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THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON MENTAL HEALTH AND INVOLVEMENT IN ABUSIVE RELATIONSHIPS IN ADULTHOOD

Adverse childhood experiences (ACEs) constitute key etiological risk factors for the development of mental disorders and maladaptive interpersonal behavior. This study examines the relationship between the level of ACEs and the likelihood of future involvement in abusive relationships, alongside assessing accompanying indicators of anxiety, depression, and post-traumatic stress symptoms.

The empirical research utilized a comprehensive psychodiagnostic battery, including the Adverse Childhood Experiences Questionnaire (ACE), General Anxiety Disorder Scale (GAD-7), Patient Health Questionnaire (PHQ-9), PTSD Checklist (PTCI), and Profile of Psychological Abuse Questionnaire. The sample comprised 214 respondents stratified into clinical and control groups. Data analysis involved comparative, correlational, and multiple regression methods.

The study establishes a differentiated mapping of specific childhood traumas against adult psychopathology. Emotional abuse and neglect uniquely predict adult depression and anxiety. Material deprivation demonstrates a selective significant correlation with specific post-traumatic cognitions, including internalized self-blame and rigid negative beliefs about the self and the world. Childhood sexual abuse is verified as a universal catalyst inducing total mental destabilization across all measured clinical indicators. Witnessing interparental violence and parental mental illness selectively prime individuals for elevated generalized anxiety.

Adults with a history of abusive relationships demonstrate significantly higher cumulative ACE scores and comorbid trauma symptoms. Early psychic trauma undermines the psychological defense system, fixing the individual in a vulnerable relational position. Effective clinical rehabilitation requires a paradigm shift from standard educational programs toward prolonged, trauma-informed psychotherapeutic interventions. Clinicians must assess the underlying childhood traumatic substrate to prevent potential relapses of adult re-victimization.

Keywords: psychological trauma; abusive relationships; mental health.

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ВПЛИВ НЕСПРАВНОГО ДОСВІДУ ДИТИНСТВА НА ПСИХІЧНЕ ЗДОРОВ'Я ТА УЧАСТЬ У НАСИЛЬСТВУЮЧИХ СТОСУНКАХ У ДОРОСЛОМУ ВІКУ

Основна мета статті полягає у вивченні несприятливого дитячого досвіду (НДД), який виступає ключовим етіологічним фактором ризику розвитку психічних розладів та деструктивної міжособистісної поведінки. У цьому дослідженні вивчається взаємозв'язок між рівнем НДД та ймовірністю залучення до аб'юзивних відносин у

майбутньому, а також оцінюються супутні показники тривожності, депресії та посттравматичних стресових симптомів.

В ході емпіричного дослідження використовувався комплексний психодіагностичний інструментарій, що включає опитувальник несприятливого дитячого досвіду (ACE), шкалу генералізованого тривожного розладу (GAD-7), опитувальник здоров'я пацієнта (PHQ-9), шкалу для самооцінки ПТСР (PTCI) і опитувальник «Профіль психологічного насильства». Вибірку склали 214 респондентів, розподілених на клінічну та контрольну групи. Аналіз даних проводився з використанням порівняльного, кореляційного та множинного регресійного аналізу.

У дослідженні представлена диференційована матриця зіставлення конкретних видів дитячих травм із психопатологічними проявами у дорослому віці. Доведено, що емоційне насильство та зневага до потреб дитини є специфічними предикторами депресії та тривоги у дорослих. Матеріальна недостатність виявляє селективну значущу кореляцію з певними посттравматичними когніціями, включаючи інтерналізоване самозвинувачення та ригідні негативні переконання про себе та світ. Сексуальне насильство в дитинстві верифіковано як універсальний каталізатор, що викликає тотальну дестабілізацію психіки за всіма клінічними показниками, що вимірюються. Спостереження за насильством між батьками та психічні захворювання батьків вибірково привертають особу до підвищеного рівня генералізованої тривоги.

Дорослі, які мають досвід аб'юзивних відносин, демонструють статистично значуще вищі показники кумулятивного НДД та коморбідної травматичної симптоматики. Рання психічна травма підриває систему психологічного захисту, фіксуючи індивіда у вразливій віктимній позиції у відносинах. Ефективна клінічна реабілітація потребує зміни парадигми – переходу від стандартних просвітницьких програм до пролонгованих травмофокусованих психотерапевтичних втручань. Фахівцям необхідно оцінювати субстрат дитячої травматизації, що лежить в основі деструктивної поведінки, для запобігання ризику повторної ревіктимізації у дорослому віці.

Ключові слова: психологічна травма; аб'юзивні стосунки; психічне здоров'я.

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Introduction (problem updated)

Adverse childhood experiences (ACEs) encapsulate a pervasive spectrum of early-life ontogenetic insults, ranging from direct physical, emotional, and sexual maltreatment to systemic household dysfunctions, including parental psychopathology, substance abuse, and exposure to domestic violence [1, p. 7]. Within the framework of modern clinical psychology and neurobiology, early relational trauma is no longer viewed merely as an isolated psychosocial stressor, but as a critical etiopathogenic factor that alters the structural and functional development of the central

nervous system, particularly disrupting the hypothalamic-pituitary-adrenal (HPA) axis and frontolimbic circuits [2].

These neurobiological alterations manifest phenomenologically as permanent emotional dysregulation, impaired cognitive processing of social cues, and a marked reduction in individual stress resilience, collectively creating a profound vulnerability to subsequent psychopathology. Contemporary cross-diagnostic studies have robustly established the causal link between high cumulative ACE scores and the development of severe mental health disorders, including depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, eating disorders, and substance dependencies [3, p. 9]

Furthermore, the long-term sequelae of ACEs transcend psychological distress, demonstrating a profound systemic pathomorphosis. Chronic relational stress and adverse environments in early life trigger persistent low-grade systemic inflammation and elevated basal cortisol levels – a biological marker of chronic stress – which, in turn, compromise immune functioning, elevate susceptibility to viral infections, and accelerate the pathogenesis of adult chronic conditions, including cardiovascular diseases, diabetes, cancer, and other long-term health pathologies.

However, the precise mechanisms through which early trauma shapes the architecture of adult interpersonal choices remain highly fragmented. Psychological models indicate that traumatic childhood experiences can severely impair an individual's mentalization capacity, leading to an inability to recognize interpersonal threats, establish healthy boundaries, and maintain stable relationships [4]. Numerous studies have emphasized the particularly harmful effects of emotional abuse, which encompasses neglect of emotional needs, excessive criticism, unrealistic expectations, overcontrol, and interference with personal autonomy [5, p. 16].

Recent longitudinal and dyadic data indicate that individuals with a history of trauma exhibit a distinct pattern of "assortative mating" based on trauma-bonding principles, suggesting that people with similar childhood traumas often choose each other as partners. This defensive relational alignment, however, compromises relationship duration and systematically reduces overall relationship satisfaction, particularly under the weight of an escalating, pervasive fear of intimacy. This decreased satisfaction is not only present at the onset of the partnership but tends to persist throughout its duration, leading to a higher propensity for conflict and relationship dissolution.

The Trauma-Informed Care theory emphasizes that childhood trauma has long-term effects on mental health, social functioning, and interpersonal relationships [6]. Despite the clinical prominence of this

paradigm and Relational Trauma Theories, existing literature fails to thoroughly differentiate how specific sub-modalities of childhood adversity (e.g., emotional neglect versus material deprivation) map onto distinct phenomenological clusters of adult psychological abuse (such as hyper-controlling behavior, gaslighting, or emotional isolation) [7, p. 21]. This gap is particularly evident regarding non-Western populations, where cultural moderators of attachment and family cohesion remain heavily underrepresented. This study aims to explore the impact of ACEs on mental health and involvement in abusive relationships among the Azerbaijani population.

The main aim of article. The primary objective of this study is to examine the multifaceted relationship between the cumulative level and specific modalities of adverse childhood experiences (ACEs) and the subsequent probability of adult victimization within abusive relationships. Concurrently, the study aims to quantify the comorbid psychopathological profiles – specifically focusing on the severity profiles of anxiety, depression, and post-traumatic stress cognitions – and to map out the selective paths through which early-life deprivation and trauma translate into explicit patterns of destructive adult partnership dynamics within the Azerbaijani population.

Literature review

A pivotal cross-diagnostic study by **Gu et al.** demonstrated that cumulative ACE scores possess a direct, unmitigated impact on the symptom severity of diverse psychiatric conditions, including major depressive disorder and generalized anxiety [8]. The researchers verified that early-life trauma acts as a non-specific yet severe disruptive agent, altering emotional regulation mechanisms across various diagnostic categories, which fundamentally compromises an individual's psychological stability in adulthood.

Corroborating the longitudinal impact on interpersonal systems, **McKay et al.** conducted a comprehensive systematic review and meta-analysis of longitudinal cohort studies. Their findings robustly established that childhood trauma serves as a primary etiological predictor for adult mental disorders, demonstrating that the developmental damage inflicted by early adversity remains stable across the lifespan [9]. This long-term stability manifests as persistent cognitive distortions and attachment insecurity, which directly undermine adult social functioning.

In the context of adult partnership architecture, **Candel and Turliuc** and subsequent dyadic analyses from 2020 highlighted the exact mechanisms of relational erosion [10]. Their meta-analysis on insecure attachment and

relationship satisfaction revealed strong actor and partner associations, proving that individuals with trauma-induced insecure attachment styles not only experience lower personal relationship satisfaction but also systematically evoke distress and dissatisfaction in their romantic partners.

This relational vulnerability within specific, highly stressed populations was further operationalized by **Khalifian et al.** [7]. Examining the intersections of ACEs and relationship quality, their study illustrated that high cumulative childhood trauma scores among couples directly correlate with elevated mental health symptoms and severe relationship distress. Their data confirmed that early trauma creates a rigid, defensive alignment between partners, often leading to trauma-bonding and preventing the establishment of adaptive, secure ego-boundaries.

Finally, the socioeconomic and systemic pathways of this phenomenon were mapped by **Wheeler et al.** and validated in subsequent others literature, showing that relationship distress serves as a critical mediator between adverse childhood experiences and long-term physical health degradation. Collectively, these recent studies underscore that childhood maltreatment is not a transient stressor but a structural substrate that reshapes adult psychological, somatoform, and interpersonal reality [13].

The scientific novelty of the article. The scientific novelty of this investigation is defined by the empirical construction of a highly differentiated, multi-factor matrix that maps specific pre-morbid childhood traumatic etiologies against explicit adult psychopathological and relational outcomes:

1. **Etiological Specification of Affective Registers:** It was empirically demonstrated that distinct forms of early deprivation produce non-identical psychopathologies. While systemic emotional abuse and a lack of parental love function as direct, specific predictors of adult depression and anxiety, witnessing interparental violence and coping with parental mental illness selectively prime the individual's psychic structure for heightened generalized anxiety.
2. **Mechanisms of Post-Traumatic Cognitive Distortion:** For the first time within the examined population, a highly selective and statistically significant correlation has been verified between childhood material deprivation and the rigid crystallization of specific post-traumatic cognitions, explicitly manifesting as internalized self-blame and deeply rooted negative beliefs about the self and the world.
3. **Identification of the Universal Pathogenic Catalyst:** Childhood sexual abuse was established as a cross-diagnostic catalyst for global psychic destabilization, showing unique, unmitigated statistical

significance across every measured clinical indicator, post-traumatic cognition, and relational victimization marker simultaneously.

4. Phenomenological Mapping of Adult Victimization: The study provides a granular breakdown of relational outcomes, proving that early emotional neglect and lack of maternal/paternal acceptance directly dictate the severity of "ignoring" and "ridiculing" behaviors encountered in adult partnerships, thereby operationalizing the exact transition from developmental trauma to adult re-victimization.

Research Objectives and Hypotheses

The primary objective of this study is to systematically examine the empirical relationship between the cumulative level of adverse childhood experiences (ACEs) and the probability of subsequent involvement in abusive interpersonal relationships during adulthood. Additionally, the study aims to differentiate how specific modalities of early-life trauma predict the clinical severity of comorbid psychopathological indicators, namely generalized anxiety, depression, and post-traumatic stress symptoms, within clinical and control populations.

Hypothesis 1 (H1): Adults with a documented history of abusive interpersonal relationships will exhibit significantly higher cumulative ACE scores and more pronounced comorbid trauma symptoms compared to individuals in the control group without such history (tested via comparative analysis).

Hypothesis 2 (H2): Higher cumulative levels of adverse childhood experiences will positively and significantly correlate with elevated indicators of adult generalized anxiety (measured via GAD-7), depression (measured via PHQ-9), and post-traumatic stress symptoms (measured via PTCI).

Hypothesis 3 (H3): Specific modalities of childhood trauma will act as differentiated predictors for distinct psychopathological outcomes in adulthood. Specifically:

– *Hypothesis 3a (H3a):* Childhood emotional abuse and neglect will uniquely and significantly predict increased levels of adult depression and anxiety.

– *Hypothesis 3b (H3b):* Childhood sexual abuse will operate as a universal catalyst, significantly predicting total mental destabilization across all measured clinical indicators (anxiety, depression, and PTSD symptoms).

– *Hypothesis 3c (H3c):* Witnessing interparental violence and parental mental illness will selectively predict elevated levels of generalized anxiety.

Methods and Methodology

The study involved 276 women (120 without a history of abusive relationships and 156 with such a history) [14]. The mean age was 33.3 ± 9.6 years. The inclusion criterion was the participant's current or past experience in romantic relationships. The demographic questionnaire included information on age, education, marital status, and relationship duration. The minimum level of education among the study participants was secondary education (3.2%), while the highest was a PhD degree (3.2%). The majority of participants held either a master's degree (41.4%) or a bachelor's degree (39.2%) (see Figure 2). In terms of relationship status, 17.7% of participants were not in a relationship, 15.6% were in a relationship, 4.8% were engaged, 44.6% were married, 11.3% were divorced, and 1.1% were widowed (see Figure 1). The mean relationship duration was 6.1±7.1 years [15].

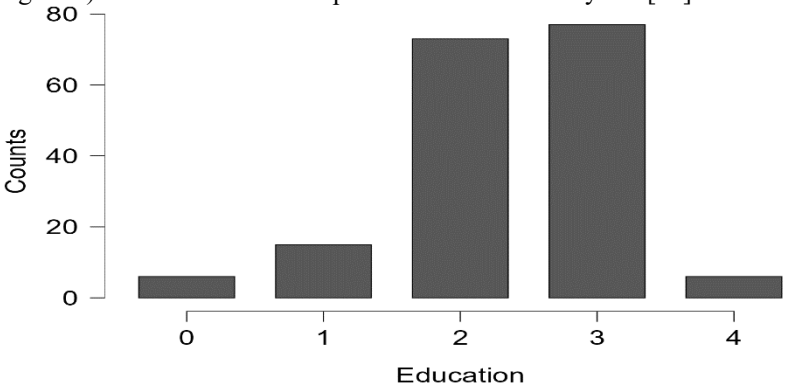

Fig. 2. Quantitative indicators of education level among study participants (where 0 – secondary, 1 – vocational, 2 – bachelor's, 3 – master's, 4 – doctorate)

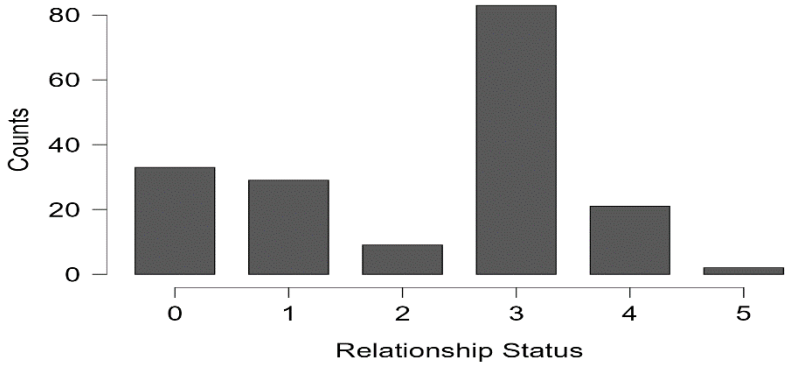

Fig. 1. Quantitative indicators of marital status among study participants (where 0 – single, 1 – in a relationship, 2 – engaged, 3 – married, 4 – divorced, 5 – widowed)

The research included questionnaires assessing levels of depression, anxiety, post-traumatic beliefs, and psychological abuse in relationships.

The Adverse Childhood Experiences Scale includes 10 life situations, each representing a yes/no question about exposure to various forms of abuse (physical, sexual, emotional), neglect, or household dysfunction before age 18. The total score equals the number of endorsed items [15].

Patient Health Questionnaire is a self-assessment tool measuring the frequency of depressive symptoms. The PHQ-9 consists of nine items that assess core depressive symptoms such as anhedonia, low mood, sleep disturbances, concentration problems, psychomotor changes, loss of energy, changes in appetite, feelings of guilt, and suicidal ideation. The survey covers the past two weeks [16].

General Anxiety Disorder Scale. The seven items of the GAD-7 assess the most important diagnostic criteria for Generalized Anxiety Disorder according to the DSM-IV and ICD-10 criteria. All items are answered within the last two weeks and rated on a four-point scale [17].

The Post-Traumatic Cognition Inventory consists of 36 items divided into three subscales: negative beliefs about self, negative beliefs about the world, and self-blame. Responses are rated on a 7-point scale (1 = strongly disagree to 7 = strongly agree).

Profile of Psychological Abuse Questionnaire includes 21 statements rated by frequency (0 = never to 6 = daily). Interpretation of results includes following subscales: the ignore, the ridicule traits, the criticize behavior, the jealous control. Higher scores are indicative of greater abuse.

Data analysis included comparative, frequency and correlational analyses.

Results

Correlational analysis revealed a statistically significant positive relationship between adverse childhood experiences and the presence of abusive relationships. The significant correlation between ACEs and abusive relationships supports the hypothesis that childhood trauma influences adult involvement in abusive relationships. Adverse childhood experiences significantly affect behavioral patterns, leading women to capitulate, submit, avoid, or, conversely, overcompensate (through excessive control, approval-seeking, etc.) due to a heightened fear of loss.

Statistically significant correlations were also found among mental health variables: higher depression levels were associated with higher anxiety and post-traumatic beliefs. A significant positive correlation was also

observed between ACEs and depression levels. Individuals with more ACEs exhibited more severe depression.

Table 1

Correlational analysis between ACE, abusive relationship and mental health disorders

Pearson's Correlations				
			Pearson's r	p
Depression	-	PTCI	0.634	< .001
Depression	-	Anxiety	0.736	< .001
Depression	-	ACE	0.078	.300
PTCI	-	Anxiety	0.542	< .001
PTCI	-	ACE	0.131	.083
Anxiety	-	ACE	0.126	.093
Abuse	-	ACE	0.240	.001

A comparative analysis of independent variables revealed statistically significant differences between the lack of basic living conditions (e.g., food, clothing, and protection) and the overall expression of abusive behaviors in intimate relationships. Participants who experienced material deprivation demonstrated significantly higher levels of abuse compared to those who did not. Alcoholism and substance abuse within the family were significantly associated with all measured forms of abusive behavior, particularly with partner ignoring and criticism. Statistically significant associations were also found in relation to various forms of family violence. For instance, individuals who experienced emotional abuse in childhood reported higher levels of jealous control and overall abusive behavior in adulthood. Women who experienced physical abuse during childhood were more likely to encounter partner control and emotional neglect in their adult relationships. A lack of love and feelings of insignificance in childhood were significantly associated with adult manifestations of ignoring and ridiculing the partner. These findings suggest that women who felt unloved, abandoned, or insignificant in childhood may continue to experience similar emotions and patterns of abuse in adult intimate relationships. Childhood sexual abuse was significantly associated with ignoring, ridiculing, and overall higher levels of abusive behavior. Conversely, participants who did not report any form of childhood trauma demonstrated significantly lower levels of abuse in relationships. No statistically significant differences were found for participants who experienced parental loss, mental illness in the family, or the imprisonment of a family member in relation to the severity of abusive behaviors. Overall, these findings align with existing literature, further

supporting the conclusion that childhood trauma serves as a significant risk factor for women's involvement in abusive relationships in adulthood

Table 2

Comparative analysis ACE with different forms of psychological abuse

	Abuse total	Jealous control	ignore	Ridicule traits	Criticize behavior
Lack of food, clothing, and protection	.034	.078	.053	.116	.090
Loss of a parent	.076	.061	.341	.201	.092
Mental illness in the family	.379	.274	.458	.662	.790
Alcohol and substance abuse	.010	.034	.030	.049	.018
Violence between adults	.146	.516	.252	.045	.125
Imprisonment of a family member	.342	.188	.553	.347	.760
Emotional abuse	.041	.013	.259	.236	.166
Physical abuse	.014	.039	.018	.095	.063
Lack of love and feelings of insignificance	.023	.199	.010	.026	.102
Sexual abuse	.007	.091	.002	.022	.139
None of the above	< .001	.005	< .001	. 003	. 013

A comparative analysis of adverse childhood experiences (ACEs) and mental disorders revealed several statistically significant associations. Material deprivation in childhood showed a significant relationship with posttraumatic cognitions, including negative beliefs about the self, the world, and tendencies toward self-blame.

No statistically significant associations were found between mental health outcomes and parental loss, parental mental illness, substance abuse, or incarceration, with one exception: individuals who had a parent with a mental disorder demonstrated significantly higher levels of anxiety.

Women who witnessed physical violence between parents during childhood also reported higher levels of anxiety. Emotional abuse in childhood was significantly associated with elevated levels across all measured mental health indicators, while physical abuse was significantly linked to posttraumatic cognitions.

A lack of love and feelings of insignificance in childhood had a notable impact on both depression and anxiety. Childhood sexual abuse was significantly associated with all mental health outcomes assessed in the study.

These findings support previous research, particularly in relation to the long-term effects of emotional neglect, lack of love, and sexual abuse. Of particular note are the negative consequences of the absence of emotional closeness, love, and acceptance from parents, which continue to affect individuals well into adulthood.

Table 2

Comparative analysis ACE with different forms of mental health disorders

	Depression	PTCI	Anxiety
Lack of food, clothing, and protection	.218	.015	.476
Loss of a parent	.414	.508	.147
Mental illness in the family	.264	.535	.412
Alcohol and substance abuse	.878	.334	.071
Violence between adults	.471	.309	.023
Imprisonment of a family member	.813	.522	.807
Emotional abuse	.810	.112	.188
Physical abuse	.711	.060	.442
Lack of love and feelings of insignificance	.017	.054	.039
Sexual abuse	.044	.052	.012
None of the above	.241	.232	.144

Furthermore, frequency analysis of specific ACE types showed that participants with abusive relationship experiences reported significantly higher frequencies of traumatic events, especially physical and emotional abuse, sexual trauma, parental insults, and excessive demands. Parental loss, alcoholism, and parental mental disorders were also more common in women with abusive relationship histories. Incarceration of relatives and complete absence of ACEs showed no significant differences.

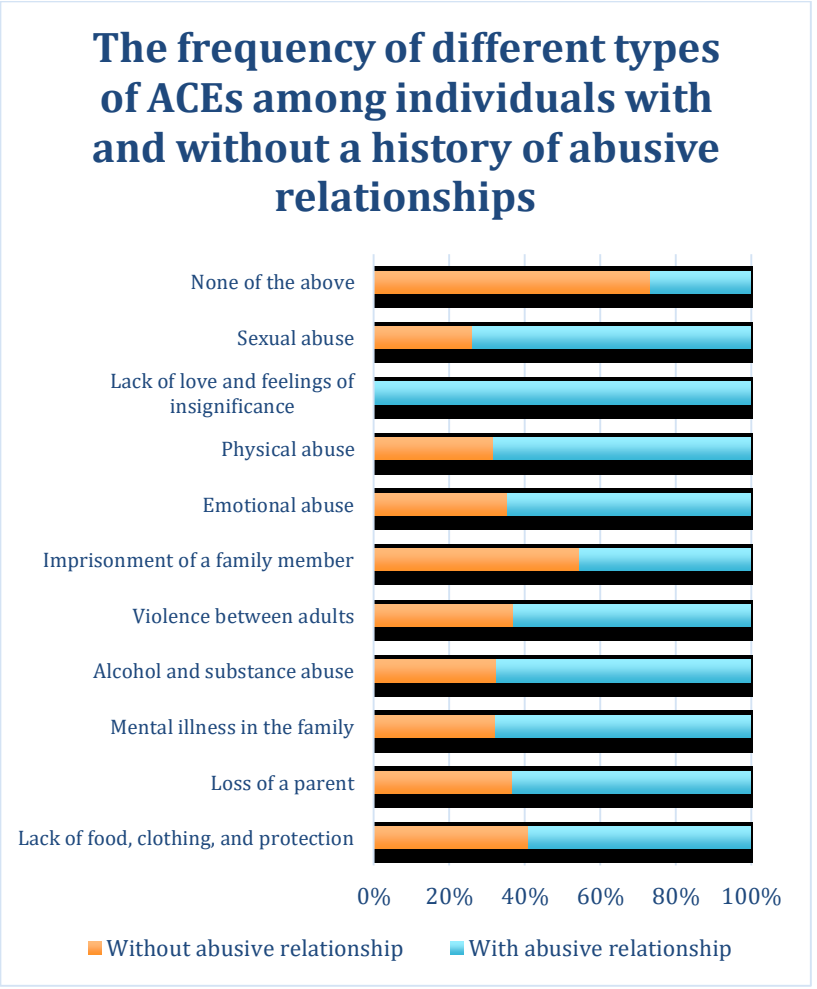

Fig 3. Frequency analysis of specific ACE types among individuals with and without abusive relationship

The results confirm that ACEs are a significant risk factor for psychopathology and involvement in abusive relationships. Strong correlations among anxiety, depression, PTSD, and abusive relationship experience indicate complex interactions between psychopathological and social factors. The most significant predictors include emotional and physical abuse, sexual trauma, parental alcoholism, and parental mental disorders – consistent with the concepts of "revictimization" and Trauma-Informed Care

theory. These findings underscore the importance of incorporating childhood trauma information into psychiatric diagnosis and the prevention of abusive relationships.

Conclusion

In conclusion, the empirical findings of this study provide robust validation for the proposed theoretical framework, confirming a direct and differentiated trajectory from early relational trauma to adult psychopathology and relational vulnerability. The comparative analysis successfully supports the first hypothesis, demonstrating that adults with a documented history of abusive interpersonal relationships exhibit significantly higher cumulative ACE scores and more pronounced comorbid trauma symptoms than the healthy control population. Furthermore, the correlational data validates the second hypothesis by confirming a statistically significant, positive relationship between high cumulative levels of adverse childhood experiences and elevated indicators of adult generalized anxiety, depression, and post-traumatic stress symptoms measured via GAD-7, PHQ-9, and PTCI, respectively.

The application of multiple regression models provides full empirical support for the third hypothesis, mapping specific childhood traumas against distinct psychopathological outcomes in adulthood. Specifically, childhood emotional abuse and neglect uniquely and significantly predict increased levels of adult depression and anxiety. While childhood sexual abuse operates as a universal catalyst inducing total mental destabilization across all measured clinical indicators, witnessing interparental violence and parental mental illness selectively prime individuals for elevated generalized anxiety.

Ultimately, early childhood adversity functions not as a transient stressor, but as a permanent structural substrate that fixes the individual in a vulnerable relational position. Consequently, effective clinical rehabilitation requires a paradigm shift from standard educational programs toward prolonged, trauma-informed psychotherapeutic interventions. Clinicians must systematically assess the underlying childhood traumatic substrate to prevent potential relapses of adult re-victimization.

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