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THE ADVERSE CHILDHOOD EXPERIENCE, SELF-BLAMING AND PARENT CHILD CONFLICTS IN UNIVERSITY STUDENTS

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ABSTRACT

This study aimed to find out the association between adverse childhood experiences, self-blaming & parent child conflicts in the adults. Thus, it was hypothesized that there will be a relationship between adverse childhood experiences, self-blaming and parent child conflict in students. It was also hypothesized that the adverse childhood experiences and self-blaming will likely to predict parent child conflict in students. A correlational research design has been used to collect data from (N = 200) students by using the convenient sampling technique. Therefore, adverse childhood experiences questionnaire, self-blaming scale and parent child conflict scale were used as assessment measures. Descriptive and inferential statistics was used to analyze the data, including correlation and regression analysis. The results of study offer significant information in reaching the conclusion. Findings of this study illustrated the negative relationship amid adverse childhood experience with self-blaming & parent child conflict (PCC). Also, both ACEs and SB predicted PCC, while ACEs have stronger and negative relationship with PCC. Similarly, PCC shown to be positively increased with increasing SB. The results are discussed in light of the previous literature in order to make clear position of current study. The findings can be used for the family counselling.

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INTRODUCTION

The adverse childhood experiences (ACEs) are traumatic childhood experiences likewise abuse, neglect, or dysfunction in home (Bevilacqua, Kelly, Heilmann, Priest & Lacey, 2021; Narayan, Lieberman & Masten, 2021). These encounters can have lasting impact on child's psychological and emotional growth. Frequently, it results in problems like poor self-esteem and self-blame. In self-blaming, a person blames himself for anything wrong that happened to them (Baker &

Brewis, 2020). The adolescents who suffer ACEs may develop self-blaming behaviors due to accepting the idea that they are to blame for any bad things that happen to them. The anxiety, depression, and low self-esteem are among the mental health issues that can be enhanced by this self-critical opinion. In homes where ACEs have occurred, parent-child conflict is common. Emotional distance, frequent disputes, and strained relationships can result from unresolved trauma and stress. These conflicts have the potential to exacerbate self-blame sentiments and feed the vicious cycle of the unfavorable emotional and behavioral tendencies in the teenagers (Jiang, Ji, Chi & Sun, 2022; Juwariah, Suhariadi, Soedirham, Priyanto, Setiyorini & Fernandes, 2022).

The World Health Organization (WHO) published the data on prime adversities of childhood. Nearly, 3 in 4 children under the age range of 2 to 4 years consecutively suffering from the psychological abuse and physical punishment. One in thirteen nails and one in five females had been assaulted sexually in age 0 to 17 years. Domestic violence & consistent maltreatment had Association with poor academic performances in children (Purtle, Nelson & Gollust, 2022; Ye, Wei, Zhang, Li & Cao, 2024). Self-blaming is an affective and cognitive reaction in which a person unfairly or incorrectly holds themselves responsible for unfavorable incidents, failures, or disagreements. It involves blaming oneself for situations outside of one's control. They think that one's deeds or natural flaws are the main contributors to the issue. This behavior is often seen in those who have undergone trauma, rejection, or criticism. Itis typically associated with emotions of guilt, shame, low self-esteem to engage in self-blaming behavior and experience conflicts with their parentscan that may help mitigate the emotional and psychological impact of childhood trauma on university students.. Chronic self-blame can damage one's relationship and general well-being by contributing to mental health problems like anxiety, sadness, & low self-worth (Baker & Brewis, 2020; Sedighimornani, Rimes & Verplanken, 2021; Zeynel & Uzer, 2020).

The people with childhood adversities are indulged in other mental health discrepancies and usually do not pursue education. It has been identified that there are two times more chances of low educational education if a child is maltreated in the early childhoods. These adversities are associated with emotional, sexual and physical abuse or the emotional neglect in the early childhood. Household dysfunctions including parental violence, parental substance abuse or parental separation lead toward the mental illnesses and criminal behavior in adulthood of the children (Booker, Hall, Greene and Ollendick, 2020; Hafsa, Aqeel and Shuja, 2021; Houtepen, Heron, Suderman, Fraser & Howe, 2020; Ye et al., 2024). Adverse Childhood Experiences have long-lasting effects that extend into young adulthood, influencing how individuals perceive themselves and their relationships with their parents. There are two major reasons behind the exposure to ACEs in children that have genetic liability of mental health issues. First, parents of such children have diverse mental issues and they pass these genetic variants conferring to psychopathological risk to their children. Second, the children might have early phenotypic expressions of these genetic issues to externalize the problems with more negative parenting from these adoptive couple (Baldwin, Sallis, Schoeler, Taylor, Kwong, Tielbeek and Pingault, 2023).

LITERATURE REVIEW

The focus of CEs research and treatment has changed from identification of how ACEs affect adult health issues to prevent ACEs in children in recent years. However, there was not much discussion of how parents' own early experiences whether good or bad may affect how ACEs are passed down through generations. The early experiences of parents that were transferred into parenting techniques may have an impact on children's susceptibility to ACEs. Moreover, PTSD symptoms, an underappreciated mediator of risk in transmission of ACEs from parent to children (Hafsa, Aqeel and Shuja, 2021). It might be present in parents who have experienced numerous ACEs. Therefore, that study aimed to inform attachment theory and developmental psychopathology with a focus on risk and resilience. Thus, the study also explained risk and resilience ideas that were applied to the pathways of the intergenerational ACEs. Parental post traumatic disorder symptoms were highlighted as the significant mediator, and children were protected from intergenerational risk by protective mechanisms. The evidences suggested that parents' happy childhood experiences showed reduced intergenerational ACEs. It was advised that parents and kids undergone clinically-sensitive screening for ACEs & positive childhood experiences.

They found out tertiary prevention techniques reduced ACEs across generations (Narayan et al., 2021). Thus, another research reported most extensively used approach for establishing the connection between traumatic childhood events and adult results was to convert childhood traumas into checklists known as ACEs. Nonetheless, there was significant amount of variation in the level of risk for same outcomes when studies were compared using a 4+ cut point. Apart from variations in sample and methodology, some pairings of ACEs that made up combined ACE score work together. In this connection, the research on synergistic ACEs was reviewed in this article, along with findings from two samples of young people with mixed trauma and the general population. Both of these had the power to look at over 20 different ACE pairings for potential synergy. Consequently, study showed age and gender determined which ACEs make up harmonious couples (Briggs et al., 2021). Another study objectives were to: (1) identify the underlying ACE classes, which included exposure to community violence; and (2) looked into relationships between ACE classes and adult mental health conditions, like PTSD, anxiety, and depression.

Compared to "low adversity" class, three logistic models revealed that the "child maltreatment" class had higher odds of reporting depression, anxiety, and PTSD in adulthood. In addition, the adult occurrence of PTSD was higher in community violence class as compared to the "low adversity" class. In contrast to "low adversity" class, the "household dysfunction" class did not differ significantly from it in any of three mental diseases. Results confirmed the distinctions between ACE exposure types and mental problems in young adults. Study emphasized how important it is to take into account the many kinds of ACE exposure in order to support young adults' mental health (Lee et al., 2020). Another research investigated the connection between experiencing ACEs and receiving a diagnosis of SUD later in life. The male and female adults participated in the majority of the studies, which were carried out in the USA. The studies were all cross-sectional in design and evaluated ACEs after the fact. The primary findings of research

indicated that individuals with SUD had greater frequency of ACEs than population. There was a significant correlation between ACEs and onset and severity of SUD between adolescence and adulthood.

Because there were no established standards for assessing ACEs. It was challenging to compare studies and reach firm conclusions (Leza et al., 2021). Another study aimed to explore specific relationships between adolescents' use of cognitive emotional regulation (ER) strategies in the negative situations. The perceived parenting practices such as emotional warmth, rejection, & control were assessed in study. Adolescent-related symptomatology including internalizing, externalizing symptoms, social interaction disturbances in a sample of 16–18-year-olds were determined. Results indicated that higher levels of parental emotional warmth were positively linked with adolescents' lower symptoms across all psychopathology indices. The increased control was positively correlated with increased use of cognitively maladaptive ER strategies that was linked to higher levels of internalizing symptoms in adolescents. Parental rejection was positively correlated with adolescents' social interaction disruptions. As per research, the emotional warmth from parents appeared to be a significant protective factor for mental health of adolescents. Still, parents who engaged in dysfunctional behaviors like harsh, invalidating, or controlling their children may negatively shape their children's cognitive responses towards information.

It made them more vulnerable to internalizing, externalizing, and social interaction problems (Kallay & Cheie, 2023). Self-blaming resulted in the association of high rates of post-traumatic stress disorder. Person involved in the self-blaming behaviors attributed themselves to be the cause of any adverse outcome happened in their life. Besides, it was also associated with other mental health conditions and triggered the negative responses associated in them (Kline et al., 2021). Women found out to be more affected with self-blaming in comparison to men in many under developed countries of the world. Multiple barriers hindered the self-avoidance from these self-blaming issues (Baker & Brewis, 2020). Thus, another study examined the children's valuations of their own guilt as a mediator of the relationship between internalizing symptoms and mother depression symptoms. They indicated that children who placed greater emphasis on self-blame for their mothers' illnesses would have a larger relationship between maternal depression symptoms. The participants were recruited from community and consisted of 129 mother-child dyads. The findings showed that in the children who reported higher levels of self-blame appraisals, mother depressed symptoms were linked to higher levels of depression symptoms.

When mothers or kids reported their own and each other's symptoms, results were consistent. The results emphasized the significance of evaluating children's assessments of the depressive symptoms of their moms. The findings recommended that children who supported greater levels of self-blame assessments should be focus of preventive treatments. Furthermore, one area of treatment for internalizing illnesses in children should be the self-blame assessments of the depressed symptoms of the mothers (Kouros et al., 2020). Another study investigated the aspects of parent-child relationship moderated effects of two distinct psychosocial treatments. It also examined the extent to which this relationship uniquely related with clinical outcomes

in mental health problems. It focused on adaptive skills in children that met diagnostic criteria for oppositional defiant disorder. Thirteen hundred and forty-four parents and children were recruited. In this linking, collaborative and Proactive Solutions (CPS) and Parent Management Training (PMT) where the two therapies to which families were randomly assigned leading to desired outcomes. In order to predict outcome in children's externalizing difficulties & adaptive skills, they created principal components based on the pretreatment reports and parent-child behaviors.

The four main elements such as family hostility, parental warmth, parental supervision, and family tolerance were all supported. Family permissiveness predicted greater externalizing problems and parental supervision predicted fewer externalizing problems. Among families getting PMT, largest improvements in children's adaptive skills were predicted by parental warmth. Thus, children with lower adaptive skills and greater externalizing difficulties were predicted by family hostility. However, families under CPS were protected from detrimental effects of family hostility on adaptive skills. In the aftermath of oppositional defiant disorder treatment, the parent-child bond could have a special impact on the post treatment outcomes. Therapists could anticipate and customize treatments for the families by using certain therapy procedures. These therapies might be more appropriate for special relationships that stressed warmth or animosity (Booker et al., 2020). Another meta-analysis aimed to compile concurrent and longitudinal empirical research on diverse relationships between children's responses to interparental conflict (emotional, behavioral, cognitive, and physiological) and maladjustment (externalizing and internalizing symptoms) and the interparental relationship in the diverse circumstances.

They differentiated between six aspects of the interparental relationship including relationship quality, conflict frequency, hostile, disengaged & unconstructive types of conflict. Child-related conflict was based on main theoretical framework. Final selection of 61 studies on how children responded to conflict and 169 papers on child maladjustment were included. The results of the study showed both validate and refute theoretical conjectures on the relative predictive power of various aspects of interparental relationship for children's functioning. Children's emotional reactions to conflict and externalizing conduct were especially more significantly correlated with hostility. They related to disengaged & destructive conflict behavior provided equivalent risks for the other domains of child functioning. Furthermore, as relationship quality, conflict frequency, as well as conflict involving children all represent comparable hazards to a child's functioning. These factors should receive greater consideration in the theoretical frameworks. Furthermore, the majority of correlations amid functioning of children and the interparental connection persisted throughout time. Additionally, it seemed that area of child functioning and the particular types of interparental conflict determined disparities in gender as well as development.

Overall, the findings were consistent with the increasing body of evidence suggesting that programs focused on children's mental health prevention and intervention might gain from an additional emphasis on interparental relationship (Eldik et al., 2020). The objective of another systematic study was to present a broad overview of situational, child, and parental factors

associated with parenting stress in mothers and fathers. Only studies that standard association in a general population sample of dads and mothers with children between the ages of 0 and 12 were accepted for inclusion. A total of 29 studies with good (31%), adequate (14%) outstanding (55%), methodological quality were included. Mother depression was found to be associated with child issues in general, externalizing & internalizing disorders in children, social support, mother educational attainment, & stress related to parenthood. There was conflicting evidence about the relationship between mother stress, family income, and anxiety. There was no proof that mother age, child sex, or mother parenting stress were related. A number of modifiable characteristics were found to be vital in guiding the creation of preventive treatments (Fang et al., 2021).

Another study attempted to assess the parent-child bond in light of several factors during the epidemic. The purpose of that study was to describe, from the perspective of the parents, the relationship between parents and their children between the ages of 4 and 6. The research's study group comprises of the 219 mothers and fathers who were enrolled in the COVID-19 procedure and who resided in various Turkish cities with children between the ages of 4 and 6. The study employed the "Demographic Information Form" and the "Child Parent Relationship Inventory" as instruments for gathering data. It focused on adaptive skills in children that met diagnostic criteria for oppositional defiant disorder. Thirteen hundred and forty-four parents and children were recruited. Furthermore, no statistically significant variation was observed in the factors pertaining to the number of days the families spent under the quarantine and the frequency of going out or staying at home during the quarantine procedure. Furthermore, a statistically significant difference was discovered between the scores obtained by the mothers in the support sub-dimension of the PCRI scale, despite the fact that there was no difference in the dads' scores indicating who is caring for the kid during the quarantine procedure (Uzun et al., 2021).

Objectives of study

The main objective of research was to study the relationship between childhood experiences, self-blame and parent-child conflicts in students.

Hypothesis of study

1. There will relationship between adverse childhood experiences, self-blaming and parent child conflict in students.
2. Adverse childhood experiences & self-blaming will likely to predict parent child conflict in students.

RESEARCH METHODOLOGY

Correlational research design was used to study the relationship between adverse childhood experiences, self-blaming and parent child conflict in students. A sample of 200 students was selected by using convenient sampling technique. It includes both male and female students (N = 200), with age range of 18 – 30 years. (M=22.02; SD=2.37). Also, inclusion/ exclusion criteria includes:

1. The participant must be enrolled in an undergraduate program at a public or private institution in Lahore.
2. The participant must fall in the age range of 18 – 30 years
3. To understand and reply to items, participant must have good English comprehension skills.
4. The participant must not be diagnosed with any psychological disorder and are on any type of medication and not be suffering from any sort of physical impairment.

Table 1

Descriptive Statistics of Demographic Characteristics of Participants

Characteristics	f (%)
Gender	
Male	104 (52.0)
Female	96 (48.0)
Marital status	
Married	12 (6.0)
Unmarried	188 (94.0)
Family system	
Nuclear	147 (73.5)
Joint	53 (26.5)
Employment status	
Employed	42 (21.0)
Unemployed	158 (79.0)
Age Group	
Equal or less than 20 years	56 (28.0)
21 – 25 years	130 (65.0)
Greater than 25 years	14 7.0)

Assessment Measures

Demographical information sheet: Participants' basic details, such as age, gender, education level, marital status, family structure, and monthly income, are included in demographic sheet. In this connection, this research study additionally made the use of three scales, which are as follows:

Adverse childhood experience (ACEs) Questionnaire (Felitti et al., 1998): Adverse Childhood Experiences (ACEs) Questionnaire, a 10-item survey, is used to evaluate childhood trauma. The questionnaire is used to assess ten distinct types of childhood trauma that were examined during ACE Study. Physical abuse, verbal abuse, sexual abuse, emotional neglect, and physical neglect are the five categories that fall under the personal category. A parent who is an alcoholic, a mother who has been the victim of domestic abuse, family member incarcerated, a family member diagnosed with mental illness, and absence of parent because of divorce, death, or abandonment are five that are related to other family members. The Cronbach alpha's value was .70

Self-blaming Scale (Reddy, 2023): This scale consisted of 22 items used to address experiences

regarding self-blaming in children. Themes of guilt, low self-esteem, & self-blame are reflected in this questionnaire's statements. They center on remorse, worthlessness, and a sense of being let down by oneself. Person battles with feelings of guilt and self-worth and frequently blames oneself for prior decisions and results. Self-criticism, conviction that they deserve bad things to happen to them, & propensity to see oneself as the source of own troubles are common themes. The person shows desire to improve oneself and go back & correct what they have done, they feel helpless and frequently blame themselves for diverse situations in life. Overall, remarks emphasize intense internal turmoil, accenting remorse & self-judgment. Cronbach alpha value was .80

The Parent Child Conflict Scale (Pianta, 1992): This research questionnaire's statements mostly address the challenges and emotional pressure that parents-child relationships face. They draw attention to persistent arguments, irrational emotions, and thoughts of unfair parenting. The parent is perceived by child as being judgmental, erratic, & emotionally taxing; they frequently display hurt, envy, or manipulation. Tension permeates the connection, as the child struggles to cope with the parent's mood swings and behaviors and feels uncomfortable. All things considered, these remarks portray a problematic relationship in which the youngster interacts with the parent under a great deal of stress and discomfort. The Cronbach alpha's value was .88.

Procedure of Study

After approval of topic from department of Applied Psychology, University of Management and Technology (UMT) and permission from authors of the scales, personal data collection was started. Participants were given assurance that participation would stay private. It included participants' demographic sheet and variable-related scales. To assure clarity & objectivity, the research was carried out in accordance with APA Research Ethics, & all ethical considerations were made.

RESULTS OF STUDY

The data analysis step involved application of Cronbach's alpha to find out the reliability of scales. Correlational analysis was performed to determine the positive or negative relationship between independent and dependent variables. Liner regression was used to elaborate the impact of independent variables on dependent variable.

Table 2

Psychometric Properties of the Scales (N=200)

Scales	M	SD	Range	Cronbach's α
ACE	1.75	0.13	1.49 – 1.88	.68
SB	3.11	0.38	2.25 – 3.77	.84
PCC	2.52	0.26	2.16 – 2.91	.89

Note: M = Mean; SD = Standard Deviation; α = Cronbach's alpha reliability; Adverse childhood experiences (ACEs); Self-blaming (SB); Parent child conflict (PCC)

This value of Cronbach alpha establishes very good internal consistency within items of data scales.

Table 3

Correlational Analysis (N=200)

Variables	M(SD)	1	2	3
1. ACE	17.46 (2.11)	-	-.22**	-.31**
2. SB	68.50 (12.78)	-	-	.31**
3. PCC	27.48 (9.56)	-	-	-

Note: Adverse childhood experiences (ACEs); Self-blaming (SB); Parent child conflict (PCC) *** p>0.000; **p> 0.01; * p>0.05

Correlational analysis showed the association between studied variables. It demonstrated that adverse childhood experiences had negative strong correlation with self-blaming and parent child conflict. Self-blaming had strong negative association with adverse childhood experience & strong positive association to parent child conflict. Parent child conflict had positive strong association with self-blaming while it had negative strong association with adverse childhood experiences.

Table 4

Regression Analysis of ACE , SB & PCC (N=200)

Variables	PCC				
	B	SE	β	95% Confidence Interval	
				LL	UL
Constant	34.947	6.930		21.281	48.612
ACE	-1.178	.302	-.261	-1.7774	-.583
SB	.191	.050	.256	.093	.290
R2	.163				

Note: Adverse childhood experiences (ACEs); Self-blaming (SB); Parent child conflict (PCC)

Simple linear regression analysis was performed to determine impact of ACE, SB & PCC. The findings of Regression Analysis showed that a large amount of variability in PCC be explained by model that uses ACE and SB as predictors. According to the substantial F-value (p <.001), at least one of predictors ACE or SB made a significant contribution to prediction of PCC. Overall, both variables contributed to explain variance in PCC, with ACE having a possibly complex or inverse relationship (B = -1.178). Even though ACE appeared to have a bigger impact than SB and PCC.

Summary of Findings

The results indicated that there is good to very good internal consistency among the items in each scale. Correlational Analysis showed a high degree of correlation between the variables under investigation. There was a significant negative association amid ACE, SB and PCC. PCC as outcome variable influenced negatively by ACE and positively by SB. Regression analysis showed that the variability in PCC is influenced by both SB and ACE. The results of stidy offer significant information as at least one predictor (ACE or SB) strongly predicted PCC. The ACE's regression coefficient indicated a complex or inverse association with the PCC. It meant that

although ACE had a greater effect on PCC than SB, there might be adverse consequences in the relationship.

DISCUSSION

This study aimed to find out relationship between adverse childhood experiences, self-blaming and parent child conflicts. Findings of this study showed that majority of the male participants, about 52%, took part in the study in comparison to 48% of female participants. Almost 94% of the subjects were unmarried, 73.5% were living in a nuclear family but 26.5% individuals were living in a joint family. Similarly, 79% of the studied participants were unemployed while 21% employed participants also to part in the study to show their representation. Almost 65% of the subjects were in the age group of 21 to 25 years and 28% people were equal or less than 20 years old. Findings of this study revealed that there was a strong negative association between adverse childhood experience with self-blaming and parent child conflict. Still, self-blaming had strong positive association with parent child conflict but strong negative correlation with adverse childhood experience. Also, it was found that there was strong positive association of parent child conflict with self-blaming but strong negative association with adverse childhood experience.

However, previous study demonstrated increasing association of adverse charted experience with the self-blaming (Bevilacqua et al., 2021). The same study revealed that by increasing the incidences of adverse child experience will increase self-blaming in people of the later ages. Multiple other studies also reported that greater occurrences of adverse childhood experience would cause increased risk of self-blaming and parent child conflicts in adulthood (Herbell & Bloom, 2020; Leung et al., 2022). A previous study reported that psychological aspects such as self-blaming resulted in trustful events and affected thinking approach and thought processing of the individuals (Jannati et al., 2020). In this linking, this study aims to shed light on these dynamics, providing insights into how early interventions, particularly through counseling, can help mitigate the emotional and psychological impact of childhood trauma on university students.Another study reported that self-blaming could also be a result of a previous illness or disease among people (Plaufcan et al., 2012). Therefore, regression analysis also demonstrated the negative relationship as well as impact of adverse childhood experiences and parent child conflicts.

The substantial F-value ($p<0.001$) illustrated at least one of independent variables to be more impacting on dependent variable. Self-blaming had shown to be positively impacting parent child conflicts. It surely demonstrated an increase in the self-blaming will lead to more parent child conflicts in future. The finding from regression analysis showed a complex interaction between ACEs, SB and PCC. Meanwhile, ACE appeared to influence bigger impacts on PCC in comparison to SB. ACE have long-lasting effects that extend into young adulthood, influencing how individuals perceive themselves and their relationships with their parents. University students who have experienced ACEs are more likely to engage in self-blaming behavior and experience conflicts with their parents. A previous study reported dissimilar type of findings linking adverse childhood experiences with the parent child conflicts. It reported that children

with frequent incidences of childhood adversities shown to be more engaged in parents child conflicts in later stages. They experienced more negative relationships with their parents (Fang et al., 2024).

CONCLUSION

This research aimed to determine how adverse childhood experiences and self-blaming lead to parent child conflicts. The findings showed a negative correlation between adverse childhood experiences (ACEs) with parent child conflict (PCC). It also found out positive correlation of self-blaming (SB) with adulthood parent child conflicts. The study has certain limitations like there would be low generalizability of this study due to smaller sample size. The scales utilized in study were written in English, so it would be difficult for some participants to understand the questions properly. The data was collected only from the institutions of Lahore. Therefore, the future studies should be performed on finding out exact mechanism behind the causation of adverse childhood experience, self-blaming and parent child conflict. A large sample size should be chosen in further studies to generalize findings on a larger population. The findings will assist in exploring the link between ACEs, SB and PCC and reduce their occurrences in the adolescents. It will raise awareness amid parents & families to avoid incidences of parent child conflicts.

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