

ORIGINAL ARTICLE

Exploring the interconnection between adverse childhood experiences and psychological well-being of emerging adults in a rural community in Lagos, Nigeria

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ABSTRACT

There has been an increase in the study of Adverse Childhood Experiences (ACEs) and their related outcomes in recent years. The current study explored the interconnections between ACEs and psychological wellbeing among emerging adults in a rural community in Lagos. The specific objectives were to establish the correlations between all the dimensions of ACEs and psychological wellbeing and check the predictive role of all the sub-conventional ACEs on psychological wellbeing. Three hundred seventy-eight high and tertiary school emerging adults were selected through a non-probabilistic sampling method. The ten conventional ACEs and Ryff's Psychological wellbeing scales were used to assess the respondents. Zero-order correlation and multiple regression were used to test the hypothesis. The results revealed that adverse childhood experience was significantly related to psychological wellbeing, which means that the higher the number of ACEs, the lower an individual's psychological wellbeing. Also, all the dimensions of ACEs significantly predict psychological wellbeing except verbal abuse ($p = .160$) and physical abuse ($p = .515$). ACEs were prevalent among emerging adults in rural communities and had deleterious effects on their psychological wellbeing. More work is needed in advocacies because several people do not know that physical and verbal abuse can affect the psychological wellbeing of emerging adults. Therefore, there is a need to develop various culturally appropriate assessment practices, interventions, and policy responses to the menace.

Keywords: Adverse Childhood Experiences, Psychological Wellbeing, Emerging Adults, Rural Community.

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INTRODUCTION

Adverse Childhood experiences (ACEs) remain an understudied area in Psychology in Nigeria because the environment does not frown at several unhealthy parenting practices. Happy and healthy children will become responsible citizens who will build the nation and constitute its workforce. No sustainable growth and development can be achieved if the nation's children do not have good psychological wellbeing. These levels of positive childhood experiences include individuals, families, schools, and communities. At the individual level, factors such as low self-esteem, despair, anxiety, aggression, melancholy, and loneliness have been linked to distress. Family-related issues, such as domestic violence, a lack of emotional support, difficulty in family connections, and a lack of communication, are also associated with distress. School-level problems include low academic performance/failure, dropout, and bullying. At the community level, variables such as exposure to violence and aggression, sexual abuse, social problems and rule violations, community disorganization, legal concerns, and poverty are all linked to psychological distress. (1) reported that ACEs affect family health in adulthood in the expected direction, although ACEs were negatively associated with family social and emotional health processes and family health resources.

(2,3) reported a high incidence of childhood adversities among children and adolescents in Nigerian. Similarly, (4) found that almost half of their participants experienced one setback, and 31.2% percent had encountered two or more adversities during their childhood. (5), in a study conducted in 2014 on Nigeria Violence Against Children Survey (VACS), discovered that 6 out of 10 male and female children had undergone at least one type of violence during their childhood before the age of 18. Additionally, one in every six adolescents aged 13 to 17 reported two or more types of violence within 12 months of the assessment, including sexual and emotional related abuse and violence, or physical and psychological violence (6). Mental illnesses are often first recognized at a young age, and adverse childhood

experiences have been associated with various health risk behaviors and adult mental health problems; ACEs and traumatic events before age 18 may include abuse or neglect (7). Adverse childhood experiences could make an individual to be susceptible to several mental and physical health issues. (8) studied 27,834 adults to investigate how Adverse Childhood Experiences (ACEs) impact life opportunities. The research revealed that individuals who experience more ACEs were more likely to struggle with their academics especially in high school, finding employment, and their economic may also suffer. Specifically, those who reported experiencing four or more ACEs faced a greater risk of not completing high school and living in poverty.

According to (9), university students face various challenges, including adjusting to a new environment, dealing with new responsibilities, and financial difficulties on top of academic expectations. (10) reported that anxiety related problems, depression, and stress are more prevalent among students in tertiary education. The difficulties faced during childhood are mostly physical, sexual, and emotional related, neglect, and parental divorce or separation, can significantly impact a person's mental health (11). Research suggests that the prevalence of psychological issues varies among young people (12).

Adverse Childhood Experiences

ACEs are experiences and circumstances that occur before the child 18th birthday, the adversities can negatively impact the mental as well as physical health and future experiences of violence and education/employment opportunities (13). While prior research focused on studying individual types of childhood trauma, current evidence supports the notion that different types of trauma can have cumulative effects on physical and psychological wellbeing (14), highlighting the need to study various types of trauma together.

ACEs are categorized into abuse (physical, emotional, and sexual), neglect (physical and emotional), and household challenges. This include living with someone who has a substance or drug problem, mental disorder, a history of suicide attempt, experiencing domestic

violence, or living with someone who has been incarcerated (13,15). Consequently, ACEs are correlated to violence behaviours and victimization in future (13), possible limitations in future educational and occupational opportunities (13).

In the last decades, different domains of childhood trauma had primarily been focused on studies regarding their personal effects for example and the effects of physical abuse on children were extensively studied (15). The household related challenges has other categories which include living with someone with domestic violence, or living with someone who went to prison.

This research focuses on hardships individuals faced during their childhood within the family setting before turning 18. Except for inquiries about sexual abuse, all other measures of negative childhood experiences pertain specifically to family-related incidents. The following are the six types of adversities explored:

1. Death of a parent: losing the respondent's mother or father before they turned 16.
2. Parental separation or loss: this included being away from the family for six months or more due to reasons like staying with a relative, or putting up in a foster home, school residential facilities, convalescent homes, juvenile correction center, among others.
3. Mental health of parents and history of substance use disorders: This involves psychological conditions like anxiety and mood disorders, others may be panic and substance use disorders in either parent.
4. Parental criminal behavior or family violence encompasses the parent's involvement in criminal related offences, arrest and incarceration. There are family that may be seen as small issues like frequent pushing, grabbing, or slapping while growing up or frequently witnessing seeing physical fights in the house.
5. Neglect or abuse: Issues of neglect and abuse(physical and sexual) was evaluated through a scale comprising items related to the

amount of effort the guardian put into ensuring a good upbringing for their children. Physical abuse was noted if the respondent reported experiencing slapping, hitting, pushing, grabbing, shoving, or being hit with an object. Sexual abuse is considered present when the respondent reported to have been raped, sexually assaulted, or molested. Information that would allow the determination of whether a family member perpetrated abuse was not collected for sexual abuse. Respondents who reported experiencing several (three or more) incidence of rape or sexual molestation were in the analysis. Researches has shown that sexual abuse within the family mostly occur in multiple times than in a single episode.

6. Other adversities: The other common issues may includes chronic medical illnesses or conditions such as cancer, epilepsy, diabetes, and AIDS were noted. Family socioeconomic adversities was also defined as when one of the parents is financially unavailable and the other parent job is not sufficient to support the family.

Psychological wellbeing

Psychological wellbeing can be defined as positive mental health (16). Evidence has documented that psychological wellbeing is a multifaceted concept (17), which develops through emotional regulation, personality characteristics, identity, and life experience. The Ryff's psychological wellbeing components are listed below.

Autonomy is the internal locus of control that allows one to regulate behavior (17,18). A matured person has a way of doing intrinsic assessment, assessing oneself based on certain parameters, personal standards and successes rather than depending on others' standards. They do not rely on other people's approval of how they are living; they are more focused on their opinions and less influenced by other people's ideas (17). A high score on autonomy indicates independence, whereas a score may connote self-consciousness. Studies have established that internal locus of control is a fundamental factor for motivation (19).

Personal growth is the capacity to grow and develop oneself, become a responsible individual who can

achieve self-actualization and goals (17,18). To achieve excellent psychological functioning, one must continue to strive and flourish in all aspects of life (17). This helps the person in the ongoing evolution and problem-solving, expanding one's strengths and abilities. A high score on personal growth is connected to continuous growth and development, whereas a low score is an indicator of slow growth. Individuals with a growth mentality understand that working diligently will eventually pay (20). People with growth mentality are mostly opened to new and varied experiences. Individuals who are humble always strive to improve themselves for personal growth and holistic development of all time (19); they mostly use positive and negative conducts as well as goals achieved, to improve themselves.

Environmental mastery refers to the physical and mental actions used to choose and manage the surrounding and imagined environment (17,18). A good score on environmental mastery implies that one has control over one's surroundings, whereas low scores implies that the person lacks the capacity needed to govern one's surroundings successfully (17). An adult mostly engages and relate to a wide range of activities in various scenarios and relate to different contexts as nature demands. Ability to manage physiological and cognitive arousal usually help athletes better know their surroundings and improve their interactions. Imagery increases self-awareness and a better grasp of the situation and environment (21,19).

Purpose in life can simply be put as one's perception of the meaning of one's existence, and it entails setting and achieving goals that contribute to one's appreciation of life (17,18). Mental health means understanding that one has a great purpose and goal in life (17). Such individuals eliminate fear so as to pursue sense of purpose in life. It is important to set goals if truly that the person want to achieve success. An individual with a clear sense of intentionality is showing signs of maturity (17). When individuals focus and pay attention, and concentration on important issues, make realistic goals, and strive to be more holistic, they strive for a higher goal for themselves and frequently assist others. Goal setting

and achievement may be both inspirational and motivating (21,19).

Positive interpersonal relationships and belongingness is a network of communication and support that are fundamental in establishing trusting and long-lasting relationships (17,18). A mature, calm, and comfortable demeanor connotes a reliable individual and such behaviour can lead to better interactions and consideration of others. Good relationships assist us to understand, bad relationships which can lead to frustration (17). One crucial element of mental health is establishing solid human relationships, with disease frequently characterized by impairment in social functioning. It is important of communication in team relationships cannot be overstretched (21).

Self-acceptance is a crucial aspect of mental wellness and a component of optimal performance (17,18). Accepting oneself is a healthy level which will lead to excitement and positive attitude (17). (19) found that moderate confidence levels led to better success and acceptability, with positive feedback from others playing a vital role in maintaining self-confidence and belief. Self-acceptance is a basic necessity for self-actualization, improved psychological functioning, and growth (17). It requires acknowledging the past and present while keeping a sense of purpose for the future.

Psychological wellbeing is connected to overall happiness in life and this is linked to self-acceptance, positive and fulfilling relationships with others, an environment that meets one's needs, a sense of autonomy, finding purpose in life, and engaging in personal growth (18).

The concept of how early experiences can affect an individual's future outcomes is an essential focus for researchers in human development. Child mistreatment/abuse and other related family issues are recognized as major impediment to the optimal growth of children. The difficulties that come with negative childhood experiences can be put into two distinct categories: child abuse/neglect and family problems. This usually occurs before the person becomes an adult, before the person's 18th birthday. Child abuse/neglect comprises physical, sexual, emotional, and psychological abuse as well as physical and emotional neglect. The abuse is somewhat unknown by several

people in rural communities in Nigeria. The abuse and conduct are more like normal behaviour to several families because of culture and their understanding of parenting. Household problems are unknown in many rural communities, and the impact may be lifelong in the lives of the children; the typical household problems are parental separation/divorce, stepparents' maltreatment, domestic violence/abuse against mothers (physical, emotional, verbal, and financial abuse), substance abuse (selling, excessive use, and constant intoxication), family history of mental illness, and imprisoned family members.

Emerging adulthood

The emerging adulthood stage is a transitional period between adolescence and early adulthood. These emerging adults fall within the age range of 18-25. There is a dearth of literature on the relationship between adverse childhood experiences (ACEs) and the developmental identification of the dimensions of emerging adulthood (IDEA). (1) reported that higher ACE scores were associated with increased negativity/instability. (22) posited that ACEs were associated with IDEA scores.

Resilience Theory

Resilience theory is a popular theory widely used to explore how individuals cope with and recover from adversity. According to this theory, (23) describes resilience as a dynamic process that involves the ability to bounce back from negative experiences, adapt to new circumstances, and maintain a sense of wellbeing even in the face of adversity. Resiliency theory has helped promote factors that independently lead to better wellbeing and may also weaken the effects of risk factors on developmental trajectories and effects. This theoretical framework has been applied to various research areas, including child development, trauma, and mental health. Resilience theory states that individuals who experience adversity can develop protective factors that help them cope and recover from negative experiences.

These protective factors can be internal, such as self-esteem and a sense of mastery, or external, such as

social support and access to resources. In ACEs and emerging adulthood, protective factors may include supportive relationships with family and friends, access to mental health services, and a strong sense of self-efficacy. (24) insinuates that resilience may serve as a protective factor that mitigates the negative impact of ACEs on psychological wellbeing. The study stated further that social support was an important protective factor in the relationship between ACEs and psychological wellbeing among emerging adults. Specifically, individuals who reported high levels of social support were less likely to experience symptoms of depression and anxiety, even if they had experienced ACEs. This highlights the importance of social support in promoting resilience among emerging adults who have experienced adversity. Specifically, individuals who reported high levels of mastery were less likely to experience symptoms of depression and anxiety, even if they had experienced ACEs. This suggests that developing a sense of mastery may be necessary for promoting resilience among emerging adults who have experienced adversity. Thus, resilience theory offers a valuable framework for understanding the impact of ACEs on psychological wellbeing among emerging adults. Researchers and clinicians can develop interventions to support emerging adults who have experienced adversity by identifying protective factors that promote resilience. This may include interventions that focus on building social support networks, promoting a sense of mastery, and providing access to mental health services. By promoting resilience among emerging adults, we can help mitigate the negative impact of ACEs and support the developmental trajectories of healthy and thriving individuals throughout their entire lifespan.

ACE studies have developed in Nigeria, but further research is needed to address knowledge gaps because of the peculiarity of the society being a developing nation. Modern cities in Nigeria have urban and rural dwellers without adequate knowledge that ACEs are real and that children need beyond food and education but also need to be stable psychologically in other for them to emerge into adulthood stage with good psychological wellbeing. Hence the need to extend the study to emerging adults in rural communities in Lagos state.

Overview of Present Studies

Psychological wellbeing is one research variable that has not received considerable research interest from researchers in Nigeria. Psychological wellbeing relates to overall happiness in life and translates to self-acceptance, positive and fulfilling relationships with others, an environment that meets one's needs, a sense of autonomy, finding purpose in life, and engaging in personal growth. The study explored the connection between adverse childhood experiences and Psychological wellbeing among selected emerging adults in a rural Lagos State community. Specifically, this study (i) examines the interconnection of adverse childhood experiences and dimensions of Psychological wellbeing, (ii) Gender and age range were also explored in the study. This study is significant as it charts the pathway between adverse childhood experiences and psychological wellbeing among University students.

MATERIALS AND METHODS

Research setting: The area of study for this research is the Micheal Otedola College of Primary Education Neighborhood in Epe, Lagos. The questionnaire was completed in three months. It was administered using a non-probabilistic sampling method, precisely a convenient sampling method. This design is most suited for this study as it allows for studying a group of people at a particular time and the relationship between the research variables.

Participants: three hundred and seventy-eight emerging adults, mostly secondary and college students in Epe, a rural Lagos State, participated in the study. 54.5% were male (206), and 45.5% were female (172): with the age of $n=222$, 58% (Mean=17.04, SD=16.14) for 18-21, and 21 & above $n=156$, 41% (Mean=16.14, SD=2.93).

Measures:

Demographics: Respondents were asked to report their gender, age, and institutional affiliation. This study utilized a survey packet of various sections measuring different variables. There was an introductory section that contained an introductory statement highlighting the aim of the study and the research ethics bounding participation in the

research. The Adverse Childhood Experiences Questionnaire measured adverse childhood experiences in the participants, while the psychological wellbeing questionnaire items measured their psychological wellbeing.

Adverse Childhood Experiences Questionnaire:

Adverse Childhood Experiences (ACEs) Questionnaire has (7). The ACEs assess ten types of childhood adversities people experience prior the 18th birthday. In detail, this questionnaire addresses the domains of emotional and physical abuse, physical neglect, witnessing maternal abuse, living with a substance abuser, mental health disorder, household member, parental divorce, and incarceration of a family member at home. It is a Yes or No scale.

Psychological wellbeing: This was measured using the 18-item Ryff's Psychological Wellbeing Scales (PWB) Developed by Carol Ryff. The scale is an 18-item scale that measures an individual's general satisfaction with their lives. The scale was measured on a five-point Likert scale where 1= = strongly disagree and 5= = strongly agree. (18) reported reliability estimates for the psychological wellbeing scale ranging from 0.87 to 0.93 for coefficient alpha. (25), in a study among health workers, reported a coefficient alpha of 0.71.

Procedure: The procedure for data collection was through paper and pencils. The items and instructions for filling out the questionnaires were on the questionnaire administered to the participants. After the desired number of responses gotten, the responses was coded into a Microsoft Excel file. The data obtained from the survey were analyzed using IBM SPSS Version 27. Descriptive statistics (mean, standard deviation, and frequencies) was used to describe the respondents based on their demographics and scores on the variables. Zero-order correlation, multiple regression, and t-test for independent variables were used.

RESULTS

Table i Reveals a significant negative relationship between Environmental Mastery ($r = -.135$, $p < .01$) and autonomy. The result also indicates a significant positive relationship between Personal Growth ($r = .507$, $p < .01$) and autonomy.

It was further revealed that there exists a significant positive relationship between Positive Relation with others ($r = .421, p < .05$) and autonomy, while a negative relationship exists between Positive Relation with others ($r = -.214, p < .01$) and Personal Growth.

The result also indicates that there exists a significant positive relationship between Purpose in Life ($r = .342, p < .01$) and Autonomy, Purpose in Life ($r = .422, p < .01$) and Personal growth, Purpose in Life ($r = .131, p < .05$) and Positive Relation with others. In contrast, a negative relationship exists between Purpose in Life ($r = -.192, p < .01$) and Environmental Mastery.

The result shows further that there exists a significant positive relationship between Self-Acceptance ($r = .553, p < .01$) and Autonomy, Self-Acceptance ($r = .397, p < .01$) and Personal growth, Self-Acceptance ($r = .321, p < .01$) and Positive Relation with others, Self-Acceptance ($r = .248, p < .01$) and Purpose in Life.

The result also indicates a significant positive relationship between Verbal Abuse ($r = .139, p < .01$) and Positive Relation with others. In contrast, a negative relationship exists between Verbal Abuse ($r = -.420, p < .01$) and Personal Growth, Verbal Abuse ($r = -.291, p < .01$), and Self-Acceptance.

Additionally, it was revealed that there exists a significant positive relationship between Physical Abuse ($r = .659, p < .01$) and Verbal Abuse, while a negative relationship exists between Physical Abuse ($r = -.312, p < .01$) and Personal Growth, Physical Abuse ($r = -.251, p < .01$) and Self-Acceptance.

The result shown a significant positive relationship between Sexual Abuse ($r = .269, p < .01$) and a Positive relationship with others, Sexual Abuse ($r = .637, p < .01$) and Verbal Abuse, Sexual Abuse ($r = .357, p < .01$) and Physical Abuse, while a negative relationship exists between Sexual Abuse ($r = -.211, p < .01$) and Autonomy, Sexual Abuse ($r = -.441, p < .01$) and Personal Growth, Sexual Abuse ($r = -.228, p < .01$) and Self-Acceptance.

Further results indicates that there exists a

significant positive relationship between Emotional Abuse ($r = .153, p < .01$) and Autonomy, Emotional Abuse ($r = .300, p < .01$), and Verbal Abuse, Emotional Abuse ($r = .261, p < .01$) and Physical Abuse, Emotional Abuse ($r = .170, p < .01$) and Sexual Abuse, while a negative relationship exists between Emotional Abuse ($r = -.128, p < .05$) and Environmental Mastery, Emotional Abuse ($r = -.124, p < .05$) and Personal growth.

The result further signifies that there exists a significant positive relationship between Physical Neglect ($r = .450, p < .01$) and Physical Abuse, Physical Neglect ($r = .496, p < .01$) and Sexual Abuse, Physical Neglect ($r = .520, p < .01$) and Emotional Neglect. In contrast, a negative relationship exists between Physical Neglect ($r = -.283, p < .01$) and Autonomy, Physical Neglect ($r = -.124, p < .05$) and Environmental Mastery, Physical Neglect ($r = -.425, p < .01$) and Personal Growth, Physical Neglect ($r = -.271, p < .01$) and Self-Acceptance.

The result also evidenced a significant positive relationship between Separation / Divorce ($r = .211, p < .01$) and Environmental Mastery, Separation / Divorce ($r = .365, p < .01$) and Verbal Abuse, Separation / Divorce ($r = .447, p < .01$) and Physical Abuse, Separation / Divorce ($r = .246, p < .01$) and Sexual Abuse, Separation / Divorce ($r = .168, p < .01$) and Emotional Neglect, Separation / Divorce ($r = .389, p < .01$) and Physical Neglect, Separation / Divorce ($r = .520, p < .01$) and Sexual Abuse, while a negative relationship exists between Separation / Divorce ($r = -.153, p < .01$) and Autonomy, Separation / Divorce ($r = -.468, p < .01$) and Personal Growth, Separation / Divorce ($r = -.222, p < .01$) and Purpose in Life, Separation / Divorce ($r = -.312, p < .01$) and Self-Acceptance.

The result also indicates that there exists a significant positive relationship between Bullying ($r = .264, p < .01$) and verbal Abuse, Bullying ($r = .346, p < .01$) and Physical Abuse, Bullying ($r = .350, p < .01$) and Sexual Abuse, Bullying ($r = .578, p < .01$) and Physical Neglect, Bullying ($r = .350, p < .01$) and Separation / Divorce, while a negative relationship exists between bullying ($r = -.137, p < .01$) and Autonomy, Bullying ($r = -.194, p < .05$) and Personal Growth, Bullying ($r = -.113, p < .05$) and Positive Relations with others, bullying ($r = -.114, p < .05$) and Purpose in Life, Bullying ($r = -.125, p < .05$) and Self-Acceptance, Bullying ($r = -.255, p < .05$) and

Emotional Neglect.

A significant positive relationship was evidenced between Household Drug Use ($r = .320, p < .01$) and verbal Abuse, Household Drug Use ($r = .426, p < .01$) and Physical Abuse, Household Drug Use ($r = .515, p < .01$) and Emotional neglect, Household Drug Use ($r = .247, p < .01$) and Physical Neglect, Household Drug Use ($r = .448, p < .01$) and Separation / Divorce, while a negative relationship exists between Household Drug Use ($r = -.322, p < .01$) and Personal Growth, Household Drug Use ($r = -.176, p < .01$) and Positive Relations with others, Household Drug Use ($r = -.376, p < .01$) and Self-Acceptance, Household Drug Use ($r = -.131, p < .05$) and bullying.

The result implies that a positive relationship exist between Family Mental illness ($r = .223, p < .01$) and purpose in life, Family Mental illness ($r = .327, p < .01$) and Verbal Abuse, Family Mental illness ($r = .368, p < .01$) and Physical Abuse, Family Mental illness ($r = .218, p < .01$) and Emotional Neglect, Family Mental illness ($r = .334, p < .01$) and Physical Neglect, Family Mental illness ($r = .166, p < .01$) and Separation / Divorce, Family Mental illness ($r = .363, p < .01$) and Bullying, Family Mental illness ($r = .123, p < .05$) and Household Drug Use, while a negative relationship exists between Family Mental illness ($r = -.182, p < .01$) and Autonomy, Family Mental illness ($r = -.151, p < .01$) and Environmental Mastery, Family Mental illness ($r = -.147, p < .01$) and Positive Relation with others, Family Mental illness Use ($r = -.263, p < .05$) and Self-Acceptance.

The result also indicates that there exists a significant positive relationship between incarceration ($r = .422, p < .01$) and Verbal Abuse, Incarceration ($r = .531, p < .01$) and Physical Abuse, Incarceration ($r = .390, p < .01$) and Emotional Neglect, Incarceration ($r = .345, p < .01$) and Physical Neglect, Incarceration ($r = .399, p < .01$) and Separation / Divorce, Incarceration ($r = .797, p < .01$) and Household Drug Use, Incarceration ($r = .207, p < .01$) and Family Mental Illness, while a negative relationship exists between incarceration ($r = -.355, p < .01$) and Personal growth, incarceration ($r = -.218, p < .01$) and Positive relations with others, incarceration ($r = -.224, p < .01$) and Self-

Acceptance.

Table ii revealed that all dimensions of Adverse childhood experiences significantly predict psychological wellbeing except Verbal Abuse ($p = .160$) and Physical Abuse ($p = .515$). However, all dimensions of ACEs jointly predict Psychological Wellbeing given the Beta and P value scores ($B = 20.52, P = .001$). Furthermore, all dimensions of ACEs are jointly responsible for a 73.0% variance in Psychological Wellbeing ($R^2 = .730$). This implies that all dimensions of ACEs jointly explained 73.0% Psychological Wellbeing of the participants; we accept the hypothesis that "all dimensions of Adverse childhood experiences will jointly predict psychological wellbeing."

Table iii shows that the t-test was able to reveal a statistically reliable difference between the mean of Males ($M = 16.36, s = 3.01$) and Females ($M = 16.81, s = 2.62$), $t(376) = -1.50, p = .001, \alpha = .05$. Which implies that we accept the alternate hypothesis.

Table iv shows that the t-test was able to reveal a statistically reliable difference between the mean number of Males ($M = 60.82, s = 12.52$) and Females ($M = 66.44, s = 10.30$), $t(376) = -4.62, p = .004, \alpha = .05$. Which implies that we accept the alternate hypothesis.

Table v shows that the t-test failed to reveal a statistically reliable difference between the mean number of Younger participants (18-21 years) ($M = 17.03, s = 2.93$) and Older participants (22 years and above) ($M = 16.14, s = 2.74$), $t(376) = 3.04, p = .972, \alpha = .05$. Which implies that we reject the alternate hypothesis.

Table vi shows that the t-test was able to reveal a statistically reliable difference between the mean number of Younger participants (18-21 years) ($M = 65.35, s = 9.51$) and Older participants (22 years and above) ($M = 61.30, s = 13.42$), $t(376) = 3.32, p = .001, \alpha = .05$. Which implies that we accept the alternate hypothesis.

DISCUSSION

The analysis of the first hypothesis showed that Adverse Childhood Experience was significantly related to psychological wellbeing, which means that the higher the number of adverse childhood experiences, the lower an individual's psychological wellbeing. This finding is consistent with a growing body of literature highlighting the negative impact of adverse childhood experiences on psychological wellbeing. Previous studies have consistently demonstrated a significant association between adverse childhood experiences and various mental health problems, including depression, anxiety, and mood disorders (26).

A study conducted by (26) found that individuals who reported experiencing four or more adverse childhood experiences were at a significantly higher risk for depression and anxiety. These findings suggest that individuals who have experienced adverse childhood experiences are more vulnerable to developing mental health problems later in life.

Moreover, previous research has also demonstrated that adverse childhood experiences can impact individuals' psychological wellbeing, even after controlling for other risk factors (7,27). For example, the Adverse Childhood Experiences (ACE) study states that individuals who experienced childhood abuse and household dysfunction were more likely to have lower levels of psychological wellbeing and a higher risk of developing chronic diseases in adulthood, even after adjusting for other risk factors (7). Furthermore, a recent study conducted in Iran found that individuals who experienced childhood adversity had lower levels of psychological wellbeing, social support and higher levels of perceived stress (27). The current study's findings are consistent with these previous studies, suggesting that adverse childhood experiences can significantly negatively impact individuals' psychological wellbeing in emerging adulthood.

The second result revealed that adverse childhood experiences significantly predict psychological wellbeing in emerging adulthood. As expected, the result has further confirmed that adverse experiences correlate not only with poor psychological wellbeing, but it has thus been proven again with substantial statistical evidence that negative experiences will continue to impact

psychological wellbeing. General wellbeing is essential at every stage of development; the transitional period often comes with its stress and adjustment-related issues, compounding it with negative experiences will impede the psychological wellbeing of the population.

The analysis of the third objective, though not entirely significant, revealed that females had a higher level of psychological wellbeing than males, thus further supporting the coping strategy that succinctly put that females are expressive and avoid being soaked in their challenges, unlike men who mostly represses their emotions. This result is consistent with previous research, which found that females report higher psychological wellbeing levels than males (28). The result may be explained by the differences in how males and females cope with stress and adversity. Females tend to utilize more emotion-focused coping strategies, such as seeking social support, while males are more likely to use problem-focused coping strategies, such as planning and taking action (29). These coping strategies may impact psychological wellbeing differently, with emotion-focused coping strategies associated with better psychological outcomes (30). The second part focused on the role of gender in adverse childhood experiences. Females scored higher than males on ACEs; this agrees with most assumptions that females are more susceptible to abuse (physical, sexual, emotional, and verbal abuse) than males. Several past studies have investigated the relationship between gender, adverse childhood experiences, and psychological wellbeing. For instance, a study by (28) reported similar results, with females having higher psychological wellbeing levels than males. Similarly, in a study by (31), no significant gender differences were found in the level of childhood trauma, but females reported higher levels of psychological wellbeing.

The last part of the analysis revealed that all the emerging adults reported the same level of adverse childhood experiences; this implies that age is not an issue because the study proposed that those that just marked their eighteen birthday would be statistically different from those above age 21. Interestingly, there is a statistically significant difference in psychological wellbeing between the two age groups. This result could suggest that adverse childhood experiences have a lasting impact on individuals and may not necessarily fade away as they age.

Several past studies have investigated the relationship between adverse childhood experiences and psychological wellbeing among emerging adults. The findings of this study agree with the study (32) found that adverse childhood experiences were associated with increased psychological distress and decreased wellbeing. Consequently, another study found that adverse childhood experiences were associated with an increased risk of depression, anxiety, and substance use disorders among emerging adults. Generally, the study has further confirmed the connection between adverse childhood experiences and the psychological wellbeing of emerging adults.

In conclusion, the current study adds to the growing body of research by establishing a relationship between adverse childhood experiences and mental health outcomes among emerging adults. The findings may have provided an essential insight into the age-long debate, especially of physical and emotional abuse/neglect, without knowing that it has long life implications on the child's psychological wellbeing. Despite the popularity of physical punishment in Nigeria, effort must be made to address the cultural menace of justifying spanking and other related abusive behaviour.

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Table i : Zero-order correlation showing the relationship between, ACEs and Psychological Well-being

Variables	Mean 15	S.D 16	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1 Autonomy	10.95	4.60	1														
2 Environmental Mastery		12.94	2.84	-.135**	1												
3 Personal Growth	9.84	4.56	.507**	-.041	1												
4 Positive Relation with Others	11.44	3.41	.109*	.023	-.214**	1											
5 Purpose in Life	10.93	3.39	.342**	-.192**	.422**	.131*	1										
6 Self-Acceptance	10.03	4.37	.553**	-.025	.397**	.321**	.248**	1									
7 Verbal Abuse	1.49	.50	-.018	-.100	-.420**	.139**	.057	-.291**	1								
8 Physical Abuse	1.53	.50	.010	-.048	-.312**	-.046	.041	-.251**	.659**	1							
9 Sexual Abuse	1.69	.46	-.211**	-.060	-.441**	.269**	-.033	-.228**	.637**	.357**	1						
10 Emotional Neglect	1.64	.48	.153**	-.128*	-.124*	.051	.010	.064	.300**	.261**	.170**	1					
11 Physical Neglect	1.75	.43	-.283**	-.124*	-.425**	.023	-.036	-.271**	.450**	.496**	.520**	-.074	1				
12 Separation / Divorce	1.49	.50	-.153**	.211**	-.468**	.038	-.222**	-.312**	.365**	.447**	.246**	.168**	.389**	1			
13 Bullying	1.76	.42	-.137**	.021	-.194**	-.113*	-.114*	-.125*	.264**	.346**	.350**	-.255**	.578**	.350**	1		
14 Household Drug Use		1.78	.41	-.041	-.052	-.322**	-.176**	-.040	-.376**	.320**	.426**	.081	.515**	.247**	.448**	-.131*	1
15 Family Mental Illness		1.69	.46	-.182**	-.151**	.029	-.147**	.223**	-.263**	.327**	.368**	.067	.218**	.334**	.166**	.363**	
16 Incarceration		1.72	.45	.018	.004	-.355**	-.218**	-.025	-.224**	.422**	.531**	-.012	.390**	.345**	.399**	-.001	.797**

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table ii : Multiple regression results for Dimensions of Adverse Childhood Experiences on Psychological Wellbeing

Variable	β	Beta	T	Sig	R	R2	Fcal	Pv
(Constant)	20.52	2.455	8.357	.000	.854	.730	99.09	<.05
Verbal Abuse	1.705	1.211	1.408	.160				
Physical Abuse	-.651	1.001	-.651	.515				
Sexual Abuse	4.032	1.327	3.040	.003				
Emotional Abuse	-4.355	.954	-4.565	.000				
Physical Neglect	10.965	1.266	8.661	.000				
Separation / Divorce	9.643	.835	11.546	.000				
Bullying	-9.806	1.147	-8.550	.000				
Household Drug Use	8.830	1.555	5.679	.000				
Family Mental Illness	12.168	.906	13.426	.000				
Incarceration	-6.517	1.541	-4.228	.000				

Table iv *t-test independent for Psychological Wellbeing and Gender*

Psychological Wellbeing	N	Mean	SD	Tcal	Df	Sig	pv
Male	222	60.82	12.52	-4.62	376	.004	<.05
Female	156	66.44	10.30				

Result is not significant at $p < .05$

Table iii : *t-test independent for Adverse Childhood Experience and Gender*

Adverse Childhood Experience	N	Mean	SD	Test	Df	Sig	pv
Male	222	16.36	3.01	-1.50	376	.001	<.05
Female	156	16.81	2.62				

Result is not significant at $p < .05$

Table v : *t-test independent for Adverse Childhood Experience and Age*

Adverse Childhood Experience	N	Mean	SD	Tcal	Df	Sig	pv
Younger 18-21	172	17.03	2.93	3.04	376	.972	>.05
Older 22 and above	206	16.14	2.74				

Result is significant at $p > .05$

Table vi : *t-test independent for Psychological Wellbeing and Age*

Psychological Wellbeing	N	Mean	SD	Tcal	Df	Sig	pv
Younger 18-21	172	65.35	9.51	3.32	376	.001	<.05
Older 22 and above	206	61.30	13.42				

Result is significant at $p < .05$