iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 14 **Issue:** III **Month of publication:** March 2026

DOI: https://doi.org/10.22214/ijraset.2026.78230

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 14 Issue III Mar 2026- Available at www.ijraset.com

Exploring the Relationship Between Childhood Trauma and Sleep Quality Among Young Adults: A Correlational Study

Vidisha Kumari[1], Asst. Prof. Dr. Neerja Pandey[2]
Amity Institute of Behavioral and Allied Sciences Amity University Uttar Pradesh Lucknow Campus

Abstract: ***This study explores the relationship between childhood trauma and sleep quality among young adults. Childhood trauma has been identified as a significant factor influencing psychological and emotional well-being, while sleep quality plays an important role in maintaining overall mental health. The objective of the study was to assess how different dimensions of childhood trauma are associated with sleep patterns in young adulthood. Data were collected from a sample of 100 young adults using standardized self-report measures. Childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ), which measures five dimensions of trauma including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect, while sleep quality was measured using the Pittsburgh Sleep Quality Index (PSQI). Pearson's Product Moment Correlation was used to explore the relationship between childhood trauma and sleep quality. Statistical analysis of the data was conducted using Microsoft Excel for Mac (Version 16.106.3, Microsoft 365). The findings revealed that most forms of childhood trauma were positively correlated with sleep quality scores, indicating that higher exposure to traumatic experiences during childhood was associated with poorer sleep quality among young adults. Emotional abuse showed the strongest positive correlation with sleep disturbances, followed by sexual abuse, physical abuse, and physical neglect. Emotional neglect demonstrated a weak negative relationship with sleep quality in the present sample. The overall childhood trauma score also showed a moderate positive correlation with sleep quality, suggesting that cumulative exposure to adverse childhood experiences may contribute to sleep disturbances during young adulthood. These findings describe the relationship between childhood trauma and sleep quality within the sample of young adults included in this study.***

Keywords: Childhood Trauma, Sleep Quality, Young Adults, Adverse Childhood Experiences, Psychological Well-being

I. INTRODUCTION

Early developmental experiences play an important role in shaping psychological functioning across the lifespan. Childhood is a critical period during which emotional regulation, attachment patterns, and coping mechanisms are formed. While supportive childhood environments promote resilience and adaptive functioning, adverse experiences such as childhood trauma may disrupt healthy development and lead to long-term psychological vulnerabilities.

Childhood trauma has been widely associated with emotional dysregulation, anxiety, depression, and impaired stress tolerance. Recent research suggests that the effects of early adversity may also extend to biological and behavioural processes, particularly sleep functioning. Exposure to childhood trauma has been linked with heightened stress reactivity and disturbances in sleep patterns, including insomnia, fragmented sleep, and reduced sleep quality.

Sleep quality is an important indicator of psychological and physical well-being. Poor sleep may contribute to emotional instability, stress sensitivity, and impaired daily functioning, particularly during young adulthood—a period characterized by significant developmental and social changes. Therefore, the present study aims to explore the relationship between childhood trauma and sleep quality among young adults within the Indian context using a correlational research design.

A. CHILDHOOD TRAUMA

Childhood trauma refers to distressing experiences during early developmental years that overwhelm a child's ability to cope. These experiences may include emotional, physical, and sexual abuse, as well as emotional and physical neglect. Such adverse experiences can significantly affect a child's emotional and psychological development.

©IJRASET: All Rights are Reserved

From a developmental perspective, repeated exposure to trauma may alter neurobiological functioning, particularly through dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis, leading to heightened stress reactivity and persistent physiological arousal. Trauma can also influence brain regions associated with emotional regulation and stress responses.

Psychologically, childhood trauma may disrupt attachment security and contribute to maladaptive cognitive schemas related to trust, safety, and self-worth. The effects of early adversity can be cumulative and long-lasting, often influencing emotional functioning and well-being into young adulthood, a period characterized by increased developmental and social challenges.

B. SLEEP QUALITY

Sleep quality refers to both the subjective and objective aspects of sleep, including sleep latency, duration, continuity, disturbances, and perceived restfulness. Adequate sleep is essential for cognitive functioning, emotional stability, and overall psychological wellbeing**.**

Sleep is closely linked with psychological processes, as emotional memories are processed and stress responses are regulated during sleep. Poor sleep quality may lead to difficulties such as impaired concentration, irritability, reduced stress tolerance, and increased symptoms of anxiety or depression.

Research has shown that trauma exposure is often associated with sleep disturbances. Traumarelated hyperarousal, intrusive thoughts, and heightened vigilance may interfere with the ability to initiate and maintain sleep, resulting in problems such as insomnia, nightmares, and fragmented sleep patterns. Among young adults, while lifestyle factors may influence sleep habits, psychological stress and unresolved trauma may also contribute to poor sleep quality.

C. RATIONALE

To the best knowledge of the student researcher, she observed that although childhood trauma has been widely studied in relation to psychological disorders, limited research has specifically examined its association with sleep quality among young adults, particularly within the Indian context. Existing literature often focuses on trauma's impact on mental health outcomes while treating sleep disturbances as secondary symptoms rather than independent areas of investigation. In India, where emotional hardship is often normalized and discussions surrounding childhood trauma remain stigmatized, there is a need for empirical research examining the relationship between early adverse experiences and sleep functioning. Therefore, the present study aims to explore the association between childhood trauma and sleep quality among young adults through a correlational design, contributing to a developmentally and culturally informed understanding of psychological well-being.

II. REVIEW OF LITERATURE

The literature reviewed by the student researcher consists of previously published studies and has been organized into three distinct sections:

- Research papers related to Childhood Trauma
- Research papers related to Sleep Quality
- Research papers related to Childhood Trauma and Sleep Quality

1) RESEARCH PAPERS RELATED TO CHILDHOOD TRAUMA

Several studies have highlighted the long-term psychological consequences of childhood trauma. Studies have reported that exposure to childhood adversities is strongly associated with increased risks of mood, anxiety, and behavioural disorders in adulthood (Green et al., 2010; McLaughlin et al., 2012). Large-scale research such as the Adverse Childhood Experiences (ACE) studies has further shown a graded relationship between early adverse experiences and later depression, anxiety, substance misuse, and other psychological difficulties (Felitti et al., 1998; Anda et al., 2006; Chapman et al., 2004; Kessler et al., 2010). Meta-analytical and population-based studies have similarly reported significant associations between childhood abuse, mental health disorders, and impaired social functioning (Norman et al., 2012; Gilbert et al., 2009). Longitudinal studies have also shown that individuals with histories of childhood abuse and neglect experience higher rates of depression, PTSD symptoms, and emotional dysregulation in adulthood (Widom et al., 2007). Neurobiological research further indicates that childhood maltreatment may lead to structural and functional alterations in brain regions related to emotional processing and stress regulation (Teicher & Samson, 2013), while chronic trauma has been linked to emotional instability and interpersonal difficulties (Cloitre et al., 2009).

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

Studies conducted in the Indian context also highlight the significant impact of childhood trauma on psychological well-being. Research has relationship difficulties among individuals exposed to childhood abuse and neglect (Sharma & Kaur, 2022; Arun & Chavan, 2009). Similar findings have been reported among Indian adolescents who experienced sexual abuse, showing greater emotional distress and academic difficulties (Deb et al., 2011). Additionally, childhood adversity has been associated with increased stress vulnerability and reduced emotional resilience among young adults (Bhattacharya & Pradhan, 2015). National-level evidence has further indicated that childhood abuse is prevalent across socio-economic groups in India (Kacker et al., 2007). To assess such experiences systematically, Bernstein and Fink (1998) developed the Childhood Trauma Questionnaire (CTQ), a widely used instrument for measuring emotional, physical, and sexual abuse as well as neglect.

2) RESEARCH PAPERS RELATED TO SLEEP QUALITY

Previous research has consistently highlighted the importance of sleep quality for psychological functioning and overall well-being. Studies have shown that poor sleep quality is associated with increased psychological distress, emotional instability, and reduced cognitive functioning (Hershner & Chervin, 2014; Pilcher &Huffcutt, 1996). Research among college and young adult populations has reported a high prevalence of poor sleep patterns, irregular sleep schedules, and daytime dysfunction (Lund et al., 2010; Kaneita et al., 2007). Longitudinal and cross-sectional studies further indicate that sleep disturbances are linked with anxiety, depression, and emotional dysregulation (Roberts et al., 2009; Taylor et al., 2003; Lemola et al., 2013). Meta-analytical research has also reported a strong bidirectional relationship between insomnia and mood disorders (Baglioni et al., 2011; Alvaro et al., 2013). Additionally, trauma-related stress has been identified as an important factor influencing sleep disturbances through heightened physiological arousal and stress sensitivity (Palagini et al., 2014).

Research conducted in the Indian context similarly reports a high prevalence of poor sleep quality among among adolescents and young adults. Studies have found significant associations between sleep disturbances and psychological stress, anxiety, and emotional instability among college students (Kumari & Mishra, 2021; Kumar &Bhukar, 2013; Goyal et al., 2018; Gupta et al., 2016). Reviews have also highlighted the increasing occurrence of sleep disturbances among urban Indian youth and their link with mental health vulnerability (Bhat &Chokroverty, 2017). To measure sleep quality reliably, Buysse et al. (1989) developed the Pittsburgh Sleep Quality

Index (PSQI), which has demonstrated strong reliability and validity and has been widely used in sleep research. The PSQI has also been validated in Indian populations, confirming its suitability for assessing sleep quality among young adults (Manzar et al., 2015).

3) RESEARCH PAPERS RELATED TO CHILD TRAUMA & SLEEP QUALITY

Previous research has consistently demonstrated a strong association between childhood trauma and sleep disturbances. Studies have shown that individuals exposed to adverse childhood experiences report higher levels of insomnia, frequent awakenings, and poor sleep quality in adulthood (Chapman et al., 2011; Pietrek et al., 2013). Longitudinal and cohort research also indicates that survivors of childhood abuse and neglect experience significantly greater sleep disturbances, nightmares, and insomnia compared to non-exposed individuals (Widom et al., 2013). Neurobiological studies further suggest that early trauma can lead to persistent hyperarousal and alterations in sleep architecture, including REM sleep abnormalities and sleep fragmentation (Teicher et al., 2006; Kobayashi et al., 2007). Meta-analytical and review-based studies have similarly reported that trauma exposure increases vulnerability to chronic insomnia and other sleep-related difficulties (Baglioni et al., 2016; Alvaro et al., 2013). Additionally, emotional neglect has been identified as a significant predictor of insomnia severity among young adults (Hamilton et al., 2018), while trauma-related stress has been associated with reduced sleep efficiency and increased nighttime awakenings (Kim & Dimsdale, 2007). More recent research also suggests that sleep disturbances may mediate the relationship between childhood trauma and later psychological distress (Wang et al., 2023).

Research conducted in the Indian context also supports the relationship between childhood adversity and sleep problems. Studies have found that young adults reporting higher levels of childhood trauma are more likely to experience poor sleep quality and insomnia symptoms (Chauhan et al., 2024). Similar findings among Indian college students indicate that adverse childhood experiences and psychological stress are associated with disturbed sleep patterns (Kumar &Bhukar, 2013; Goyal et al., 2018). Additional research has reported that childhood adversity is linked with reduced sleep efficiency and insomnia symptoms among Indian youth

(Sharma et al., 2021). Furthermore, validation studies have confirmed the suitability of the Pittsburgh Sleep Quality Index (PSQI) for assessing sleep quality in Indian populations, highlighting the role of emotional stress and early adverse experiences in predicting poor sleep outcomes (Manzar et al., 2015).

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

III. METHODOLOGY

The present study aimed to examine the relationship between childhood trauma and sleep quality among young adults. A correlational research design was adopted to explore the association between these variables. Childhood trauma referred to adverse experiences during childhood, including emotional, physical, and sexual abuse, as well as emotional and physical neglect, while sleep quality referred to individuals' subjective evaluation of their sleep in terms of duration, restfulness, continuity, and disturbances over the past month. The study hypothesized that there would be no relationship between childhood trauma and sleep quality among young adults.

The sample consisted of 100 young adults aged between 18 and 35 years, selected through a convenience sampling technique. Participants included individuals currently enrolled in college or university or those who had completed at least higher secondary education and were able to understand the language of the questionnaires. Individuals below 18 or above 35 years of age, those diagnosed with severe psychiatric disorders, individuals receiving treatment for neurological sleep disorders, and participants who provided incomplete responses were excluded from the study.

Data were collected using standardized self-report instruments, including the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) and the Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989). Participants were recruited through social media platforms and college groups and completed the questionnaires through an online survey after providing informed consent. Demographic information such as age, gender, and educational status was also collected. The responses were scored according to the respective scoring guidelines, and the data were analyzed using statistical software to examine the relationship between childhood trauma and sleep quality.

IV. DATA ANALYSIS& DISCUSSION

.The data obtained from the participants were organized and analyzed using statistical techniques. Descriptive statistics and Pearson's Product Moment Correlation were computed to examine the relationship between the variables. Graphical representations were also used to present the results clearly.

Descriptive statistics were computed to understand the central tendency of the variables used in the study.

Table 1: Descriptive Statistics of Study Variables

Variable	Mean	Median	Mode
CTQ	58.01	57	61
PSQI	28	28	30

The mean score of childhood trauma was 58.01, while the median and mode were 57 and 61 respectively, indicating the overall level of childhood trauma experienced by the participants. The mean score of sleep quality was 28, with the median and mode values being 28 and 30 respectively. These results provide an overview of the sleep patterns reported by the participants. These descriptive statistics provide a general understanding of the trauma experiences and sleep patterns reported by the participants.

The sample consisted of 100 participants, out of which 43% were male and 57% were female, indicating that females represented a slightly larger proportion of the sample.

A. CORRELATION ANALYSIS:

Pearson's Product Moment Correlation was computed to examine the relationship between childhood trauma and sleep quality among young adults. This statistical technique was used to determine the strength and direction of the association between the variables included in the study. Childhood trauma was assessed through the five subscales of the Childhood Trauma Questionnaire (CTQ), namely physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect. Sleep quality was measured using the global score of the Pittsburgh Sleep Quality Index (PSQI).

The correlation analysis was conducted to explore how each dimension of childhood trauma relates to sleep quality among the participants.

In addition to examining the relationships between the individual CTQ subscales and sleep quality, the overall childhood trauma score (CTQ total) was also correlated with the PSQI total score to assess the broader association between cumulative childhood trauma experiences and sleep disturbances.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

The obtained correlation coefficients indicate the degree to which variations in childhood trauma experiences are associated with variations in sleep quality among young adults. The results of these correlations are presented in Table 3, which displays the correlation coefficients between each CTQ subscale, the total CTQ score, and the PSQI total score.

Table 2: Pearson's Correlation between Childhood Trauma Subscales & Sleep Quality

CTQ	PHYSICAL ABUSE	EMOTIONAL ABUSE	SEXUAL ABUSE	PHYSICAL NEGLECT	EMOTIONAL NEGLECT	CTQ TOTAL
PSQI	0.27**	0.39**	0.31**	0.23**	-0.12**	0.33**

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

The table above presents the correlation coefficients between the subscales of childhood trauma and sleep quality among young adults. The results indicate that most trauma subscales show a positive relationship with sleep quality scores, suggesting that higher levels of childhood trauma are associated with poorer sleep quality. Emotional abuse showed the strongest positive correlation with sleep quality, whereas emotional neglect demonstrated a weak negative relationship.

Based on the results of the correlation analysis, the null hypothesis stating that there will be no relationship between childhood trauma and sleep quality among young adults was not supported by the findings of the present study.

B. Interpretation of Results:

The results of the Pearson's Product Moment Correlation analysis indicated varying degrees of association between different forms of childhood trauma and sleep quality among young adults. Positive correlations were observed between physical abuse (r = 0.27), emotional abuse (r = 0.39), sexual abuse (r = 0.31), and physical neglect (r = 0.23) with sleep quality, suggesting that individuals who reported higher levels of these adverse childhood experiences also reported poorer sleep quality. Among the trauma dimensions, emotional abuse showed the strongest association with sleep disturbances.

In contrast, emotional neglect demonstrated a weak negative correlation with sleep quality (r = – 0.12), indicating a slight inverse relationship within the sample. The total CTQ score also showed a moderate positive correlation with sleep quality (r = 0.33), highlighting the cumulative association between childhood trauma and sleep disturbances. Overall, these findings suggest that several forms of childhood trauma are related to variations in sleep quality among young adults, and therefore the null hypothesis stating that there will be no relationship between childhood trauma and sleep quality among young adults was not supported by the findings of the present study.

V. DISCUSSION

The present study examined the relationship between childhood trauma and sleep quality among young adults. The findings of the correlation analysis indicated that several dimensions of childhood trauma were associated with variations in sleep quality within the sample. Moderate positive correlations were observed between emotional abuse (r = 0.39), sexual abuse (r = 0.31), physical abuse (r = 0.27), and physical neglect (r = 0.23) with sleep quality, while emotional neglect showed a weak negative correlation (r = –0.12). These results suggest that higher exposure to certain forms of childhood trauma was associated with poorer sleep quality among young adults. Emotional abuse demonstrated the strongest association with sleep disturbances among the trauma dimensions examined.

Previous research has similarly reported links between childhood trauma and sleep disturbances. Studies indicate that early adverse experiences may increase stress sensitivity and emotional dysregulation, which are often associated with sleep problems such as insomnia, fragmented sleep, and irregular sleep patterns (Anda et al., 2006; Baglioni et al., 2016; Teicher & Samson, 2013). Research has also suggested that trauma-related experiences, including emotional and sexual abuse, may be associated with symptoms such as anxiety, rumination, hypervigilance, and intrusive memories that can interfere with sleep functioning (Hamilton et al., 2018; Widom et al., 2013).

Similarly, experiences of neglect during childhood have been discussed in the literature as factors associated with long-term psychological stress and reduced well-being (Gilbert et al., 2009).

The overall positive correlation between total childhood trauma and sleep quality (r = 0.33) further highlights the cumulative association between early adverse experiences and sleep functioning in young adulthood. Although emotional neglect showed a weak negative correlation, this variation may reflect differences in perception, coping strategies, or reporting of neglect experiences among participants.

Overall, the findings of the present study align with previous research examining the association between adverse childhood experiences and sleep disturbances (Chapman et al., 2011; Pietrek et al., 2013), and contribute to the growing body of literature exploring the relationship between early trauma and sleep quality among young adults.

VI. CONCLUSION

The present study examined the relationship between childhood trauma and sleep quality among young adults. The findings indicated that several dimensions of childhood trauma were associated with variations in sleep quality within the sample. Emotional abuse, physical abuse, sexual abuse, and physical neglect showed positive correlations with sleep quality scores, with emotional abuse demonstrating the strongest association with sleep disturbances.

Although emotional neglect showed a weak negative correlation, the overall findings suggest that early adverse experiences may be associated with sleep patterns during young adulthood. These results contribute to existing literature highlighting the relationship between childhood trauma and sleep quality among young adults.

VII. LIMITATIONS

Despite its contributions, the present study has several limitations. The research relied on self-report questionnaires, which may be influenced by recall bias, subjective perceptions, or social desirability. The study was also conducted on a relatively small sample of young adults, which may limit the generalizability of the findings to other populations or age groups. In addition, the correlational research design only indicates associations between variables and does not establish causal relationships between childhood trauma and sleep quality. Furthermore, other factors such as stress, anxiety, lifestyle habits, and environmental influences that may affect sleep patterns were not examined in the present study.

VIII. SUGGESTIONS FOR FUTURE RESEARCH

Future research may build upon the present findings by using larger and more diverse samples to enhance the generalizability of the results. Researchers may also examine additional psychological variables such as anxiety, depression, emotional regulation, and coping strategies that may influence the relationship between childhood trauma and sleep quality. Longitudinal research designs could further help in understanding how the effects of childhood trauma on sleep patterns develop over time. Additionally, future studies may explore the role of psychological interventions and traumainformed approaches in improving sleep outcomes among individuals with histories of childhood adversity.

Funding: No funds were taken from any person of organization for the present work

Conflict of Interest: There is no conflict of interest between the authors

Acknowledgement: We would like to acknowledge the unwavering help and support by Ms. Aatri Halder, friends and family.

REFERENCES

[1] Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. European Archives of Psychiatry and Clinical Neuroscience, 256(3), 174– 186. https://doi.org/10.1007/s00406-005-0624-4

[2] Arun, P., & Chavan, B. S. (2009). Stress and suicidal ideas in adolescent students in Chandigarh. Indian Journal of Medical Sciences, 63(7), 281– 287. https://pubmed.ncbi.nlm.nih.gov/19636023/

[3] Bernstein, D. P., & Fink, L. (1998). Childhood Trauma Questionnaire: A retrospective self-report manual. San Antonio, TX: Psychological Corporation. https://www.researchgate.net/publication/284391925_Childhood_Trauma_Questionnaire

[4] Bhattacharya, A., & Pradhan, R. K. (2015). Childhood adversity and psychological wellbeing among young adults. Indian Journal of Psychological Science, 6(2), 95–104. https://www.researchgate.net/publication/281497046

[5] Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. Journal of Affective Disorders, 82(2), 217–225. https://doi.org/10.1016/j.jad.2003.12.013

[6] Cloitre, M., Stolbach, B., Herman, J., Kolk, B., Pynoos, R., Wang, J., & Petkova, E. (2009). Adevelopmental approach to complex PTSD. Journal of Traumatic Stress, 22(5), 399– 408. https://doi.org/10.1002/jts.20444

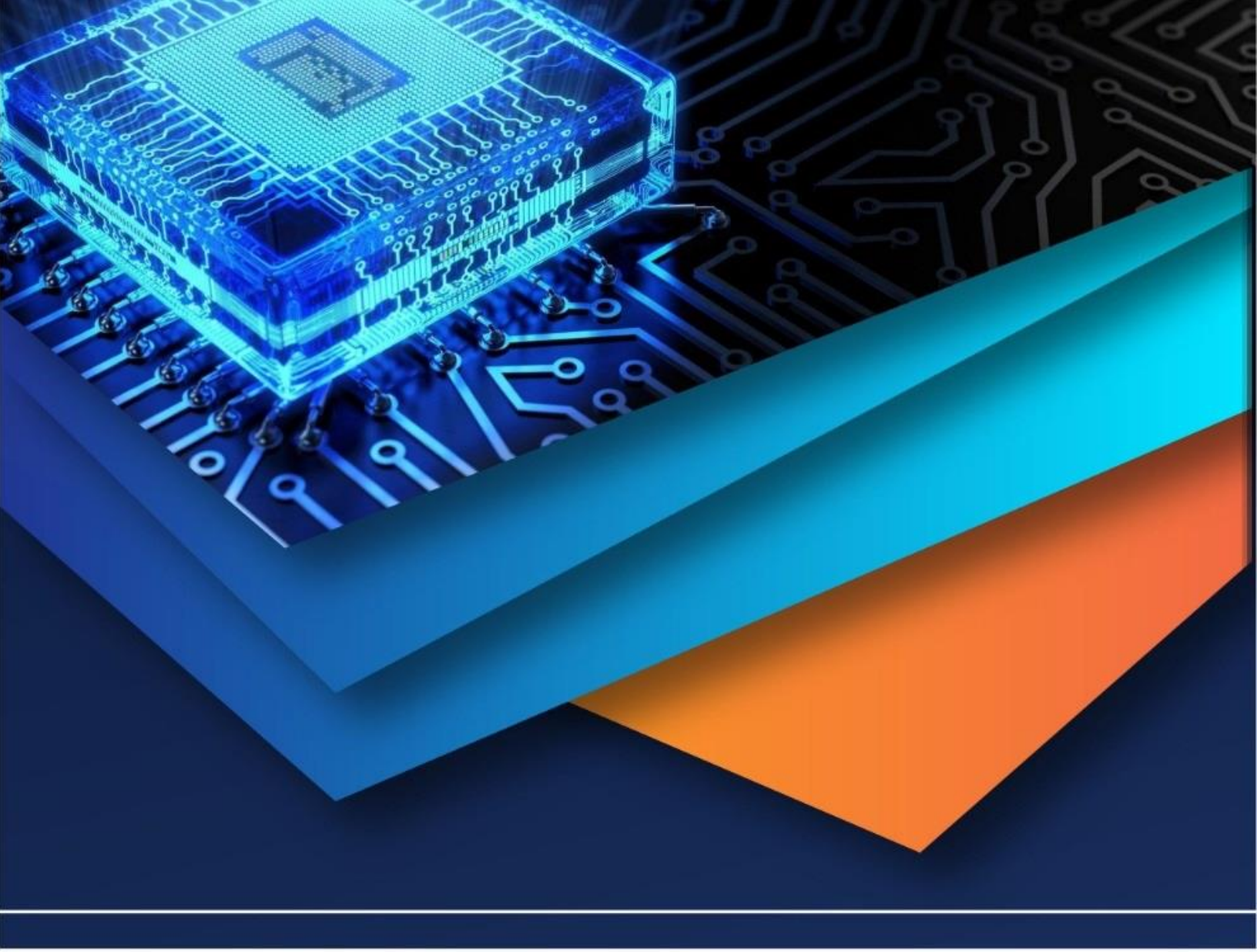
[7] Deb, S., Mukherjee, A., & Mathews, B. (2011). Aggression in sexually abused adolescents in India. Journal of Interpersonal Violence, 26(15), 2976–2993. https://doi.org/10.1177/0886260510390966

[8] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many leading causes of death in adults. American Journal of Preventive Medicine, 14(4), 245– 258. https://doi.org/10.1016/S0749-3797(98)00017-8
[9] Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. The Lancet, 373(9657), 68–81. https://doi.org/10.1016/S0140-6736(08)61706-7
[10] Green, J. G., McLaughlin, K. A., Berglund, P. A., Gruber, M. J., Sampson, N., Zaslavsky, A., & Kessler, R. C. (2010). Childhood adversities and adult psychiatric disorders in the WHO World Mental Health Surveys. The British Journal of Psychiatry, 197(5), 378–385. https://doi.org/10.1192/bjp.bp.110.080499
[11] Kacker, L., Varadan, S., & Kumar, P. (2007). Study on child abuse in India. Ministry of Women and Child Development, Government of India. https://wcd.nic.in/sites/default/files/childabuseIndia_0.pdf
[12] Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M., Sampson, N., Zaslavsky, A., Aguilar-Gaxiola, S., Alhamzawi, A., Alonso, J., Angermeyer, M., Benjet, C., Bromet, E., Chatterji, S., Girolamo, G., Demyttenaere, K., Fayyad, J., Florescu, S., Gal, G., Gureje, O., … Williams, D. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. The British Journal of Psychiatry, 197(5), 378–385. https://doi.org/10.1192/bjp.bp.110.080499
[13] McLaughlin, K. A., Green, J. G., Gruber, M., Sampson, N., Zaslavsky, A., & Kessler, R. C. (2012). Childhood adversities and first onset of psychiatric disorders. Archives of General Psychiatry, 69(11), 1151–1160. https://doi.org/10.1001/archgenpsychiatry.2011.2277
[14] Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The longterm health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. PLoS Medicine, 9(11), e1001349. https://doi.org/10.1371/journal.pmed.1001349
[15] Sharma, R., & Kaur, H. (2022). Childhood trauma and psychological distress among young adults in India. Indian Journal of Health and Wellbeing.https://www.researchgate.net/
[16] Teicher, M. H., & Samson, J. A. (2013). Childhood maltreatment and psychopathology: A case for ecological neurodevelopmental models. Journal of Child Psychology and Psychiatry, 54(10), 1099–1112. https://doi.org/10.1111/jcpp.12079
[17] Widom, C. S., DuMont, K., & Czaja, S. J. (2007). A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up. Archives of General Psychiatry, 64(1), 49–56. https://doi.org/10.1001/archpsyc.64.1.49
[18] Alvaro, P. K., Roberts, R. M., & Harris, J. K. (2013). A systematic review assessing bidirectionality between sleep disturbances, anxiety, and depression. Sleep, 36(7), 1059– 1068. https://doi.org/10.5665/sleep.2810
[19] Baglioni, C., Battagliese, G., Feige, B., Spiegelhalder, K., Nissen, C., Voderholzer, U., Lombardo, C., & Riemann, D. (2011). Insomnia as a predictor of depression: A metaanalytic evaluation. Journal of Affective Disorders, 135(1–3), 10–19. https://doi.org/10.1016/j.jad.2011.01.011
[20] Baglioni, C., Spiegelhalder, K., Lombardo, C., & Riemann, D. (2016). Sleep and emotions: Afocus on insomnia. Sleep Medicine Reviews, 29, 41–47. https://doi.org/10.1016/j.smrv.2015.09.007
[21] Bhat, S., &Chokroverty, S. (2017). Sleep disorders and public health issues in India. Annals of Indian Academy of Neurology, 20(4), 298–305. https://doi.org/10.4103/aian.AIAN_358_17
[22] Buysse, D. J., Reynolds, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research.
[23] Psychiatry Research, 28(2), 193–213. https://doi.org/10.1016/01651781(89)90047-4
[24] Chapman, D. P., Wheaton, A. G., Anda, R. F., Croft, J. B., Edwards, V. J., Liu, Y., Sturgis, S. L., & Perry, G. S. (2011). Adverse childhood experiences and sleep disturbances in adults. Sleep Medicine, 12(8), 773–779. https://doi.org/10.1016/j.sleep.2011.03.013
[25] Chauhan, S., Sharma, M., & Singh, P. (2024). Early life stress and sleep quality among young Indian adults. Indian Journal of Psychological Medicine.https://www.researchgate.net/
[26] Goyal, A., Sharma, R., & Gupta, R. (2018). Sleep quality and psychological distress among young adults. Indian Journal of Sleep Medicine.https://www.researchgate.net/
[27] Gupta, R., Grover, S., & Basu, A. (2016). Changes in sleep patterns among Indian adolescents and young adults. Indian Journal of Psychiatry, 58(3), 315–321. https://doi.org/10.4103/0019-5545.192021
[28] Hamilton, J. L., et al. (2018). Childhood emotional maltreatment and insomnia symptoms among young adults. Journal of Clinical Sleep Medicine, 14(10), 1691–1698. https://doi.org/10.5664/jcsm.7374
[29] Hershner, S. D., & Chervin, R. D. (2014). Causes and consequences of sleepiness among college students. Nature and Science of Sleep, 6, 73–84. https://doi.org/10.2147/NSS.S62907
[30] Kaneita, Y., et al. (2007). Insomnia among Japanese adolescents: A nationwide representative survey. Sleep, 30(12), 1683–1689. https://doi.org/10.1093/sleep/30.12.1683
[31] Kim, E. J., & Dimsdale, J. E. (2007). The effect of psychosocial stress on sleep. Sleep Medicine Reviews, 11(6), 443–451. https://doi.org/10.1016/j.smrv.2007.05.001
[32] Kobayashi, I., Boarts, J. M., & Delahanty, D. L. (2007). Polysomnographically measured sleep abnormalities in PTSD. Sleep Medicine Reviews, 11(5), 391–403. https://doi.org/10.1016/j.smrv.2007.07.002
[33] Kumar, V., &Bhukar, J. P. (2013). Stress level and sleep quality among college students. Journal of Social Sciences Research.https://www.researchgate.net/
[34] Lemola, S., Ledermann, T., & Friedman, E. (2013). Variability of sleep duration and emotional functioning. Sleep, 36(7), 1107–1114. https://doi.org/10.5665/sleep.2804
[35] Lund, H. G., Reider, B. D., Whiting, A., & Prichard, J. (2010). Sleep patterns and predictors of disturbed sleep in college students. Journal of Adolescent Health, 46(2), 124–132. https://doi.org/10.1016/j.jadohealth.2009.06.016
[36] Manzar, M. D., et al. (2015). Validation of the Pittsburgh Sleep Quality Index in Indian populations. Sleep and Biological Rhythms, 13(2), 151–158. https://doi.org/10.1111/sbr.12095
[37] Palagini, L., et al. (2014). Stress-related sleep reactivity and insomnia. Sleep Medicine Reviews, 18(6), 511–520. https://doi.org/10.1016/j.smrv.2014.01.004
[38] Pilcher, J. J., &Huffcutt, A. I. (1996). Effects of sleep deprivation on performance: A metaanalysis. Sleep, 19(4), 318–326. https://doi.org/10.1093/sleep/19.4.318

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

[39] Pietrek, C., et al. (2013). Childhood adversities and sleep quality. Journal of Nervous and Mental Disease, 201(10), 856–860. https://doi.org/10.1097/NMD.0b013e3182a5cbe5
[40] Roberts, R. E., Ramsay Roberts, C., & Duong, H. (2009). Chronic insomnia and its negative consequences for health. Journal of Psychiatric Research, 43(10), 937–943. https://doi.org/10.1016/j.jpsychires.2009.02.002
[41] Taylor, D. J., Lichstein, K. L., Durrence, H. H., Reidel, B. W., & Bush, A. J. (2003). Epidemiology of insomnia and psychiatric disorders. Sleep, 28(11), 1457–1464. https://doi.org/10.1093/sleep/28.11.1457
[42] Teicher, M. H., Andersen, S. L., Polcari, A., Anderson, C. M., Navalta, C. P., & Kim, D. M. (2006). The neurobiological consequences of early stress and childhood maltreatment.
[43] Neuroscience & Biobehavioral Reviews, 27(1–2), 33–44. https://doi.org/10.1016/j.neubiorev.2003.03.001
[44] Wang, H., et al. (2023). Sleep disturbances as a mediator between childhood trauma and psychological distress. Journal of Affective Disorders. https://doi.org/10.1016/j.jad.2023.03.012
[45] Widom, C. S., Czaja, S. J., & DuMont, K. (2013). Childhood abuse and neglect and sleep disturbances in adulthood. Child Abuse & Neglect, 37(10), 720–730. https://doi.org/10.1016/j.chiabu.2013.03.005

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)