcomes of different stages of life can influence health status at certain points in one's life. Negative experiences in childhood may affect health conditions at a specific stage of life. Understanding the impact of negative experiences in childhood on adolescents is of great significance.

## 2. Adverse Childhood Experiences (ACEs)

The 2021 WHO Global Mental Health Action Plan supplements the classification of ACEs into three major categories and 10 subcategories, emphasizing the association between exposure forms and injury mechanisms. Adverse Childhood Experiences can be categorized as follows:

Direct harm-related experiences such as abuse: physical injuries caused by guardians or non-guardians. Biological marker: elevated cortisol levels. Sexual violence: forced contact or molestation and sexual harassment. Biological marker: overactivation of the amygdala. Reduced hippocampal volume. Emotional abuse: long-term devaluation, threats, or emotional manipulation. Biological marker: methylation of oxytocin receptor genes.

Physiological neglect: failure to provide basic survival needs (food, medical care, safe shelter). Emotional neglect: long-term neglect of children's emotional needs (no response when crying).

Educational deprivation: deliberate restriction of 'significant limitation' forced dropout from school to work).

Family/community dysfunction Domestic violence: witnessing physical/emotional conflict or abuse of substances between parents: alcohol/drug abuse by the primary caregiver School bullying: direct or indirect bullying Structural discrimination: systematic exclusion due to race gender or disability

### **3. The Relationship between Negative Childhood Experiences and Adolescent Mental Health**

According to the pioneering research by Felitti et al., the study sent questionnaires on adverse childhood experiences to 13,494 people via mail [3]. Only 9,508 responded, and logistic regression was used to adjust for demographic factors. Over half of the respondents reported at least one type of childhood exposure, with one-quarter reporting  $\geq 2$  types of childhood exposure. The study found a graded relationship between the number of childhood exposure categories and each adult health risk behavior and disease ( $P < .001$ ). Compared to those who did not experience any of these, individuals who experienced four or more types of childhood exposure had a 4 to 12 times higher risk of alcohol abuse, substance use, depression, and suicide attempts; a 2 to 4 times higher risk of smoking, poor self-reported health,  $\geq 50$  sexual partners, and sexually transmitted diseases; and a 1.4 to 1.6 times higher risk of physical inactivity and severe obesity. The number of adverse childhood exposure categories was also graded in relation to the presence of adult diseases (including ischemic heart disease, cancer, chronic lung disease, bone fractures, and liver disease). These seven types of adverse childhood experiences are closely related, and individuals with multiple adverse childhood exposures may have multiple health risk factors in their later life. The sample is more representative due to its diverse socioeconomic background."

Another study discussed the association between childhood abuse and recent negative life events with suicidal psychological behavior

Research Object: From October to December 2019, used stratified cluster sampling to select 7,986 middle school students from three regions—Shenzhen, Nanchang, and Shenyang [4]. The survey methods included the Childhood Abuse Questionnaire (Child Trauma Questionnaire, CTQ) and the Adolescent Negative Life Events Scale (Adolescent Self-rating Life Events Checklist, ASLEC). A multivariate Logistic regression model was established to analyze the association between childhood abuse, recent negative life events, and suicidal psychological behavior. The reported rates of suicidal ideation and suicide attempts among middle school students were 22.9% and 4.7%, respectively. After controlling for confounding factors, there was an increasing trend in suicidal psychological behavior as the levels of childhood abuse and recent negative life events increased ( $P$  values all  $< 0.05$ ). Compared to those with low levels of abuse and negative life events, those with high levels of abuse and high levels of negative life events had significantly higher risks of suicidal ideation and suicide attempts (OR values: 10.43, 19.75,  $P$  values all  $< 0.05$ ). Conclusion: Childhood abuse and recent negative life events are significant influencing factors for suicidal psychological behavior among middle school students. Targeted interventions can help prevent and control such behaviors.

In other studies, the relative weight analysis of the relationship between types of childhood abuse and adolescent anxiety and depression was shown [5].

Research Subjects: A survey was conducted among 6,228 middle school students, revealing that emotional trauma experiences during childhood have a greater impact on anxiety and depression, with gender differences present, particularly stronger in girls. The association between childhood abuse and neglect and the mental and physical health of middle school girls was studied from April to June 2023. The authors used stratified random cluster sampling to select 5,083 middle school girls from six cities in Anhui Province. Childhood abuse and neglect are closely related to the mental and physical health of middle school girls. Strengthening prevention and control of childhood abuse and neglect can help alleviate negative mental and physical health conditions in middle school girls [6].

Commonalities in the studies include that all support the positive correlation between ACEs exposure and mental illness. Types of ACEs: emotional neglect, family violence. Both Eastern and Western studies highlight issues with emotional neglect, which is often associated with "high academic pressure" and "authoritarian education" in Eastern cultural contexts. For example, excessive emphasis on grades by parents can lead to neglecting childrens emotional needs. However, in Western cultural contexts, family violence may be more related to loose family structures and a higher proportion of single-parent households, while emotional neglect often involves insufficient emotional care due to parental divorce. Breaking down the stigma surrounding ACEs in both Eastern and Western cultures is a long-term process that requires collaboration between schools, families, and society. Additionally, other studies have explored the impact of childhood trauma on college 'students' mental health' the study of the impact of physical health, Huang Yan and Yuan Hongmei each focused on the mechanisms by which childhood trauma affects college students subjective well-being and negative emotions [7,8]. Although their research perspectives and variables differ, they share many commonalities in terms of research design, theoretical framework, and analytical methods. By comparing these two studies, we can gain a more comprehensive understanding of the psychological mechanisms of childhood trauma and provide theoretical insights and practical recommendations for mental health interventions in universities.

First, in terms of research topics and objectives, both papers focus on "childhood trauma" as the core independent variable, examining its profound impact on college students psychological states. Huang Yan aims to explore the influence of childhood trauma on college students subjective well-being and test the mediating roles of self-esteem and social support; while Yuan Hongmei focuses on the impact of childhood trauma on negative emotions (depression, anxiety, stress) in college students, analyzing the mediating paths through basic psychological needs and psychological resilience. Although the research variables differ, both aim to reveal how adverse childhood experiences influence emotions and well-being through an individuals internal psychological resources and external social factors. This research orientation reflects a convergent perspective of positive psychology and developmental psychology, emphasizing the long-term effects of childhood experiences on individual growth trajectories.

Secondly, in terms of theoretical basis and model construction, both papers introduce relatively mature theoretical frameworks to support the research hypotheses and model building. Huang Yan cites self-worth theory and social support theory, proposing that self-esteem and social support mediate the relationship between childhood trauma and well-being, and constructs a chain mediation model; Yuan Hongmei bases her work on Self-Determination Theory theory and psychological resilience theory, suggesting that basic psychological needs and psychological resilience form a chain mediation pathway between childhood trauma and negative emotions. Both studies clearly illustrate the predictive relationships among variables through theoretical models, laying the groundwork for further statistical analysis and path testing.

In terms of research methods, both papers adopted the questionnaire survey method and supplemented it with structural equation modeling (SEM) to analyze path relationships, demonstrating a high degree of consistency in their research design. Huang Yan used the CTQ Childhood Trauma Questionnaire, the Rosenberg Self-Esteem Scale (SES), the Social Support Rating Scale (SSRS), and the Subjective Well-Being Scale (SWLS) to survey 728 college students; while Yuan Hongmei employed the Childhood Trauma Experience Scale, the Basic Psychological Needs Scale, the Adolescent Psychological Resilience Scale, and the DASS-21 Negative Emotions Scale to investigate 1,208 freshmen. Both studies conducted reliability tests on the scales (all Cronbachs  $\alpha$  values were greater than 0.85), ensuring the scientific validity and reliability of the scales.

In the statistical analysis process, both papers conducted relevant analyses, confirmatory factor analysis, and structural equation modeling, and used the bootstrap method to test the significance of mediating effects. At the same time, both evaluated model fit (using indicators such as RMSEA, CFI, TLI), with results showing good model fit, supporting their respective theoretical hypotheses. In terms

of analysis outcomes, both studies found that childhood trauma has significant direct and indirect effects on the outcome variables.

It is worth noting that both studies examined the chain mediation model. In Huang Yans study, childhood trauma reduced self-esteem, thereby decreasing perceived social support and ultimately lowering subjective well-being; in Yuan Hongmeis study, childhood trauma weakened the satisfaction of basic psychological needs, thus reducing psychological resilience and ultimately increasing negative emotional level. Both chains of pathways emphasize the role of mediating variables in coping with childhood trauma, highlighting the critical importance of internal psychological resources (such as self-esteem and psychological resilience) and external environmental support (such as social support and psychological need satisfaction) in college students mental health.

In terms of research conclusions and practical significance, both papers argue that childhood trauma has a lasting negative impact on the mental health of college students, and intervention efforts should focus on enhancing mediating variables. Huang Yan suggests boosting college students self-esteem and perceived social support to enhance their subjective well-being; Yuan Hongmei emphasizes reducing negative emotional experiences by meeting basic psychological needs and improving psychological resilience. These recommendations have certain guiding value for mental health education in universities, especially when formulating individualized psychological intervention plans and psychological training programs, where the construction and cultivation of these mediating variables can be given particular attention.

In summary, the research by Huang Yan and Yuan Hongmei is highly consistent in terms of research themes, theoretical frameworks, research methods, and statistical analyses. Both studies use structural equation modeling to explore the psychological mechanisms of childhood trauma and emphasize the role of mediating variables. The main differences between the two are: one focuses on enhancing well-being, emphasizing the construction of positive psychological resources; the other focuses on alleviating negative emotions, highlighting the emotional regulation mechanism. These two papers complement each other, providing a comprehensive perspective on the impact mechanisms of childhood trauma across different psychological domains and offering multi-dimensional pathways for psychological interventions.

ACEs are significant risk factors for adolescent depression, with their impact mechanisms involving social, psychological, and biological dimensions. Despite varying research methods, the consensus on cumulative exposure and key types of ACEs provides direction for interventions and lays a solid foundation for future research. It offers reference treatment plans for adolescents with ACEs from diverse cultural backgrounds and provides a framework for developing early screening tools for adolescents.

The study systematically examined the association between ACEs and adolescent mental health. The main findings are as follows: there is a significant positive correlation between the number of ACEs exposure and the risk of depression, with adolescents experiencing more than 4 ACEs having a 3 to 4 times higher risk of depression. Emotional neglect, domestic violence, and school bullying have shown strong influence mechanisms in both Eastern and Western studies: Patients with early symptoms of ACEs may experience cortisol dysregulation and social dysfunction, leading to a decline in social skills and interpersonal abilities, which can result in psychological disorders through these dual pathways [8].

#### **4. Future Research Directions**

In view of the limitations of existing research, it is suggested to explore the following aspects:

Considering Chinas national conditions, ACEs measurement tools that are more localized may be needed for children who may have "left-behind experiences", "parents who died early", and are raised by grandparents.

Research on the deep neural mechanisms was conducted: FMRI technology was used to track the continuous changes in the amygdala-frontal cortex and hippocampus from the onset of ACEs to the brain.

## 5. Conclusion

The impact of ACEs on adolescent mental health has become a public health issue that cannot be overlooked. This study systematically analyzes relevant research findings both domestically and internationally, delving into the mechanisms linking ACEs to adolescent mental health, providing crucial evidence for scientifically formulating intervention methods and systems. The research finds that ACEs not only directly increase the risk of psychological disorders in adolescents but may also have long-term negative effects through multiple pathways, such as altering neurobiological mechanisms and impacting social function development. Notably, emotional neglect, domestic violence, and school bullying stand out as particularly significant factors. These findings suggest that when developing intervention measures, it is essential to pay special attention to these high-risk factors.

Based on the research evidence, we recommend a multi-level, systematic intervention strategy:

At the family level, it is recommended to carry out "trauma informed parenting" parent education programs to help parents establish scientific parenting concepts and methods. At the same time, ACEs screening mechanisms should be established in community health service centers to provide early intervention for high-risk families.

At the school level, it is recommended to incorporate mental health education into the regular curriculum system and train teachers to master ACEs identification skills. Establish a "psychological safety campus" environment and improve the prevention and treatment mechanism of school bullying.

At the social level, it is suggested that government departments take the lead in establishing a multi-sectoral cooperation mechanism to integrate educational, health and community resources to build an ACEs prevention and control network. At the same time, more investment should be made in mental health services, especially in economically underdeveloped areas.

This study also has some limitations, such as sample representativeness and the cultural adaptability of measurement tools. Future research needs to delve deeper in the following directions: first, developing ACEs assessment tools more suitable for Chinese culture; second, exploring neurobiological markers of ACEs impact; third, evaluating differences in the effectiveness of different intervention programs; fourth, establishing long-term follow-up study cohorts.

To effectively prevent and control ACEs, it requires the joint efforts of the government, professional organizations, schools, and families. It is believed that incorporating child mental health promotion into national public health priorities, increasing policy support and resource investment. At the same time, public education should be strengthened to enhance societal awareness and attention to ACEs issues.

Every child deserves a healthy and happy childhood. Through scientific research and practical exploration, we believe that an effective ACEs prevention and control system can be established to help adolescents grow up healthily and lay a solid foundation for future social development. This is not only a scientific mission but also a collective responsibility and commitment to the next generation.

## References

- [1] Yu, G., & Li, S. (2021). Crisis and turning point: The impact of childhood abuse on adolescent mental health and coping strategies. *Journal of Beijing Normal University (Social Sciences Edition)*, (1), 5–15.
- [2] Li, Y., & Lu, J. (2020). The impact of childhood adversity on depression in the elderly. *Population Journal*, 4, 56–69.

- [3] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- [4] Whitfield, C. L. (1998). Adverse childhood experiences and trauma. *American Journal of Preventive Medicine*, 14(4), 361–364.
- [5] Gao, X., Wan, Y., Xie, Y., Jiang, Z., Li, S., Zhang, Y., Cao, X., & Tao, F. (2021). Association between childhood abuse experiences, recent negative life events, and suicidal psychological behaviors among middle school students. *Chinese Journal of School Health*, 42(3), 392–395, 398.
- [6] Zhang, Y., Li, J., Yin, X., & Wang, J. (2022). Relative weights analysis on the impacts of childhood maltreatment forms on adolescent anxiety and depression. *Chinese Journal of School Health*, 43(3), 407–410.
- [7] Xie, Q., Huang, X., Wen, X., & Wang, G. (2024). Association of childhood maltreatment with physical and mental health among junior high school girls. *Chinese Journal of School Health*, 45(11), 1584–1588.
- [8] Mao, P., Wang, L., Tan, M., Xie, W., Luo, A., & Guo, J. (2022, October). Mental health status of adolescents with adverse childhood experience and the influencing factors. *Journal of Hunan University of Science and Engineering*.