

Relationship between Adverse Childhood Experience and Sexual Attitude Among Young Adults

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Abstract—Adverse Childhood Experiences (ACEs) encompass a range of stressful or traumatic events that occur during childhood and have been linked to various negative outcomes in adulthood, including mental health issues and behavioural problems. However, the impact of ACEs on sexual attitudes among young adults remains less clear. This study investigates the relationship between ACEs and sexual attitudes, testing the null hypothesis that no significant relationship exists between these variables. The study involved 110 participants selected through snowball sampling method. They were assessed using the Adverse Childhood Experiences Questionnaire (ACE's) and Sexual Attitude Scale Questionnaire (SAS). The study involved 110 young adults, with a balanced gender distribution (55% male, 45% female,) and varied educational backgrounds. Data were analysed using Spearman's rho correlation due to non-normal distributions of ACE and sexual attitude scores, as confirmed by Kolmogorov-Smirnov and Shapiro-Wilk tests. The results showed that there is no significant correlation supporting the null hypothesis. Young adults are at a crucial stage of development so their childhood experiences will have an impact on their attitude and behaviours. And it is also important to understand the psychological and emotional well-being of an individual.

Index Terms—Adverse Childhood Experiences, Sexual Attitude.

I. INTRODUCTION

1.1 Adverse childhood experience:

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood. ACEs can have a significant impact on a person's physical, emotional, and mental health throughout their life (Leonard, 2020). It encompasses a broad spectrum of traumatic events that occur during childhood, including physical, emotional, or sexual abuse, neglect, and household dysfunction such as witnessing domestic violence, substance abuse, or parental separation. The landmark

study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, known as the ACE Study, shed light on the prevalence and long-term consequences of ACEs.

Adverse Childhood Encounters envelop a assortment of upsetting or traumatic occurrences that happen sometimes recently the age of 18. They are categorized into three primary sorts: mishandle, disregard, and family brokenness. Manhandle can take different shapes, counting physical, enthusiastic, and sexual mishandle. Disregard alludes to the disappointment of caregivers to supply essential needs, such as nourishment, protect, clothing, or enthusiastic back. Family brokenness incorporates seeing household savagery, substance manhandle, mental sickness, or having an imprisoned or isolated parents. These encounters are tragically inescapable over diverse societies, financial foundations, and communities.

According to the original ACE study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC), nearly two-thirds of participants reported experiencing at least one ACE, while one in six reported exposures to four or more ACEs (Flitti et al., 1998). These findings highlight the urgent need to address and mitigate the impact of ACEs. ACEs have far-reaching consequences on both the physical and mental well-being of individuals. The effects of ACEs are not limited to childhood but can persist throughout a person's life, impacting their overall health and quality of life.

a) Physical Health Consequences:

ACEs are closely related with an expanded hazard of creating unremitting illnesses in adulthood. People who involvement Experts are more inclined to conditions such as heart infection, diabetes, weight, and certain sorts of cancer. The unremitting push experienced amid Pros can lead to dysregulation of the body's stretch reaction frameworks, counting the

hypothalamic-pituitary-adrenal (HPA) pivot and the autonomic anxious framework, contributing to physiological changes that increment the chance of these diseases.

For occasion, a ponder by Danese et al. (2009) found that people who had experienced four or more Experts had a 1.6-fold expanded hazard of creating different physical wellbeing conditions, counting cardiovascular infection and cancer, compared to those with no ACEs. These discoveries underscore the long-term effect of Experts on physical health. Moreover, Pros can disturb solid brain advancement, impede resistant work, and lead to hindering wellbeing practices. Adapting components such as smoking, substance mishandle unfortunate eating propensities, and inactive ways of life may be received because of Experts, encourage compounding the chance of incessant maladies.

b) Mental Health Consequences:

Adverse Childhood Experiences (ACEs) have a significant effect on mental wellbeing, essentially expanding the probability of creating different mental wellbeing clutters. Inquire about has reliably appeared that people who encounter Experts are at a better chance of creating conditions such as discouragement, uneasiness clutters, post-traumatic stretch clutter (PTSD), and borderline identity clutter (Anda et al., 2006; Brown et al., 2012).

The injury and unremitting stretch experienced amid Pros can lead to long-lasting changes in brain structure and work, especially in ranges included in enthusiastic control, memory, and decision-making. These changes contribute to the advancement of mental wellbeing conditions and can show as troubles in directing feelings, impeded memory and cognition, and challenges in making versatile choices (Shonkoff et al., 2012).

People who have experienced ACEs are too at a better chance of locks in in self-destructive practices and experiencing troubles in shaping sound connections. The disturbance in passionate control coming about from Experts can lead to maladaptive adapting instruments, such as self-harm, substance mishandle, or imprudent practices, as people endeavour to oversee their overpowering feelings (Brown et al., 2012).

Furthermore, the impacts of Pros on mental wellbeing can amplify into adulthood and affect long-term well-being. For occurrence, people who have experienced Pros are at an expanded chance of creating constant mental wellbeing conditions that hold on all through their lives, requiring continuous back and treatment (Anda et al., 2006).

One noteworthy finding from the ponder conducted by Anda et al. (2006) was that people who detailed encountering five or more Pros were seven to ten times more likely to have endeavoured suicide compared to those with no Experts. This measurement underscores the seriousness of the effect Pros can have on mental wellbeing results, counting the chance of self-harm and self-destructive conduct. It is imperative to address the mental wellbeing results of Pros through comprehensive mediations that centre on early recognizable proof, trauma-informed care, and get to to mental wellbeing administrations. By giving appropriate support and treatment, people influenced by Pros can have made strides results and way better mental well-being.

c) Social and Economic Impact:

The results of Experts expand past person wellbeing results and have noteworthy social and financial suggestions. Children who encounter Pros are more likely to battle scholastically, display behavioural issues, and lock in in hazardous practices such as substance mishandle or misconduct. This may lead to a propagation of the cycle of injury over eras, adversely affecting families, and communities.

The financial burden of Pros is considerable. The costs related with healthcare, mental wellbeing administrations, and extraordinary instruction for people influenced by Experts are significant. Furthermore, the long-term results, such as diminished efficiency, higher rates of unemployment, and expanded reliance on social welfare frameworks, have noteworthy societal and financial suggestions.

Tending to Pros requires a comprehensive approach that centres on avoidance and successful mediations for people who have experienced injury. Avoiding Pros includes focusing on hazard variables and advancing defensive components. Reinforcing child rearing aptitudes and giving back administrations to families

at hazard, such as domestic going by programs, parent preparing, and directing, can offer assistance moderate the event of Experts. Early childhood instruction and quality childcare programs moreover play a imperative part in cultivating secure and supporting situations for children.

In a think about conducted by Olds et al. (1998), analysts found that domestic going by programs focusing on at-risk families altogether diminished the frequency of child abuse, illustrating the adequacy of early intercessions in avoiding Experts.

In expansion, community-wide endeavours that advance mindfulness, education, and arrangements tending to Experts can help make a steady environment and decrease the predominance of traumatic encounters. Such activities can incorporate instructive campaigns, school-based mediations, and approaches that progress get to to mental wellbeing administrations for children and families.

Successful intercessions for people who have experienced Pros centre on recuperating, strength, and bolster. Trauma-informed care may be a basic approach that perceives the effect of injury and gives administrations and back in a touchy and sympathetic way. This approach makes a difference make a secure environment for people to prepare their injury, construct strength, and create sound adapting methodologies.

Supportive treatment, such as cognitive-behavioural treatment (CBT), eye advancement desensitisation and reprocessing (EMDR), and powerful conduct treatment (DBT), can be compelling in tending to the mental comes about of Stars. These medicines donate individuals with disobedient to supervise their sentiments, move forward self-esteem, and make strong associations.

Rising demonstrate proposes that imply assistant violence and viciousness against children regularly co-occur and lead to negative persevering impacts on prosperity and thriving for children and women. All comprehensive, 30% of females developed 15 and over have experienced either physical or sexual problems or both and around one billion children, or half of all children inside the world, association violence each year. Expert experienced in the midst of

childhood, as well insinuated to as ominous childhood experiences (Aces), have been showed up to debilitate the strong foundation children require to lead strong and useful lives, in this way growing their weakness to physical and mental prosperity issues.

The term Specialists is utilized to depict viciousness to that underneath 18 and may take distinctive shapes, tallying mishandle and abuse, as well as living in unsafe circumstances. These sorts of experiences are frequently traumatic, and inconvenience and harmed children, in this way in addition influencing their physical and mental prosperity and advancement. Grown-ups who had Stars are at basic danger for physical prosperity issues, checking unremitting torment clutters, such as cerebral pains.

Individuals who experienced childhood incidents have as well been showed up to have extended hazard of mental prosperity issues, tallying disheartening, uneasiness, attention-deficit hyperactivity clutter, and self-destructive ideation. Moreover, these individuals are more likely to form prosperity unsafe behaviours, checking sedate utilize clutter. Introduction to Specialists has additionally been showed up to be a pointer of future victimization or execution.

1.2 Sexual Attitude:

A person's sexual attitude is their overall beliefs, feelings, and opinions about sex. It is shaped by a variety of factors, including personal experiences, cultural background, religious beliefs, and education. Sexuality is a fundamental aspect of the human experience, a complex and multifaceted domain that plays a central role in individual identity, interpersonal relationships, and societal norms. People's Sexual attitudes, beliefs, and behaviours shape not only their personal lives but also contribute to broader discussions of culture, health, and human rights. Understanding Sexual attitudes, and the factors that influence them, is of paramount importance in contemporary society. Tolman, D. L., & McClelland, S. I. (2011).

Historical Perspective on Sexual Attitudes

All through history, sexual states of mind have shifted broadly over distinctive societies and ages. Antiquated civilizations such as Greece and Rome had moderately magnanimous attitude towards sexuality, counting

acknowledgment of same-sex connections and an extend of sexual expressions. In differentiate, the approach of Abrahamic religions, especially Christianity and Islam, presented more rigid directions with respect to sexual behaviour, advancing chastity, conjugal constancy, and the prohibition of premarital and extramarital sex.

The Victorian period checked a critical move towards sexual conservatism, with a solid accentuation on sexual limitation, humility, and the ethical direction of sexual behaviour. This period saw the rise of the idea of 'sexual morality,' where sexual movement was limited inside the bounds of hetero marriage, and any deviation was frequently met with social censure and lawful punishments.

Cultural and Religious Influences

Social and devout conventions have significantly impacted sexual states of mind. In numerous social orders, devout writings and lessons serve as foundational guides for satisfactory sexual conduct. For case, in numerous Christian communities, the Bible's lessons have generally directed sexual standards, emphasizing restraint exterior of marriage and devotion inside it. So also, Islamic lessons, as sketched out within the Quran, endorse clear rules on sexual behaviour, counting the significance of conjugal relations and the denial of infidelity.

Then again, a few Eastern religions and societies, such as Hinduism and certain Inborn conventions, have grasped a more liquid and differing point of view on sexuality. These conventions regularly celebrate sexuality as a common and indispensably portion of life, with less unbending imperatives on sexual behaviour.

Psychological and Sociological Perspectives

From a mental angle, sexual states of mind are affected by person encounters, identity characteristics, and cognitive forms. Speculations such as Freud's psychoanalytic hypothesis emphasize the part of early childhood encounters and oblivious wants in forming sexual attitude and behaviours. Social learning hypothesis sets that sexual states of mind are learned through perception and impersonation of others, as well as through fortification of certain behaviours.

Sociologically, sexual attitude is seen as items of socialization forms. Family, peer bunches, media, and instructive educate play noteworthy parts in transmitting societal standards and values with respect to sexuality. The effect of media, in specific, cannot be exaggerated, because it regularly shapes open discernments and talks on sexuality through the representation of sexual connections, sexual orientation parts, and sexual wellbeing issues.

Contemporary Shifts and Influences

In later decades, there has been a checked move in sexual states of mind, especially in Western social orders. The sexual insurgency of the 1960s and 1970s challenged conventional standards and championed more noteworthy sexual flexibility and expression. This period saw the rise of the women's activist and LGBTQ+ developments, which pushed for sexual rights, sexual orientation balance, and the de-stigmatization of non-heteronormative sexualities. The appearance of the web and social media has assist changed sexual states of mind by giving stages for sexual instruction, activism, and the dispersal of differing sexual stories. Online communities have developed where people can investigate and express their sexual characters in ways that were already compelled by geological and social boundaries.

Public Health and Policy Implications

Sexual attitudes have noteworthy suggestions for open wellbeing and approach. Positive sexual attitude, characterized by openness, acknowledgment, and regard for differences, can advance sexual wellbeing and well-being. On the other hand, negative sexual attitude, such as those established in disgrace, segregation, and deception, can lead to unfavourable wellbeing results, counting sexually transmitted diseases (STIs), unintended pregnancies, and mental wellbeing issues.

Open wellbeing activities and arrangements pointed at making strides sexual wellbeing must in this manner consider the fundamental sexual states of mind inside a populace. Comprehensive sex instruction, get to regenerative wellbeing administrations, and anti-discrimination laws are basic components of such endeavours. Also, tending to the intersectionality of sexual states of mind with issues of race, sex, and socio-economic status is fundamental for making

comprehensive and compelling wellbeing intercessions.

1.3 Young adults:

The move from puberty to youthful adulthood marks an essential period and major advancement characterised by noteworthy cognitive, passionate, and social changes. Amid this stage, people are especially suspected to persevering impacts of ACE's, which include different shapes of mishandle like physical, verbal, security, disregard, and family brokenness. Numerous inquiries about have progressively highlighted the significant effect of Pros on mental well-being and interpersonal connections, counting demeanours toward sexuality among youthful grown-ups.

Understanding the association between Experts and sexual states of mind among youthful grown-ups is imperative for a few reasons. Firstly, youthful adulthood speaks to a basic point where people are exploring and shaping hint connections, shaping sexual characters, and setting up behavioural designs that can continue into afterward stages of life. Besides, the predominance of Experts amid childhood and youth underscores the direness and nee of looking at their suggestions on sexual states of mind amid this formative stage. By illustrating the relationship between

Pros and sexual demeanours among youthful grown-ups, this thinks about points to contribute to a more profound comprehension of the complex interaction between early life encounters and grown-up sexual conduct. Besides, the determination of youthful grown-ups as the test populace offers one-of-a-kind bits of knowledge into the long-term results of Pros on sexual states of mind, as this statistic cohort is characterised by a relative independence from parental impact and an expanding engagement in sentimental and sexual connections. Besides, exploring sexual states of mind inside this age bunch gives important openings for focused on intercessions and back administrations pointed at relieving the antagonistic impacts of childhood misfortune on sexual well-being. Hence, this proposition looks for to investigate the nuanced flow between Pros and sexual states of mind among youthful grown-ups, with the overarching objective of educating clinical hone, open wellbeing activities, and future inquire about tries within the domain of sexual and mental well-being.

1.4 NEED FOR STUDY:

A study on adverse childhood experiences and their effect on Sexual attitude is advocated by its potential to contribute to open wellbeing, well-being, avoidance, back, and understanding of a complex and touchy region of human advancement. It has suggestions for people, communities, and society at huge, emphasizing the significance of tending to the results of Pros on Sexual demeanours. With a centre on understanding how ACE impact the advancement of Sexual Attitude and recognizing potential zones for intercession and back. Understanding how ACE affect sexual attitude can illuminate open wellbeing intercessions pointed at anticipating the negative results of childhood injury on sexual behaviour and mental wellbeing outcomes. ACEs can affect how people see and lock in in hint connections. Investigating the interface between childhood injury and sexual attitude can shed light on the complex interaction between past encounters, relationship elements, and sexual behaviour in adulthood. By understanding how Experts impact sexual demeanours, policymakers and healthcare suppliers can create more viable anticipation and intercession procedures. These may incorporate early childhood mediations, trauma-informed care approaches, and community-based programs pointed at advancing sound sexual advancement and connections.

II. REVIEW OF LITERATURE

A review of the literature will bring out studies that have formerly been done in these areas of exploration; the feasibility of the study and the exploration gap will give a clear idea about the study. The following papers cover some of the former studies conducted on the following variables Relationship between adverse childhood experiences and sexual attitude among young adults.

Flaherty et al. (2013) investigated the influence of adverse childhood experiences (ACEs) on health outcomes in early adolescence. Their study included 933 children aged 4 to 14 years, revealing that over 90% had encountered negative events. The results indicated that a higher number of ACEs was linked to increased somatic complaints and various health problems. Furthermore, recent adversity emerged as the most significant predictor of poor health outcomes.

The study underscored the higher prevalence of child maltreatment among adolescents and noted that underreporting of such events is a frequent issue.

Levenson et al. (2014) examined ACE prevalence among female sex offenders, discovering higher rates of childhood sexual abuse, verbal abuse, emotional neglect, and family incarceration compared to the general population. Notably, half of the offenders had experienced childhood sexual abuse, and only 20% reported no negative childhood experiences, while 41% reported four or more ACEs. Higher ACE scores were associated with younger victims.

Wade et al. (2014) investigated ACEs among low-income urban youth through focus groups in Philadelphia. They identified ten domains of negative experiences, including family relationships, community stressors, personal victimization, economic hardship, peer relationships, discrimination, school, health, child welfare/juvenile justice, and media/technology. The study suggests that a broader range of negative experiences contributes to poorer health outcomes in adulthood, necessitating further research to understand their impact on children's health.

Kiepta et al. (2015) reviewed 30 studies on the relationship between ACEs and sleep disorders in adult women, finding significant links between ACEs and sleep issues such as sleep apnea and nightmares. The study used adverse childhood experiences questionnaire and sleep disorder questionnaire. The number and severity of ACEs were correlated with stronger associations. The review emphasized the need for trauma-informed care and called for more longitudinal studies to further explore this association and address potential inequalities.

Campbell et al. (2016) analyzed data from 48,526 U.S. adults to examine the relationship between ACEs and risky behaviours and morbidity in adulthood. The study found that different ACE components had varying effects on risky behaviours and health conditions, with ACEs independently associated with risky behaviours, morbidity, and disability in adulthood, even after controlling for confounding factors.

Hunt et al. (2017) studied the link between ACEs and behavioural problems in middle childhood, involving over 3000 children. The study found that children with multiple ACEs were more likely to exhibit ADHD, externalizing behaviours, and internalizing

behaviours, highlighting the detrimental impact of early childhood adversities.

Mahenge et al. (2018) researched the prevalence of ACEs and intimate partner violence (IPV) among postpartum women in sub-Saharan Africa. The study revealed a strong correlation between postpartum depression symptoms and both ACEs and IPV, stressing the importance of addressing these issues through prevention, screening, and early intervention. Afifi et al. (2020) investigated the combined effect of ACEs and peer victimization on substance use among adolescents in Manitoba, Canada. While ACEs and peer victimization alone did not significantly impact substance use, their combination notably increased the likelihood of drug use. The study highlights the need for prevention strategies targeting ACEs, peer victimization, and adolescent substance use.

Olmstead et al. (2020) studied the impact of a brief sexual health seminar on first-semester college students' sexual attitudes and behaviours. Through semi-structured interviews with 46 participants, the study found that students reported positive perceptions of the course, gained knowledge in sexual and relational health, and improved their decision-making skills. The findings underscore the importance of developing effective sexual health curricula for diverse college student populations.

Moylan et al. (2018) reviewed campus climate surveys on sexual assault, analyzing 105 reports from the 2015-2016 academic year. The study assessed survey methodologies and topics, finding that most campuses reported victimization rates but few reported perpetration rates. While students generally felt knowledgeable about campus resources, reporting of sexual violence was low, suggesting a need for better data and support systems.

Yarber et al. (2018) piloted a home-based program to improve condom use attitudes and behaviours among young women. The study, involving 67 women aged 18-24 years, found that the program decreased condom use errors, improved attitudes and self-efficacy, and increased the proportion of condom-protected sexual episodes. These results indicate the effectiveness of low-resource, home-based interventions for promoting safe sex practices.

Katz et al. (2018) assessed heterosexist attitudes and prior knowledge among undergraduates, finding that students with stronger heterosexism reported less favorable attitudes about inclusivity programs and a

weaker sense of community. However, after brief education, heterosexual students without prior knowledge of the program reported a stronger sense of community. The study emphasizes the importance of early, factual education to foster an informed and inclusive campus climate.

Ernst et al. (2009) examined childhood sexual abuse among Mexican American female college students, with over 32% reporting abuse before age 18. These subjects were more uncomfortable answering questions about childhood sexual abuse but were not more uncomfortable discussing alcohol or drug use. Despite discomfort, women who were sexually abused in childhood disclosed their histories, indicating the need for sensitive approaches in addressing such issues.

Iyer et al. (2014) analyzed sex education policies in Uganda, comparing morally conservative and comprehensive rights-based approaches. The study found that a comprehensive rights-based approach might be more suitable given young Ugandans' attitudes and experiences of sexuality, suggesting that current conservative morality teachings may be inadequate.

Halstead (2005) investigated children's understanding of love and sexual values, using evidence from a study on 9- and 10-year-olds. The findings highlighted inadequacies in current sexual education and the need for better provisions in schools.

Maurya et al. (2023) examined ACEs and health risk behaviours among adolescents and young adults in India. The study included 10,350 participants and found higher substance use among boys and higher rates of violent behaviour among both genders. The study utilized data from the second wave of the Understanding the lives of adolescents and young adults (UDAYA). These findings underscore the importance of addressing ACEs to mitigate health risks.

Swedo et al. (2023) conducted a study on prevalence of adverse childhood experiences among U.S. adults. The study utilized data from the Behavioural Risk Factor Surveillance System (BRFSS) to estimate the prevalence of ACEs among 264,882 U.S. adults. The study found that 63.9% of adults reported at least one ACE, and 17.3% reported four or more ACEs, indicating a high prevalence of childhood adversity.

III. METHODOLOGY

3.1 AIM

To study the relationship between Adverse childhood experiences (ACEs) and Sexual attitudes among young adults

3.2 OBJECTIVE

- To assess the adverse childhood experience among young adults.
- To assess the sexual attitude among young adults.
- To understand the relationship between Adverse childhood experience and Sexual attitude.

3.3 HYPOTHESES

H0 – There is no significant relationship between Adverse childhood experience and Sexual attitude.

3.3 RESEARCH DESIGN AND TECHNIQUES

3.4.1 Research Design

A research design simply is a framework of various research methods as well as techniques that are utilized by a researcher. This research study is a cross-sectional study using snowball sampling method is used. Snowball sampling helps to collect the sample that helped in collecting data through word of mouth. It was convenient, efficient, and simple to implement.

3.4.2 SAMPLE SIZE

A minimum sample size of 110 young adults was found using a sample calculator.

3.4.3 SAMPLE JUSTIFICATION

The sample size of the study is 110 young adults. With calculations done by statisticians.

Referral Study: Female Adolescents' Attitude towards Sexually Risky Behaviours. (2008) Janet, F., Wang., Patricia, S., Simoni., Ying, Wu., Christine, Banvard. (2008). Female Adolescents' Attitude towards Sexually Risky Behaviours. Journal of international women's studies, 10(2):120-133

$$=n = \frac{(z^2 pq)}{d^2}$$

$$= \frac{(2.58)^2 (60.4 \times 39.6)}{(12.08)^2}$$

$$= \frac{6.6564 \times 2391.84}{145.9264}$$

$\frac{15921.0438}{145.9264}$

=109.10 \cong 110

3.4.4 SAMPLE DESCRIPTION

A total of 110 sample of young adults from Chennai are selected for study using a snowball sampling method.

3.5 INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria:

- Aged between 18 to 24 years.
- Minimum education of 12std.
- Individuals who scored 4 or more in ACE scale.

Exclusion criteria:

- Those who are unable to provide informed consent.
- Participants with known physical and mental health conditions.

3.6 OPERATIONAL DEFINITION

Adverse childhood experiences:

Childhood is a formative period in one's life, laying the foundation for physical, emotional, and psychological well-being throughout adulthood. The experiences encountered during this pivotal stage can shape an individual's development in profound ways. Among the various experiences that individuals may undergo during childhood, Adverse childhood experiences (ACEs) have emerged as a central area of concern within the fields of psychology, public health, and social sciences. (Felitti et al., 1998).

Sexual Attitude:

Sexuality is a fundamental aspect of the human experience, a complex and multifaceted domain that plays a central role in individual identity, interpersonal relationships, and societal norms. People's Sexual attitudes, beliefs, and behaviours shape not only their personal lives but also contribute to broader discussions of culture, health, and human rights. Understanding Sexual attitudes, and the factors that influence them, is of paramount importance in contemporary society. Tolman, D. L., & McClelland, S. I. (2011).

3.7 INSTRUMENTS/TOOL USED

1. Socio-Demographic Sheet -

The demographic sheet contains the name, date of birth, age, educational qualification, occupation, history of past psychiatric/physical illness.

2. Adverse Childhood Experiences Questionnaire (ACE-Q): -

The Adverse Childhood Experiences Questionnaire (ACE-Q) was developed by Felitti et al 1998 is a 10-item measure to check the Adverse or traumatic experiences that the client has had before the age of 18. Scores of 4 or more are considered clinically significant. Compared with people who have an ACE-Q score of 0, people with an ACE-Q score of 4 are likely to have Adverse childhood experiences.

Reliability:

A study of the original scale showed good test-retest reliability for ACE score ($\kappa = .64$).

Validity:

The ACE have concurrent validity.

3. Sexual Attitude Scale (SAS):-

The Sexual attitude scale (SAS) was developed by Walter W. Hudson, Gerald J. Murphy in 2010. SAS is a short-form scale designed to measure liberal versus conservative attitudes toward human Sexual expression. The SAS has a cutting score of 50, such that scores above that value indicate the presence of an increasingly conservative attitude toward human Sexual expression, whereas scores below that value indicate the presence of an increasingly liberal orientation.

Reliability:

Cronbach's alpha = .94 and the SEM = 4.20.

Validity:

Sexual Attitude scale has Construct Validity.

3.8 PROCEDURE

Participants will be selected following the inclusion-exclusion criteria and through a convenient sampling method. The study has 3 parts along with the informed consent. Socio demographic sheet and two questionnaires (1) (Adverse Childhood Experiences Questionnaire (ACE-Q) (2). Sexual Attitude Scale (SAS). They will be given assurances about confidentiality and obtaining consent. The mode of research will be through questionnaires through offline

mode. The participant is not under any obligation and can withdraw from the study at any point. The final research will be completed within a 3-month period. First a consent form will be given to the participants and on agreeing then adverse childhood experience scale is used as a screening tool. After individuals who scored 4 or more in ACE's will be assessed further for sexual attitude scale.

3.9 STATISTICS USED:

The data will be statistically analysed using Spearman Correlation along with appropriate descriptive statistical techniques by SPSS for windows 11.

3.10 ETHICAL CONSIDERATION

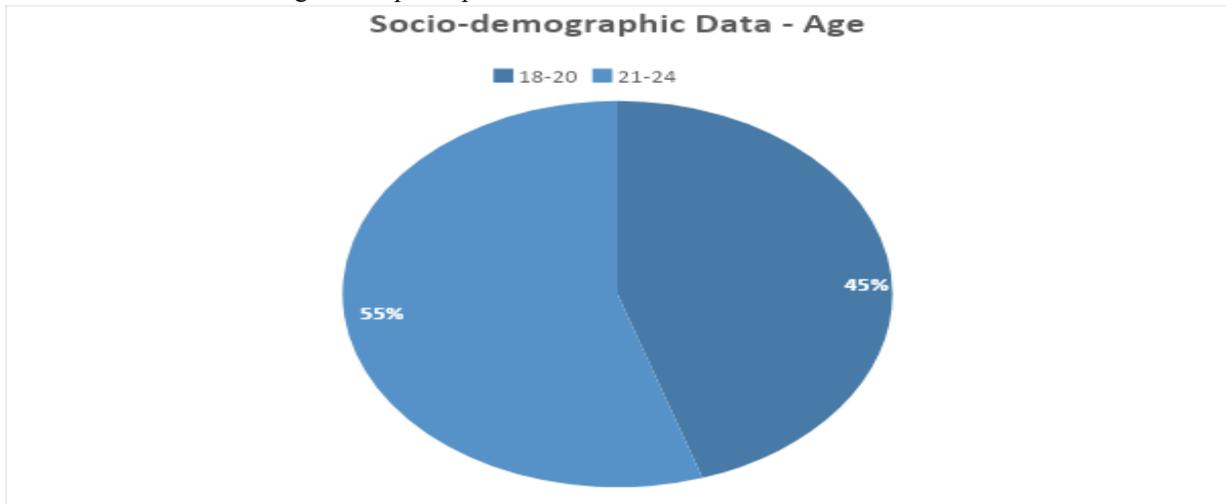
- I. The subject will have the freedom to quit the study at any point of time.
2. There is no time limit to fill the questionnaire.
3. Informed consent was obtained from the participant

IV. RESULT AND DISCUSSION

4.1 Sample description

Pie-Chart 1.1

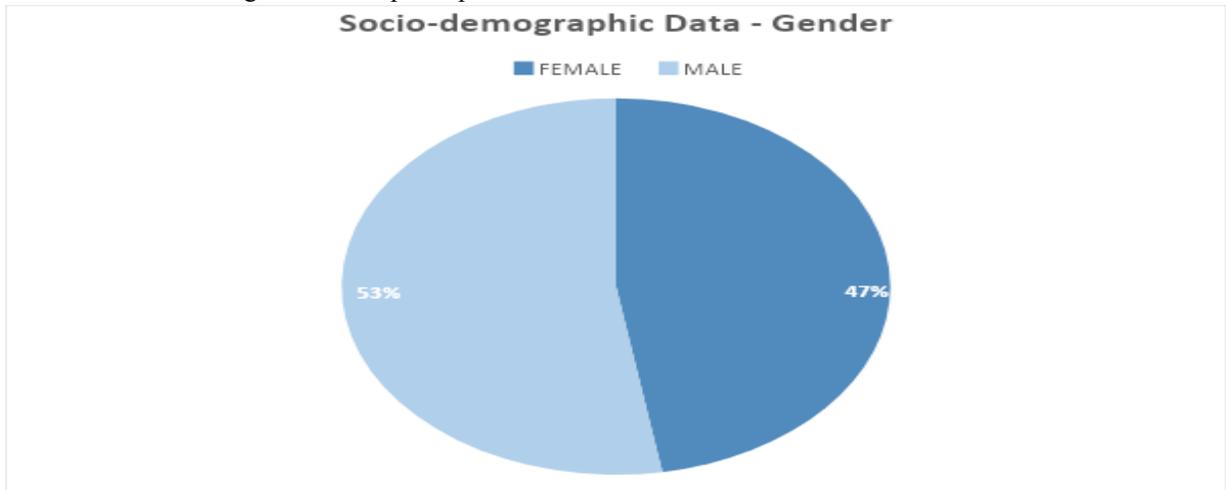
Information related to the age of the participants.



Pie-chart 1.1 shows the result from socio-demographic details there are 45% in the age group of 18-20 years and 55% in the age group of 21-24 years.

Pie-chart 1.2

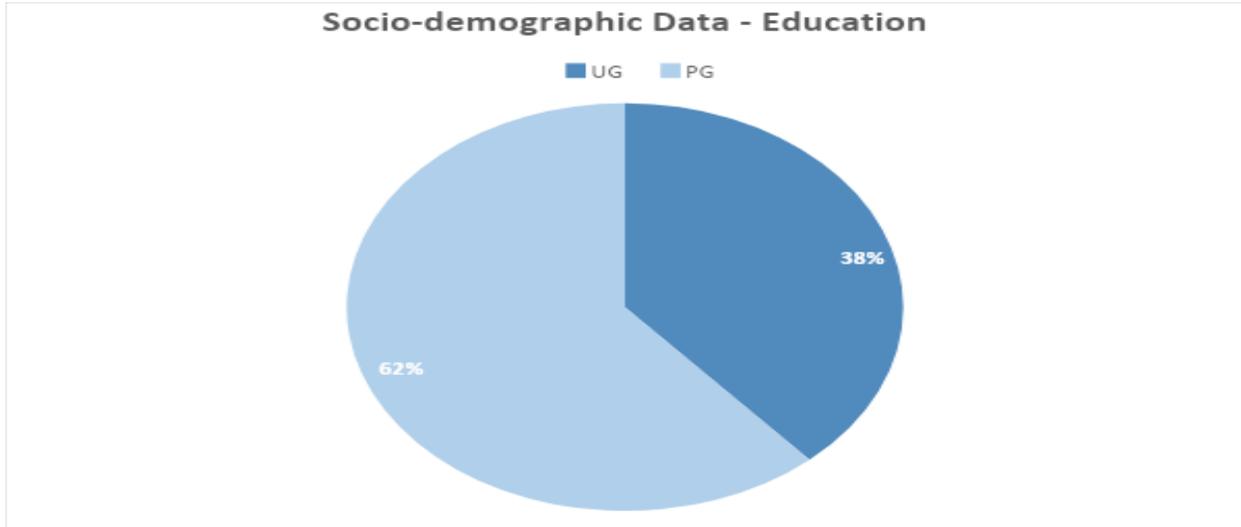
Information related to gender of the participants



Pie-chart 1.2 shows the results from socio-demographic details according to participants according to their gender. The total number of participants were 110 out of which 53% was male and 47% was female.

Pie-chart 1.3

Information related to the education of the participants.



Pie-chart 1.3 shows the results from socio-demographic details of Education qualification of participants. The total number of participants was 110 out of which 62% are pursuing or pursued PG and 38% are pursuing or pursued UG.

4.2 Descriptive Statistics

Table 2

Mean and Standard deviation for Adverse childhood experiences and Sexual Attitude

Variable	N	Mean	Standard Deviation
ACE	110	5.40	1.868
SAS	110	70.64	12.491

Table 2 Shows the result of the mean for Adverse childhood experiences and Sexual Attitude are the mean 5.40 and 70.64 respectively. And the Standard Deviation for Adverse Childhood Experiences and Sexual Attitude are 1.868 and 12.241.

4.3 Test of Normality

Table 3

Kolmogorov-Smirnov normality of Adverse childhood experiences and Sexual Attitude

Test of Normality			
Kolmogorov-Smirnova			
	statistic	df	Sig.
ACETOTAL	.273	110	.000
SASTOTAL	.145	110	.000

a. Lilliefors Significance Correction

Table 3 shows the result Kolmogorov Smirnov normality for Adverse childhood experiences and Sexual Attitude. The significance level of Adverse childhood experiences is 000 and Sexual Attitude has a significance level of .000. Since

the significance level is $<.005$, here the data is not normally distributed, and hence non-parametric test is used for statistical analysis

4.4 Results for hypothesis testing

Table 4

The Spearman’s Correlation Table for Adverse childhood experiences and Sexual Attitude

Variables	ACE	SAS
ACE	1	-.008
SAS	-.008	1

Table 4 shows the Spearman’s Correlation for Adverse childhood experiences and Sexual Attitude. The correlation coefficient between ACETOTAL and SASTOTAL is -0.008 , indicating an extremely weak negative relationship between the two variables. However, this relationship is not statistically significant.

4.5 DISCUSSION

Adverse Childhood Experiences (ACEs) encompass a range of traumatic events and environments that children may be exposed to, including physical, emotional, and sexual abuse, as well as neglect and household dysfunction. These experiences have been extensively studied for their long-term impacts on various aspects of adult health and behaviour. Sexual attitudes, which include beliefs and values about sexuality and sexual behaviours, are one such area of interest, particularly as young adults navigate complex social and intimate relationships.

This study aimed to investigate the relationship between ACEs and sexual attitudes among young adults, with the hypothesis that there is no significant relationship between these two variables. This study investigated the relationship between adverse childhood experiences (ACEs) and sexual attitudes among young adults. We recruited a sample of 110 participants, the sample exhibited a nearly equal distribution of genders, with 45% females ($n=50$) and 55% males ($n=60$). The gender distribution within the sample is relatively balanced, with a slight predominance of male participants. This balance is important as it suggests that the findings are not heavily skewed by a particular gender, allowing for more generalizable results across genders. The socio-demographic details regarding the education

qualification of participants reveal that out of the total 110 participants, the majority, constituting 62%, have pursued or are pursuing postgraduate (PG) education, while the remaining 38% have pursued or are pursuing undergraduate (UG) education.

This distribution sheds light on the educational background of the participants in the study. The higher percentage of participants with postgraduate qualifications suggests a sample that is relatively well-educated and likely to possess a higher level of academic attainment. This demographic composition may influence the interpretation of study results, as individuals with higher levels of education may approach and respond to questions regarding adverse childhood experiences (ACEs) and sexual attitudes differently than those with lower levels of education.

The mean scores for adverse childhood experiences (ACEs) and sexual attitudes provide valuable insights into the central tendencies of these variables within our sample. A mean ACE score of 5.40 suggests that, on average, participants reported experiencing approximately five different types of adverse events during their childhood. This value serves as an indicator for prevalence and severity of adverse experiences among the young adults included in our study.

On the other hand, a mean sexual attitude score of 70.64 indicates the average level of attitudes towards sexuality within our sample. This score reflects the collective perceptions, beliefs, and attitudes regarding various aspects of sexuality among the participants.

Furthermore, the standard deviations for ACEs and sexual attitudes, 1.868 and 12.241 respectively, offer insights into the dispersion or spread of scores around the mean within each variable. A smaller standard deviation indicates that the scores are clustered closely

around the mean, suggesting less variability in responses. Conversely, a larger standard deviation signifies greater variability, indicating that the scores are more spread out across the range of possible values.

The normality of the data was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests, which are standard methods for determining whether a dataset deviates from a normal distribution. For the ACETOTAL, the Kolmogorov-Smirnov test yielded a statistic of 0.273 with a significance level (p-value) of .000, while for the SASTOTAL, the statistic was 0.145 with a p-value of .000. These results indicate that the distribution of both sets of scores significantly deviates from what would be expected under a normal distribution. The Kolmogorov-Smirnov test compares the sample distribution to a normal distribution and detects deviations.

The significant p-values ($p < .05$) for both variables suggest that the data are not normally distributed. The significant results from both the Kolmogorov-Smirnov and Shapiro-Wilk tests indicate that the data distributions for ACE and sexual attitude scores are significantly skewed from normality. This non-normality has important implications for the statistical analysis. Many parametric tests, such as Pearson's correlation, assume normality of the data. Since this assumption is violated, non-parametric methods like Spearman's rho are more appropriate for analyzing the correlation between the two variables.

The deviation from normality could be due to several factors, including the nature of the data collected. ACE scores, which tally adverse experiences, and sexual attitude scores, which capture complex personal beliefs and behaviours, may inherently have skewed distributions due to their sensitive and subjective nature. This skewness could reflect real-world phenomena where adverse experiences and sexual attitudes do not follow a bell-shaped curve but are instead clustered or spread unevenly across the population.

The table presents the Spearman's rho correlation coefficients and significance levels for the association between Adverse Childhood Experiences (ACEs) total scores (ACETOTAL) and sexual attitude scores (SASTOTAL) among 110 participants. The correlation coefficient between ACETOTAL and SASTOTAL is -0.008, indicating an extremely weak negative relationship between the two variables. However, this

relationship is not statistically significant, as evidenced by the two-tailed significance level (p-value) of .935, which is well above the conventional threshold of .05. This lack of statistical significance suggests that there is no meaningful correlation between ACEs and sexual attitudes in this sample.

The values of 1.000 for the correlation coefficients along the diagonal simply reflect that each variable is perfectly correlated with itself. Given the non-significant correlation, it can be inferred that the variations in sexual attitudes among the participants are not associated with their reported adverse childhood experiences. This result supports the null hypothesis of the study, which posited that there is no significant relationship between ACEs and sexual attitudes among young adults.

This study aimed to investigate the relationship between ACEs and sexual attitudes among young adults, with the hypothesis that there is no significant relationship between these two variables. The results of this study, as well as findings from other research, provide a nuanced understanding of how ACEs influence or do not influence sexual attitudes in this population. Previous research has highlighted the complex nature of ACEs and their varied impacts on adult outcomes.

Anda et al. (2006) emphasized that ACEs are linked to numerous negative health outcomes, including mental health issues and risky behaviours. However, when it comes to sexual attitudes, the findings are less consistent. Some studies, such as those by Mchenga (2021) and the Welsh ACE and COVID-19 Attitudes project, found no significant direct relationship between ACEs and specific attitudes or behaviours in adulthood. These studies suggest that while ACEs undoubtedly impact mental health and certain risk behaviours, their influence on sexual attitudes may be mitigated by other factors.

The lack of a significant relationship between ACEs and sexual attitudes in this study could be attributed to several factors. One possibility is the role of mediating variables such as resilience, social support, and individual coping mechanisms. As noted in previous research, these factors can significantly influence how individuals process and respond to early adverse experiences (Bethell et al. 2017). For instance, young adults with strong social support networks and effective coping strategies may develop healthy sexual attitudes regardless of their ACEs history.

In addition to, cultural and contextual factors may also play a crucial role. Sexual attitudes are shaped by a multitude of influences, including cultural norms, education, and personal experiences. The study's sample, predominantly drawn from a specific demographic, might not fully capture the diversity of experiences and attitudes present in the general population. Another relevant study published in BMC Public Health examined the relationship between ACEs and various health risk behaviours among adolescents and young adults in India.

The researchers found that while ACEs were significantly associated with certain risk behaviours, such as substance use and violent behaviour, there was no significant relationship between ACEs and early sexual debut or other sexual attitudes. This further supports the idea that the influence of ACEs may be more context-specific and not necessarily extend to sexual attitudes. The comparative analysis of these studies highlights a consistent theme: ACEs, while profoundly impactful on many aspects of adult life, do not uniformly influence sexual attitudes. This suggests the presence of mediating variables such as current social contexts, education, and personal resilience that might buffer or modify the impact of ACEs on sexual attitudes.

These findings have significant implications for interventions and policies. Programs aimed at fostering healthy sexual attitudes should adopt a multifaceted approach that goes beyond addressing past adversities. Comprehensive sexual education, mental health support, and resilience-building strategies can be more effective in promoting positive sexual attitudes among young adults.

V. CONCLUSION

The present study aimed to investigate the relationship between adverse childhood experiences and sexual attitudes among young adults. The results indicate no significant correlation between ACEs and sexual attitudes, supporting the null hypothesis that there is no significant relationship between these variables. This outcome not only supports the null hypothesis but also aligns with similar findings from various studies, offering important insights and broader implications. The sample size of 110 participants provided sufficient power to detect significant correlations if they existed. The balanced gender distribution (55% male, 45%

female, and the diverse educational backgrounds of participants further support the generalizability of the findings to a broader population of young adults. The detailed demographic data, including mean and standard deviation for ACE and sexual attitude scores, offer a comprehensive overview of the sample, reinforcing the study's validity.

VI. ACKNOWLEDGEMENT

I, Janice Arul. I, would like to thank the almighty for his grace throughout the dissertation, I express my sincere gratitude to the Dr. Bhasi Sukumaran Head of Department and Professor Department of Clinical Psychology. I would like to express my gratitude and indebtedness to Mrs. Sonal Sunil Mahadik, Assistant Professor of the Department of Clinical Psychology, for her guidance, encouragement and assistance at every phase of the work.

I convey my sincere thanks to Dr Emilda Judith, Associate Professor, Department of Clinical Psychology, Mrs. P. Pangajam, Associate Professor, Department of Clinical Psychology, Dr. Pavithra G. Assistant Professor Department of Clinical Psychology, Mrs. Sudha SaiBalaji, Assistant Professor for the guidance and support provided in the completion of my thesis.

I express my sincere gratitude to my parents for being my constant support throughout. I would like to extend my thanks who helped me at every stage of the dissertation. It is a pleasure to thank all my friends for their cheerful cooperation in the execution of my thesis.

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