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Adverse Childhood Experiences and Psychological Well-Being among Young Adults in Kozhikode District, Kerala

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ABSTRACT

Adverse Childhood Experiences (ACEs) are potentially stressful or traumatic experiences during childhood that may have implications for psychological functioning in adulthood. The present study examined the relationship between Adverse Childhood Experiences and Psychological Well-Being (PWB) among working young adults in Kozhikode District, Kerala. A quantitative, cross-sectional, non-experimental research design was employed. The sample consisted of 200 working young adults aged 18–29 years, including participants from selected IT/office and healthcare support settings. Purposive sampling with predetermined occupational quotas was used. Data were collected using the Adverse Childhood Experiences Questionnaire (ACE-10) and Ryff's Psychological Well-Being Scale. Descriptive and inferential statistical techniques were used to analyse the data. The findings showed that 167 participants (83.5%) reported at least one adverse childhood experience, while 33 (16.5%) reported no ACEs. The mean ACE score was 1.70 (SD = 1.18). The mean overall Psychological Well-Being score was 71.30 (SD = 8.39). Pearson's correlation analysis indicated a very small negative and statistically non-significant relationship between ACEs and Psychological Well-Being ($r = -.064$, $p = .369$). Independent-samples t-tests showed no statistically significant differences in ACE scores by gender or occupational group. Similarly, Psychological Well-Being did not differ significantly by gender or occupational group.

The findings suggest that although childhood adversity was reported by a considerable proportion of participants, the present study did not identify a statistically significant association between ACEs and overall Psychological Well-Being. The findings highlight the importance of considering childhood experiences within psychological assessment while recognizing that other individual, interpersonal, and contextual factors may also contribute to psychological well-being among young adults. Future research using larger and more diverse samples and longitudinal designs may provide further understanding of these relationships.

Keywords: Adverse Childhood Experiences, Psychological Well-Being, Young Adults, Working Adults, Kozhikode, Kerala

INTRODUCTION

Adverse Childhood Experiences

Childhood is a fundamental period of human development during which emotional security, interpersonal relationships, self-concept, coping patterns, and behavioural responses are shaped through interactions with family, caregivers, and the wider social environment. Experiences during these formative years can have implications that extend into adolescence and adulthood. While supportive and stable childhood environments can promote healthy psychological development, exposure to abuse, neglect, violence, family dysfunction, and other forms of adversity may increase vulnerability to difficulties in later life. The concept of **Adverse Childhood Experiences (ACEs)** provides an important framework for understanding the potential long-term psychological significance of such experiences.

Adverse Childhood Experiences generally refer to potentially traumatic or highly stressful experiences occurring before 18 years of age. The original ACE study conducted by Felitti et al. (1998) examined experiences involving childhood abuse, neglect, and household dysfunction and demonstrated associations between cumulative exposure to adversity and a range of adverse health and behavioural outcomes in adulthood. The study was influential in establishing childhood adversity as an important determinant of health across the life course and in demonstrating that the consequences of early experiences may extend far beyond childhood.

The ACE framework has subsequently been expanded in research and public health practice. Commonly assessed experiences include emotional, physical, and sexual abuse; emotional and physical neglect; exposure to domestic violence; household substance misuse; household mental illness; parental separation or divorce; and other forms of household instability. These experiences may occur independently, but they may also co-occur within the same family environment. Consequently, contemporary ACE research frequently considers both individual adverse experiences and the cumulative burden of multiple forms of adversity.

The cumulative nature of ACE exposure is particularly important because repeated or multiple adverse experiences may place greater demands on children's developing psychological and emotional systems. A child exposed to several forms of adversity may experience continuing uncertainty, interpersonal insecurity, emotional stress, or reduced access to protective caregiving. Such experiences may influence subsequent patterns of emotional functioning, relationships, coping, and perceptions of the self and the environment.

The significance of ACEs is now recognized across a broad range of health and psychological domains. Research has associated childhood adversity with depression, anxiety, stress, substance use, behavioural difficulties, interpersonal problems, and poorer quality of life. Systematic reviews have also demonstrated associations between ACE exposure and psychological outcomes during adulthood, reinforcing the importance of considering early developmental experiences when examining adult mental health and well-being.

However, the presence of ACEs does not imply that all exposed individuals will experience psychological difficulties. Individuals with comparable childhood experiences may show substantially different patterns of adjustment in adulthood. Differences in personality, social support, coping resources, subsequent life experiences, and environmental circumstances may contribute to this variability. Therefore, examining only negative psychological outcomes may provide an incomplete understanding of the relationship between childhood adversity and adult functioning.

Long-Term Psychological Significance of Childhood Adversity

The potential influence of childhood adversity on adult psychological functioning can be understood from a life-course perspective. Childhood represents a period of rapid psychological, social, and biological development. Persistent exposure to threatening or unstable circumstances during this period may influence processes that remain relevant when individuals enter adolescence and adulthood.

One possible pathway involves prolonged exposure to stress. Children who experience repeated adversity may have fewer opportunities to develop a consistent sense of safety and emotional security. Experiences involving unpredictable caregiving, conflict, neglect, or abuse may influence the development of expectations concerning relationships and the social environment. These developmental experiences may subsequently become relevant when individuals encounter stressful circumstances during adulthood.

Research has proposed several biological mechanisms through which childhood adversity may be associated with later psychological outcomes. These include alterations in stress-response systems, inflammatory processes, neurobiological development, and other physiological pathways. Although these mechanisms are important for understanding the possible long-term effects of ACEs, psychological processes also play a major role in determining how individuals respond to and interpret their experiences.

Childhood adversity may influence emotional functioning, coping strategies, self-perceptions, interpersonal relationships, and responses to stress. These processes may contribute to differences in psychological well-being during adulthood. Importantly, however, the relationship between ACEs and adult well-being is complex and should not be interpreted as a deterministic pathway.

A history of adversity represents a potential developmental risk rather than an inevitable outcome. Some individuals demonstrate resilience and maintain positive psychological functioning despite substantial childhood difficulties. Others may experience difficulties in psychological functioning even when the number of reported adverse experiences is relatively low. This variability reinforces the importance of examining current psychological well-being as an outcome rather than focusing exclusively on psychological disorders.

Psychological Well-Being

Psychological well-being is an important dimension of positive mental health and refers broadly to the quality of an individual's psychological functioning and experience of life. It extends beyond the absence of mental illness and encompasses positive aspects of functioning, such as meaningful engagement with life, positive relationships, personal competence, autonomy, purpose, and personal development.

The World Health Organization's conceptualization of mental health similarly emphasizes mental well-being and the ability of individuals to cope with ordinary stresses, realize their abilities, work effectively, and contribute to their communities. This perspective highlights the importance of considering positive psychological functioning alongside psychological symptoms when examining mental health.

Psychological well-being is particularly relevant to the study of childhood adversity because individuals exposed to ACEs may differ not only in their levels of psychological distress but also in their ability to experience meaning, satisfaction, personal growth, and positive functioning in adulthood. A person may not meet criteria for a psychiatric disorder while nevertheless experiencing reduced psychological well-being. Conversely, an individual with a history of childhood adversity may maintain relatively positive psychological functioning.

The study of psychological well-being therefore provides a broader perspective on the possible long-term significance of childhood adversity. It allows researchers to examine whether early adverse experiences are associated with the way individuals currently experience and evaluate their psychological lives.

Relationship Between Adverse Childhood Experiences and Psychological Well-Being

An increasing body of research has demonstrated associations between childhood adversity and adult psychological functioning. The original ACE study established a cumulative relationship between adverse childhood experiences and several adverse outcomes later in life (Felitti et al., 1998). Subsequent research has expanded this evidence to include psychological distress, depression, anxiety, stress, and reduced well-being.

Research among young adult populations is particularly relevant because this developmental stage involves substantial psychological and social transitions. A study of young adults in India by Chaudhary et al. (2024) found that exposure to ACEs was associated with depression, anxiety, and stress and that increasing ACE exposure was associated with reduced likelihood of good well-being. These findings provide important evidence that childhood adversity may remain associated with psychological functioning during young adulthood in the Indian context.

More recent Indian research has also examined positive dimensions of functioning. Chaudhary et al. (2025) reported that positive childhood experiences were associated with better mental health and greater well-being among young adults, suggesting that adult psychological functioning may reflect both adverse and supportive developmental experiences.

Other research among young adults in India has similarly identified relationships between childhood adversity and positive psychological outcomes. For example, studies examining ACEs and subjective happiness have reported that greater childhood adversity is associated with lower levels of positive

psychological functioning. Such findings support the need to examine well-being alongside more commonly studied negative psychological outcomes.

Although these findings provide evidence for an association between ACEs and psychological well-being, they do not establish that childhood adversity directly causes reduced well-being. Longitudinal research is better suited to establishing temporal and causal relationships. Cross-sectional investigations can nevertheless provide valuable evidence regarding the strength and direction of associations within specific populations.

Young Adults and Psychological Well-Being

Young adulthood is an important developmental period characterized by increasing independence, changing interpersonal relationships, educational and occupational transitions, and the development of long-term personal and professional roles. During this period, individuals are expected to make important decisions concerning employment, financial independence, relationships, family responsibilities, and future goals.

These transitions may create both opportunities and challenges for psychological functioning. Young adults are required to adapt to new responsibilities while developing greater autonomy and maintaining social relationships. Psychological well-being can therefore be an important indicator of how successfully individuals manage the demands associated with this stage of development.

The experiences individuals carry from childhood may become relevant during this transition. Early experiences may influence emotional responses, expectations about relationships, coping patterns, and perceptions of self and others. When young adults encounter occupational, interpersonal, or other life stressors, these previously developed patterns may influence their psychological functioning.

The present study focuses on young adults aged **18–29 years**, representing a developmental period in which childhood experiences may remain psychologically relevant while individuals are simultaneously establishing adult roles. Studying this age group can therefore provide insight into the relationship between early adversity and current psychological well-being.

Working Young Adults as an Important Population

Working young adults represent an important but comparatively less examined population in research on childhood adversity and psychological well-being. Employment introduces responsibilities and demands that may differ from those experienced by young adults who are still primarily engaged in formal education. Workplace expectations, financial responsibilities, interpersonal interactions, workload, job security, and career development can all influence psychological functioning.

The working environment may also provide opportunities for social connection, achievement, financial independence, and personal development. At the same time, occupational stress and work-related demands may challenge psychological well-being. Examining working young adults therefore provides an opportunity to investigate psychological functioning within a population actively participating in adult social and occupational roles.

Including participants from different occupational settings can further increase the diversity of the study population. The present study proposes to include young adults working in **IT/office settings and**

healthcare support services. These groups represent distinct occupational environments and may provide participants with varied educational, interpersonal, and work-related experiences.

The purpose of including these occupational groups is not to assume that one occupation is psychologically better or worse than another. Rather, their inclusion provides access to working young adults from different employment contexts and supports the examination of ACEs and psychological well-being beyond student populations.

Adverse Childhood Experiences in the Indian Context

Much of the foundational ACE literature originated in Western populations. Although research has subsequently expanded to different countries and cultural contexts, evidence from India remains comparatively limited in relation to the size and diversity of the Indian population.

The Indian social context includes considerable variation in family structures, socioeconomic circumstances, parenting practices, educational environments, community relationships, and access to mental health resources. These contextual factors may influence both the occurrence and interpretation of childhood adversity and the ways individuals respond to its long-term consequences.

Recent Indian research has begun to provide evidence concerning ACEs and adult psychological outcomes. Chaudhary et al. (2024), in a large study involving young adults in Delhi-NCR, reported significant associations between ACE exposure and depression, anxiety, stress, and well-being. Their findings indicated that greater cumulative adversity was associated with poorer psychological outcomes.

This evidence is important because it demonstrates that the relationship between childhood adversity and psychological functioning is relevant within the Indian population. However, India is characterized by substantial regional and cultural diversity, and evidence from one geographical region cannot necessarily be generalized to young adults in other parts of the country.

Further regional research is therefore required to develop a more comprehensive understanding of childhood adversity and psychological well-being among Indian young adults.

The Kerala and Kozhikode Context

Kerala represents a distinctive social and cultural context within India, with diverse educational, occupational, family, and community environments. Within the state, considerable variation exists across districts and between urban, semi-urban, and rural communities.

Kozhikode District includes a diverse population of young adults engaged in different forms of employment. The district includes established urban areas as well as semi-urban and rural communities, providing opportunities to examine psychological functioning among individuals from varied social and occupational backgrounds.

Despite increasing research attention to ACEs in India, comparatively limited evidence is available concerning the relationship between adverse childhood experiences and psychological well-being among working young adults in Kozhikode District. Region-specific research is important because findings from other parts of India may not fully reflect the experiences and contextual factors relevant to young adults in Kerala.

The present study therefore focuses specifically on young adults residing or working within Kozhikode District and examines the relationship between their reported childhood adversity and current psychological well-being.

RESEARCH GAP

Several gaps can be identified in the existing literature.

A substantial proportion of ACE research has focused on negative psychological and health outcomes such as depression, anxiety, stress, substance use, and behavioural problems. Although these outcomes are important, they do not capture the complete range of adult psychological functioning.

Then comparatively fewer studies have examined **psychological well-being as a positive dimension of mental health** in relation to ACE exposure. Examining well-being can provide a broader understanding of how individuals function psychologically in their current lives.

Next, although research among Indian young adults is emerging, much of the available evidence is geographically concentrated in particular regions. Findings from Delhi-NCR and other settings may not be directly generalizable to young adults in Kerala.

Next, working young adults have received less attention than student populations in many studies of young adult psychological functioning. Employment represents an important developmental context, and studying working individuals can provide information about the relationship between childhood experiences and psychological well-being among adults actively participating in occupational life.

Finally, there is a need for region-specific evidence concerning the relationship between ACEs and psychological well-being among young adults in Kozhikode District. Such research may contribute to the growing Indian literature while providing contextually relevant evidence for counselling and mental health practice.

RATIONALE FOR THE PRESENT STUDY

Although adverse childhood experiences have been associated with various psychological difficulties, their relationship with **psychological well-being among working young adults** requires further attention. Much of the existing research has focused on psychological distress and negative outcomes, with comparatively less emphasis on positive psychological functioning and well-being.

The working environment introduces additional responsibilities, interpersonal demands, and expectations during young adulthood. Examining psychological well-being in individuals with different levels of adverse childhood experiences may therefore provide useful insight into their current psychological functioning.

The present study focuses specifically on **working young adults in Kozhikode District, Kerala**, an area for which context-specific evidence remains limited. By examining the relationship between adverse childhood experiences and psychological well-being, the study aims to contribute to a better understanding of how early experiences are reflected in psychological functioning during young adulthood. The findings may also provide a basis for developing appropriate psychological support and preventive approaches for working young adults.

LITERATURE REVIEW

Felitti et al. (1998), in the original Adverse Childhood Experiences (ACE) study, demonstrated that childhood abuse, neglect, and household dysfunction were associated with multiple adverse health and behavioural outcomes in adulthood. The study established the importance of cumulative childhood adversity in understanding adult psychological and health-related functioning. Dube et al. (2001) further reported associations between childhood abuse, household dysfunction, and suicidal behaviour, while Anda et al. (2006) highlighted the enduring effects of childhood adversity through converging evidence from neurobiology and epidemiology.

Hughes et al. (2017), through a systematic review and meta-analysis, provided further evidence that exposure to multiple ACEs is associated with poorer health and psychological outcomes. Their findings strengthened the evidence for a cumulative effect of childhood adversity and highlighted the importance of considering multiple adverse experiences rather than isolated events.

Research has increasingly examined ACEs among young people and young adults. Bunting et al. (2023) investigated the influence of adverse and positive childhood experiences on young people's mental health and experiences of self-harm and suicidal ideation, demonstrating the relevance of childhood experiences to psychological functioning during youth. In the Indian context, Chaudhary et al. (2024), as cited in the present article, reported that greater ACE exposure among young adults was associated with depression, anxiety, stress, and reduced likelihood of good well-being. These findings provide evidence that the psychological significance of childhood adversity is also relevant within the Indian young-adult population.

More recent Indian evidence has also emphasized the importance of positive childhood experiences. Chaudhary et al. (2025), in a study of young adults from Delhi-NCR, found that positive childhood experiences were associated with better mental health and greater well-being across different levels of ACE exposure. This suggests that adult psychological functioning may be influenced not only by adverse experiences but also by the presence of supportive and positive developmental experiences.

Although existing literature provides substantial evidence linking ACEs with adverse psychological outcomes, comparatively less attention has been given to **psychological well-being as a positive dimension of adult functioning**, particularly among **working young adults**. Much of the available Indian evidence is also concentrated in specific geographical settings such as Delhi-NCR. The present study therefore focuses on working young adults aged 18–29 years in Kozhikode District, Kerala, to examine whether reported adverse childhood experiences are significantly related to their current psychological well-being.

NEED FOR PRESENT STUDY

The need for the present study arises from the continuing recognition that childhood adversity may be relevant to psychological functioning across the life course. Existing research has established associations between ACEs and a range of negative psychological outcomes, but comparatively less attention has been directed toward psychological well-being as an indicator of positive adult functioning.

There is also a need to extend ACE research beyond predominantly student-based populations. Working young adults represent an important developmental group because they are actively managing

occupational, financial, interpersonal, and personal responsibilities. Understanding their psychological well-being in relation to childhood adversity may provide useful information about the continuing relevance of early developmental experiences.

The Indian evidence base is also developing, but regional studies remain necessary. Research conducted in different geographical and social contexts can help determine whether patterns observed elsewhere are also evident among young adults in Kerala.

Accordingly, the present study seeks to examine the relationship between **Adverse Childhood Experiences and Psychological Well-Being among working young adults aged 18–29 years in Kozhikode District, Kerala**. By including both male and female participants from IT/office and healthcare support settings, the study aims to provide evidence concerning the association between childhood adversity and current psychological well-being within a working young adult population.

The study is intended to contribute to the broader understanding of childhood adversity from a life-course and positive mental health perspective. Its findings may also provide a basis for future research and may have implications for psychological assessment, counselling practice, and preventive mental health initiatives involving young adults.

METHODOLOGY

STATEMENT OF THE PROBLEM

Adverse Childhood Experiences (ACEs), including abuse, neglect, family dysfunction, and exposure to violence, may have lasting implications for psychological functioning across the life course. Research has associated ACEs with several negative mental health outcomes; however, comparatively less attention has been given to **psychological well-being** as a positive dimension of adult mental health. Psychological well-being encompasses positive functioning, meaningful relationships, self-acceptance, purpose in life, autonomy, and personal growth. Young adulthood is an important developmental period during which individuals assume increasing occupational, financial, interpersonal, and personal responsibilities. Experiences of childhood adversity may remain relevant as young adults adapt to these changing demands. Working young adults are particularly important to study because employment introduces additional responsibilities related to workload, career development, financial independence, and workplace relationships. Nevertheless, much of the existing research on young adults has focused on student populations, with comparatively limited attention to working young adults. Evidence regarding the relationship between ACEs and psychological well-being among young adults in Kerala, particularly Kozhikode District, is also limited. Therefore, the present study aims to examine the **relationship between Adverse Childhood Experiences and Psychological Well-Being among working young adults aged 18–29 years in Kozhikode District, Kerala**, including males and females from selected IT/office and healthcare support settings. The findings may contribute to region-specific evidence on childhood adversity and positive psychological functioning among young adults.

RESEARCH OBJECTIVES

1. To assess the level of **Adverse Childhood Experiences (ACEs)** among working young adults aged 18–29 years in Kozhikode District, Kerala.
2. To assess the level of **Psychological Well-Being** among working young adults aged 18–29 years in Kozhikode District, Kerala.

3. To examine the **relationship between Adverse Childhood Experiences and Psychological Well-Being** among working young adults.
4. To examine whether **Adverse Childhood Experiences differ according to selected demographic characteristics**, such as gender and occupational group.
5. To examine whether **Psychological Well-Being differs according to selected demographic characteristics**, such as gender and occupational group.

NEED AND IMPORTANCE OF THE STUDY

The present study is important because **Adverse Childhood Experiences (ACEs)** may continue to influence psychological functioning even after individuals reach adulthood. Understanding the relationship between childhood adversity and **Psychological Well-Being** can provide a broader picture of how early experiences are related to present mental health.

1. **Understanding long-term effects:** The study will help identify whether adverse childhood experiences are associated with psychological well-being during young adulthood.
2. **Focus on working young adults:** Much research on young adults focuses on students. This study focuses on **working young adults aged 18–29 years**, providing evidence from an occupational population.
3. **Positive mental health perspective:** Instead of focusing only on psychological problems, the study examines **psychological well-being**, including positive functioning and adjustment.
4. **Kozhikode-specific evidence:** There is limited research on ACEs and psychological well-being among young adults in **Kozhikode District, Kerala**. The study can provide useful local evidence.
5. **Gender and occupational relevance:** Including both males and females from **IT/office and healthcare support settings** may provide a broader understanding of the study variables across working contexts.
6. **Practical importance:** The findings may help psychologists, counsellors, and mental health professionals understand the relevance of childhood experiences when working with young adults.
7. **Future research:** The findings can provide a foundation for future studies on protective factors, resilience, coping, and other factors that may support psychological well-being following childhood adversity.

SIGNIFICANCE OF THE STUDY

1. Understanding the Experiences of Young Adults

The study will provide insight into how difficult experiences during childhood may be connected with the psychological well-being of young people in their present lives. It may also encourage greater attention to childhood history when understanding the overall well-being of an adult.

2. Focus on Working Young Adults

Most young adults spend an important part of their lives adjusting to work, financial responsibilities, relationships, and future plans. By focusing on working individuals aged 18–29 years, the study can provide a better understanding of their psychological well-being within this stage of life.

3. Importance for Psychological Practice

The findings may be useful for psychologists and counsellors when working with young adults who experience difficulties in their personal or emotional lives. Understanding the possible relevance of childhood experiences can encourage a more complete assessment of the person rather than focusing only on current concerns.

4. Relevance to the Workplace

Mental well-being is closely connected with how young employees manage their personal and professional lives. The findings may encourage organisations to give greater attention to the emotional well-being of young employees and to consider supportive mental health initiatives.

5. Contribution to Local Research

Research on childhood adversity and psychological well-being among working young adults in **Kozhikode District** is limited. This study will provide evidence from the local Kerala context and may help identify whether findings reported in other populations are also seen among young adults in Kozhikode.

6. Implications for Mental Health Promotion

The findings may support the need for early identification and supportive interventions for young adults who may be experiencing reduced psychological well-being in association with difficult childhood experiences.

7. Scope for Future Studies

The study can provide a starting point for future researchers to explore factors such as **resilience, coping, social support, and other protective influences** that may help young adults maintain psychological well-being despite adverse childhood experiences.

METHODOLOGY

RESEARCH DESIGN

A quantitative cross-sectional research design was employed to examine the relationship between Adverse Childhood Experiences (ACEs) and Psychological Well-Being among working young adults in Kozhikode District, Kerala. The study examined participants' reported childhood adversity and their current level of psychological well-being at a single point in time. The cross-sectional design was appropriate for determining the direction and strength of association between the study variables. As the study was non-experimental and cross-sectional in nature, the findings were interpreted in terms of statistical relationships and were not used to establish causal effects.

POPULATION AND SAMPLE OF THE STUDY

The population of the study will comprise **working young adults aged 18–29 years** in Kozhikode District, Kerala. Both male and female participants will be included. The study will include employees

working in selected **IT/office settings and healthcare support services**. These groups have been selected to provide access to young adults who are actively engaged in employment and who come from different occupational backgrounds.

The study will include a sample of **200 working young adults** aged 18–29 years from Kozhikode District, Kerala. The sample will include both male and female participants. Approximately **100 participants will be recruited from IT/office settings and 100 from healthcare support services**. Participants will be selected according to the predetermined inclusion and exclusion criteria.

SAMPLING TECHNIQUES AND SAMPLING PROCEDURE

Purposive sampling with predetermined occupational quotas was employed for participant recruitment. Working young adults aged 18–29 years were recruited from selected IT/office and healthcare support settings in Kozhikode District, Kerala. The sampling procedure was designed to obtain representation from the two selected occupational groups. Participants who met the eligibility criteria and provided informed consent were included in the study.

.INCLUSION CRITERIA

Participants were eligible for inclusion if they:

1. were between 18 and 29 years of age;
2. were currently employed in Kozhikode District, Kerala;
3. belonged to the selected IT/office or healthcare support occupational settings;
4. were able to understand and respond to the study questionnaires; and
5. voluntarily participated and provided informed consent.

EXCLUSION CRITERIA

Participants were excluded if they:

1. were outside the age range of 18–29 years;
2. were not currently employed;
3. were unable to understand or complete the study measures;
4. did not provide informed consent; or
5. withdrew from the study during data collection.

TOOLS USED

1. Adverse Childhood Experiences Questionnaire (ACE-10)

The **Adverse Childhood Experiences Questionnaire – 10-item version (ACE-10)** was used to assess exposure to adverse experiences during childhood. The questionnaire covers experiences related to **abuse, neglect, and household dysfunction**. The ACE score is generally based on the number of adverse experience categories endorsed by the participant. The ACE-10 has demonstrated acceptable psychometric properties in validation research, with one study reporting a Cronbach's alpha of **.64** and a theta coefficient of **.86**. Evidence of internal validity and concurrent criterion validity has also been reported.

2. Ryff's Psychological Well-Being Scale

Ryff's Psychological Well-Being Scale (PWB) was used to assess the psychological well-being of the participants. The scale is based on six dimensions: **Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance**. Different versions of the Ryff scale are available, including 18-, 42-, 54-, 84-, and 120-item versions. The **18-item version** has reported evidence supporting its reliability and validity, although psychometric performance may vary across populations and cultural settings.

DATA COLLCTION PROCEDURE

Data were collected from working young adults who met the specified inclusion criteria in Kozhikode District, Kerala. The purpose and nature of the study were explained to the participants before data collection, and informed consent was obtained from those who voluntarily agreed to participate. The participants were then administered the Adverse Childhood Experiences Questionnaire (ACE-10) and Ryff's Psychological Well-Being Scale. The questionnaires were completed by the participants individually, and the researcher provided necessary instructions and clarification regarding the procedure without influencing their responses. The completed responses were collected, checked for completeness, and prepared for statistical analysis. Confidentiality and privacy of the information provided by the participants were maintained throughout the data collection process.

.ETHICAL CONSIDERATION

Ethical principles were followed throughout the study. Participants were informed about the purpose and nature of the study, and informed consent was obtained prior to data collection. Participation was voluntary, and participants were informed that they could withdraw from the study at any stage without any adverse consequences. Confidentiality and privacy of participants were maintained, and the information collected was used solely for research purposes. As the study involved questions concerning adverse childhood experiences, care was taken to ensure that participants could complete the measures in a safe and comfortable manner.

STATISTICAL ANALYSIS

The collected data were systematically coded and analyzed using appropriate statistical procedures. Descriptive statistics were used to summarize the demographic characteristics of the participants and the study variables. The relationship between Adverse Childhood Experiences and Psychological Well-Being was examined using an appropriate inferential statistical test. The level of statistical significance was set at $\mathbf{p < .05}$. The statistical analysis was conducted based on the objectives and hypotheses of the study.

RESULT

Level of Adverse Childhood Experiences

The distribution of adverse childhood experiences (ACEs) among the participants showed that ACE scores ranged from 0 to 5, with a mean score of 1.70 (SD = 1.18). Among the 200 participants, 33 (16.5%) reported an ACE score of 0, while 61 (30.5%) reported an ACE score of 1. A total of 57 participants (28.5%) had an ACE score of 2, 34 (17.0%) had a score of 3, 13 (6.5%) had a score of 4, and 2 (1.0%) had

a score of 5. Overall, 167 participants (83.5%) reported at least one adverse childhood experience, whereas 33 participants (16.5%) reported no ACE categories.

Table 1

Distribution of Adverse Childhood Experience (ACE) Scores among Young Adults (N = 200)

ACE Score	Frequency (n)	Percentage (%)
0	33	16.5
1	61	30.5
2	57	28.5
3	34	17.0
4	13	6.5
5	2	1.0
Total	**200**	**100.0**
Mean ± SD	**1.70 ± 1.18**	—

Interpretation: The ACE scores ranged from 0 to 5, with a mean score of **1.70 (SD = 1.18)**. A total of **167 participants (83.5%)** reported at least one adverse childhood experience, while **33 (16.5%)** reported no ACE categories.

Result 2 — Psychological Well-Being

Table 2

Descriptive Statistics of Psychological Well-Being and Its Six Dimensions (N = 200)

Psychological Well-Being Dimension	Mean (M)	SD	Minimum	Maximum
Autonomy	12.13	3.56	4	20
Environmental Mastery	11.73	3.42	4	20
Personal Growth	11.89	3.56	4	21
Positive Relations with Others	11.65	3.51	4	21
Purpose in Life	11.86	3.41	3	20
Self-Acceptance	12.05	3.60	3	21
Overall PWB Total	**71.30**	**8.39**	**49**	**94**

Note. Each Ryff dimension consists of three scored items, with possible scores of 3–21; the total PWB score has a possible range of 18–126. Higher scores indicate higher psychological well-being.

Level of Psychological Well-Being

The psychological well-being scores of the participants were examined using the 18-item Ryff Psychological Well-Being Scale. The overall psychological well-being score had a mean of **71.30 (SD = 8.39)**, with observed scores ranging from **49 to 94**. Among the six dimensions, **Autonomy** had the highest mean score (M = 12.13, SD = 3.56), followed by **Self-Acceptance** (M = 12.05, SD = 3.60), **Personal Growth** (M = 11.89, SD = 3.56), **Purpose in Life** (M = 11.86, SD = 3.41), **Environmental Mastery** (M = 11.73, SD = 3.42), and **Positive Relations with Others** (M = 11.65, SD = 3.51).

Overall, the findings indicate variation in psychological well-being among the young adults, with the total scores falling within the possible range of the 18-item Ryff scale.

Result 3 — Relationship between ACEs and Psychological Well-Being

Table 3

Correlation between Adverse Childhood Experiences and Psychological Well-Being (N = 200)

Variables	ACE Total	PWB Total
ACE Total	1	**−0.064**
PWB Total	**−0.064**	1
p-value (2-tailed)	—	**0.369**
N	200	200

Statistical test: Pearson's product–moment correlation

r = −0.064, p = .369

Interpretation

The Pearson correlation showed a **very small negative relationship** between adverse childhood experiences and psychological well-being, **r = −0.064, p = .369**. However, this relationship was **not statistically significant** at the 0.05 level. Thus, in this dataset, higher ACE scores were not significantly associated with lower psychological well-being.

Relationship between Adverse Childhood Experiences and Psychological Well-Being

Pearson's product–moment correlation was conducted to examine the relationship between adverse childhood experiences (ACEs) and psychological well-being among the 200 young adults. The analysis indicated a very small negative correlation between ACE scores and psychological well-being scores (**r = −0.064, p = .369**). The correlation was not statistically significant at the 0.05 level. Therefore, the findings from the present dataset do not indicate a statistically significant relationship between adverse childhood experiences and psychological well-being.

Result 4: Differences in Adverse Childhood Experiences by Gender and Occupational Group

An independent-samples *t* test was conducted to examine whether ACE scores differed according to gender and occupational group.

Table 4. Comparison of ACE Total Scores by Gender and Occupational Group (N = 200)

Group	Category	n	Mean	SD	*t*	df	*p*
Gender	Male	100	1.62	1.10	-0.896	198	.371
	Female	100	1.77	1.26			
Occupational group	IT/Office	100	1.81	1.19	1.378	198	.170
	Healthcare Support	100	1.58	1.17			

Note. Independent-samples *t* tests; two-tailed significance level = .05.

The mean ACE score was slightly higher among females (M = 1.77, SD = 1.26) than males (M = 1.62, SD = 1.10). However, this difference was not statistically significant, $t(198) = -0.896$, $p = .371$.

With respect to occupational group, participants in the IT/Office group had a slightly higher mean ACE score (M = 1.81, SD = 1.19) than those in the Healthcare Support group (M = 1.58, SD = 1.17). This difference was also not statistically significant, $t(198) = 1.378$, $p = .170$.

Thus, the present dataset does not indicate statistically significant differences in ACE scores based on either gender or occupational group.

Result 5: Differences in Psychological Well-Being by Gender and Occupational Group

Independent-samples *t* tests were conducted to examine whether psychological well-being differed according to gender and occupational group. The analysis followed the study's specified approach of using independent-samples *t* tests for group comparisons.

Table 5. Comparison of Psychological Well-Being Scores by Gender and Occupational Group (N = 200)

Group	Category	n	Mean	SD	*t*	df	*p*
Gender	Male	100	71.37	8.85	0.126	198	.900
	Female	100	71.22	7.95			
Occupational group	IT/Office	100	71.39	8.73	0.160	198	.873
	Healthcare Support	100	71.20	8.08			

Note. Independent-samples *t* tests; two-tailed significance level = .05. Higher PWB scores indicate higher psychological well-being.

The mean PWB score was 71.37 (*SD* = 8.85) among males and 71.22 (*SD* = 7.95) among females. The difference was not statistically significant, $t(198) = 0.126$, $p = .900$.

Similarly, participants in the IT/Office group had a mean PWB score of 71.39 (*SD* = 8.73), compared with 71.20 (*SD* = 8.08) among participants in the Healthcare Support group. This difference was not statistically significant, $t(198) = 0.160$, $p = .873$.

Therefore, the present dataset does not indicate statistically significant differences in psychological well-being based on either gender or occupational group.

DISCUSSION

The present study examined Adverse Childhood Experiences (ACEs) and Psychological Well-Being (PWB) among working young adults aged 18–29 years in Kozhikode District, Kerala. The findings indicated that ACE exposure was present among a substantial proportion of participants, with the mean ACE score being 1.70 (SD = 1.18). Psychological well-being showed a mean total score of 71.30 (SD = 8.39) across the six dimensions of the Ryff Psychological Well-Being Scale. These findings highlight the relevance of considering childhood experiences alongside positive psychological functioning during young adulthood. The study population is particularly relevant because young adulthood involves increasing occupational, interpersonal, financial, and personal responsibilities, while the manuscript identifies limited research focusing specifically on working young adults in the Kozhikode context.

The analysis of the relationship between ACEs and PWB showed a very small negative correlation, which was not statistically significant ($r = -0.064$, $p = .369$). Similarly, no statistically significant differences in ACE scores were observed according to gender or occupational group, and PWB scores also did not differ significantly according to gender or occupational group. Thus, within the present dataset, ACE exposure was not significantly associated with psychological well-being, and the selected demographic characteristics did not demonstrate significant differences in either major study variable. These findings should be interpreted cautiously because the study uses a cross-sectional design and therefore cannot establish causal relationships. Further research using larger and more diverse samples and longitudinal designs may help clarify the relationship between childhood adversity and psychological well-being among working young adults. The manuscript also identifies the value of future research examining protective factors and other influences that may contribute to positive psychological functioning following childhood adversity.

LIMITATIONS OF THE STUDY

- **Cross-sectional design:** The study used a cross-sectional design, with data collected at a single point in time. Therefore, the findings can indicate associations between Adverse Childhood Experiences and Psychological Well-Being but cannot establish cause-and-effect relationships.
- **Limited geographical coverage:** The study was conducted only among working young adults in Kozhikode District, Kerala. Therefore, the findings may not be directly generalizable to young adults from other districts or regions.
- **Purposive sampling:** Participants were selected using purposive sampling with predetermined occupational quotas. Since probability sampling was not used, the sample may not fully represent the wider population of working young adults.

❖ **Restricted occupational groups:** The study included participants from selected IT/office and healthcare support settings only. Young adults working in other occupational sectors were not represented in the sample.

❖ **Limited sample size:** The study included 200 working young adults. Although this provided data for the planned analyses, a larger sample could provide greater representation of the diverse experiences of young adults.

❖ **Self-report measures:** The study relied on participants' responses to questionnaires assessing childhood adverse experiences and psychological well-being. Responses may therefore be influenced by recall difficulties, personal interpretation, or social desirability.

❖ **Limited range of variables:** The study focused specifically on Adverse Childhood Experiences and Psychological Well-Being, along with selected demographic characteristics such as gender and occupational group. Other factors that may influence psychological well-being, such as social support, coping, resilience, and other protective influences, were not examined.

IMPLICATIONS OF THE STUDY

✓ **Implications for Psychological Practice:**

The findings highlight the importance of considering individuals' childhood experiences while assessing the psychological well-being of young adults. Psychologists and counsellors may consider incorporating a brief history of childhood adversity into psychological assessment when appropriate.

✓ **Implications for Counselling Services:**

The study emphasizes the relevance of providing supportive counselling services for working young adults. Counselling interventions can focus on emotional support, adjustment, self-acceptance, positive relationships, and other dimensions of psychological well-being.

✓ **Implications for Workplace Mental Health:**

Since the study focuses on working young adults, the findings may encourage organizations to pay greater attention to employees' psychological well-being. Workplaces may promote supportive environments and accessible mental health resources for young employees.

✓ **Implications for Early Identification:**

Assessment of childhood adversity may help mental health professionals identify young adults who may require additional psychological support. Early recognition of difficulties can facilitate appropriate counselling and referral when necessary.

✓ **Implications for Mental Health Promotion:**

The findings support a broader positive mental health perspective by examining psychological well-being rather than focusing only on psychological difficulties. Mental health promotion programmes for young adults can therefore include activities that support healthy psychological functioning and overall well-being.

✓ **Implications for Research:**

The study provides local evidence regarding Adverse Childhood Experiences and Psychological Well-Being among working young adults in Kozhikode District. Future researchers may build on these findings using larger and more diverse samples and by examining additional factors that may contribute to psychological well-being.

✓ **Implications for Community Mental Health:**

The findings may be useful for community-based mental health initiatives aimed at young adults. Awareness programmes can help reduce stigma surrounding psychological difficulties and encourage young people to seek appropriate professional support whe

RECOMMENDATIONS

- **ACE-Informed Psychological Support**

Psychologists and counsellors should consider individuals' childhood experiences as part of a comprehensive psychological assessment when working with young adults.

- **Early Identification of Adversity**

Mental health professionals and workplace support services should promote early identification of young adults who may have experienced adverse childhood experiences and may require psychological support.

- **Promotion of Psychological Well-Being**

Counselling and mental health programmes should focus not only on psychological difficulties but also on promoting positive functioning, self-acceptance, positive relationships, autonomy, personal growth, environmental mastery, and purpose in life.

- **Supportive Workplace Mental Health Programmes**

Organisations employing young adults should develop supportive workplace practices and accessible mental health resources that encourage psychological well-being and emotional support.

- **Strengthening Mental Health Awareness**

Awareness programmes may be conducted among young adults to increase understanding of the possible long-term relevance of childhood experiences and encourage appropriate help-seeking when psychological difficulties arise.

- **Expansion of Future Research**

Future studies should include larger and more diverse samples from different occupational groups and geographical areas to improve the generalisability of findings related to ACEs and psychological well-being.

- **Further Investigation of Protective Factors**

Future research should examine protective factors such as social support, resilience, coping strategies, and other contextual factors that may contribute to maintaining psychological well-being among young adults with adverse childhood experiences.

CONCLUSION

The present study examined Adverse Childhood Experiences (ACEs) and Psychological Well-Being among working young adults aged 18–29 years in Kozhikode District, Kerala. The findings indicated that a considerable proportion of participants reported at least one adverse childhood experience, while the participants demonstrated varying levels of psychological well-being across the six dimensions of autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. However, the relationship between ACEs and overall psychological well-being was not statistically significant, and no significant differences were observed in ACEs or psychological well-being according to gender or occupational group. These findings highlight the importance of understanding childhood experiences while assessing the psychological functioning of young adults, while also suggesting that the relationship between childhood adversity and present psychological well-being may be influenced by other individual, social, and contextual factors. Further research using larger and more diverse samples and longitudinal designs is recommended to develop a more comprehensive understanding of ACEs and psychological well-being among young adults.

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