

JOURNAL TITLE

Health & Humanity

PUBLISHER

International Education Academy, n.o.

PUBLICATION FREQUENCY

Quarterly

ISSN ONLINE

ISSN 2989-526X

ISSN PRINT

ISSN 2989-5278

JOURNAL PUBLICATIONS DETAILS

Vol. 1, No. 2

TECHNICAL EDITOR

Ing. Mgr. Lucia Kimpanová, DSc.

VISITOR EDITOR**Publisher**

International Education Academy, n.o.

Železničný rad 70/8

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Editorial

Contemporary health and social challenges increasingly demonstrate that human well-being cannot be understood independently of the social, institutional and environmental conditions in which individuals and communities' function. Vulnerability may emerge at different stages of life and in different contexts – through adverse childhood experiences, health risks, unemployment, caregiving responsibilities, extraordinary events or new forms of threat associated with technological development. At the same time, these challenges reveal the importance of prevention, preparedness, accessible support systems and effective institutional responses.

The present issue of *Health & Humanity* reflects this multidimensional perspective by bringing together contributions situated at the intersection of health, social sciences, law and helping professions. Despite their thematic diversity, the studies share an interest in factors that influence the capacity of individuals and communities to respond to risk, maintain quality of life and mobilise available resources.

Several contributions draw attention to vulnerability across the life course. The relationship between adverse childhood experiences and quality of life in young adulthood highlights the possible long-term relevance of early experiences for psychological and social well-being. Questions of responsibility and preparedness also emerge in the context of population ageing, where willingness to provide family care does not necessarily correspond with sufficient practical, financial or emotional preparedness. Similarly, the transition from unemployment to employment demonstrates that formal labour-market integration does not automatically eliminate social vulnerability, particularly during the period before financial stability is achieved.

Prevention and preparedness constitute another connecting dimension of this issue. The contribution addressing human papillomavirus vaccination points to the significance of health literacy, credible information and accessible preventive interventions. The analysis of emergencies in the Komárno district broadens this perspective from the individual to the community level and underlines the relevance of communication, institutional trust, social cohesion and psychosocial preparedness in crisis situations.

The changing nature of contemporary risks is further reflected in the analysis of cybercrime and its legal regulation. Digitalisation creates new forms of vulnerability and simultaneously places increasing demands on the adaptability of legal frameworks, international cooperation and mechanisms for securing and exchanging electronic evidence.

Taken together, the contributions illustrate that vulnerability is rarely determined by a single factor. Rather, it develops through the interaction of individual experience, social relationships, material resources, information, institutional arrangements and broader societal conditions. The studies presented in this issue therefore reinforce the importance of interdisciplinary approaches that connect prevention, evidence-based intervention, social support and institutional responsibility. Such perspectives are essential for understanding contemporary challenges to health and human well-being and for developing responses that are both professionally grounded and socially sustainable.

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Health & Humanity

The Relationship between Physical Abuse in Childhood and Quality of Life in Young Adulthood

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Abstract

This study examines the relationship between physical abuse in childhood and subjectively perceived quality of life in young adulthood. The aim of the research is to examine the connection between these two phenomena and to determine how the extent and severity of physical abuse experienced are associated with quality of life in young adulthood. We assessed the prevalence of physical abuse and the current quality of life among respondents using a battery of two standardized questionnaire instruments: the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF). The sample consisted of 102 adults aged 20–35 years ($M = 23.1$, $SD = 3.36$), of whom 86.3% were women. The results revealed a statistically significant moderate negative association between childhood physical abuse and overall quality of life ($\rho = -.41$, $p < .001$). The strongest negative associations were found for psychological health ($\rho = -.44$, $p < .001$) and social relationships ($\rho = -.41$, $p < .001$). The results of this study may help professionals in the helping professions better understand the issue and contribute to important societal and family awareness campaigns aimed at eliminating physical punishment in child-rearing.

Keywords: physical abuse, childhood, young adulthood, quality of life, well-being, attachment

1 Introduction

Childhood represents a formative period in human ontogenesis, during which the foundations of an individual's future personality, emotional stability and social integrity are laid. Current psychological research confirms that early experiences within the family environment not only have a fundamental influence on behavior during adolescence but also may influence a person's overall life trajectory in adulthood. Physical punishment of children remains one of the most hotly debated and, at the same time, most widespread phenomena in the context of family upbringing. Although it has historically been regarded as a legitimate tool for discipline in many cultures, modern scientific discourse is increasingly and unequivocally classifying it as a form of violence that violates a child's physical integrity and human dignity.

Global statistics from the World Health Organization (WHO, 2025) indicate that approximately 1.2 billion children are subjected to physical punishment in the home each year. Available evidence does not support beneficial effects of corporal punishment on child development (Gershoff, 2002; Heilmann et al., 2021). On the contrary, longitudinal studies by Gershoff (2002) and Heilmann et al. (2021) consistently show that this practice predicts an increase in aggression, antisocial behavior, and an overall deterioration in mental health.

A key aspect brought to light by more recent research is the neurobiological impact of child abuse. Physical punishment may act on the developing organism as a source of toxic stress, with potential implications for brain development and self-regulatory mechanisms (Durrant, 2020). Beyond these potential neurobiological consequences, longitudinal research has also documented adverse outcomes extending into adulthood. The Cambridge-Somerville Youth Study (CSYS; Welsh et al., 2022), for example, reported long-term adverse outcomes, including higher rates of alcohol-related problems and mental health difficulties. These negative experiences are currently classified as *Adverse Childhood Experiences* (ACEs), which, according to Afifi et al. (2017), tend to accumulate and may be associated with poorer quality of life in adulthood.

Quality of life (QOL) is no longer viewed solely through the prism of objective indicators, but as a multidimensional construct. The integrative model proposed by Costanza et al. (2007) defines quality of life as the extent to which objective needs, such as safety or autonomy, are met in direct relation to an individual's perception of personal well-being.

The period of young adulthood, which Arnett (2015) defines as "*emerging adulthood*" and Vágnerová (2012) as the era of assuming more permanent professional and family roles, represents a critical transitional stage. A history of harsh discipline may have implications for self-esteem and interpersonal relationships in adulthood, which can be understood in the context of Bowlby's (1969) attachment theory and the importance of early caregiver relationships for later psychosocial functioning.

The main aim of this study is to examine the relationship between retrospectively reported physical abuse in childhood and current quality of life among young adults (aged 20–35).

In line with this objective, we pose the following research questions:

RQ1: What is the prevalence and severity of retrospectively reported physical abuse in childhood among respondents in the research sample?

RQ2: Is there a significant relationship between the severity of retrospectively reported physical abuse in childhood and quality of life in young adulthood?

RQ3: Does the level of subjectively perceived quality of life differ between men and women?

Based on the theoretical background and research questions, we formulated the following hypotheses:

H1: Greater severity of retrospectively reported physical abuse in childhood is associated with lower overall quality of life in young adulthood.

H2: Greater severity of retrospectively reported physical abuse in childhood is associated with lower quality of life in the psychological domain.

This study seeks to contribute to a better understanding of the association between childhood physical abuse and quality of life in young adulthood, particularly across its physical, psychological, social, and environmental domains.

2 Theoretical Background

2.1 Physical Punishment and Physical Abuse in Childhood

Physical punishment of children is one of the most widespread, yet also one of the most controversial aspects of child-rearing in the family setting (Lenta, 2018). Currently, in professional discourse, it is increasingly viewed not as a parenting tool but as a form of violence that violates a child's fundamental rights to bodily integrity and human dignity (Durrant, 2020; WHO, 2025).

From a conceptual standpoint, physical punishment is defined as the conscious and intentional use of physical force to cause a child pain or discomfort for the purpose of correcting or controlling the child's behavior (Gershoff, 2002; WHO, 2025). The professional literature distinguishes between less severe forms (e.g., a slap or a hit with the hand) and more severe forms, in which the caregiver uses objects such as a belt or a stick (Poulsen et al., 2025).

However, current research emphasizes that the line between normative punishment and abuse is, to a large extent, merely theoretical. In reality, physical punishment and physical abuse exist on a common continuum of violence and differ primarily in intensity (Garces-Davila et al., 2024; Gershoff, 2002). As many as 75% of confirmed cases of physical abuse of children originate from a parent's primary intention to merely "*punish*" or "*discipline*" the child, with the situation subsequently escalating (Heilmann et al., 2021; WHO, 2025).

For the purposes of empirical analysis, experiences of physical abuse in childhood were assessed using the Physical Abuse subscale of the CTQ-SF (Bernstein & Fink, 1998), with higher scores indicating greater severity of physical abuse.

2.2 Psychological and Neurobiological Consequences

Scientific research over the past two decades has consistently shown that physical punishment yields no positive outcomes for a child's development but, on the contrary, increases the risk of negative developmental consequences (Durrant & Ensom, 2012; Heilmann et al., 2021). From a neurobiological perspective, exposure to physical punishment may act as a source of toxic stress and has been associated with alterations in brain development, including differences in prefrontal gray matter, amygdala functioning, and stress-related physiological processes, which may have implications for self-regulation and cognitive development (Durrant, 2020; Gershoff & Grogan-Kaylor, 2016).

On a psychosocial level, physical punishment may influence the process of social learning by conveying the message that aggression is an acceptable means of resolving conflicts (Poulsen et al., 2025). Attachment theory suggests that physical aggression by a primary caregiver may undermine a child's sense of security and disrupt the attachment relationship, potentially increasing vulnerability to stress and difficulties in interpersonal relationships (Hašto, 2005). Humanistic and individual psychology add that punishment makes a child's acceptance contingent on their obedience, undermines their sense of self-worth, and deepens feelings of inferiority (Adler, 1927; Rogers, 1961).

Physical punishment has been conceptualized as an adverse childhood experience (ACE) and has been associated with adverse outcomes extending into adulthood, including internalizing problems (e.g., anxiety and depression), externalizing problems (e.g., aggression), and the

intergenerational transmission of violence (Afifi et al., 2017; Gershoff & Grogan-Kaylor, 2016).

2.3 Quality of Life in Young Adulthood

The concept of quality of life (QoL) represents a complex and multidimensional phenomenon that integrates the fulfillment of objective environmental conditions with the subjective perception of personal well-being (Costanza et al., 2007). The World Health Organization defines quality of life as an individual's subjective perception of their place in life, which is rooted in the cultural and value system of a given society (WHO, 2025).

The period of emerging adulthood is characterized as a specific transitional stage toward full independence and the development of one's own identity (Arnett, 2015). Overall life satisfaction during this period has been associated with personal resilience and perceived social support (Hanımoglu, 2025). Although objective socioeconomic indicators (e.g., income, education) provide an important foundation, a comprehensive picture of an individual's adaptation is primarily derived from an assessment of their subjective well-being in terms of physical, mental, and social functioning (Barrance & Hampton, 2023; Costanza et al., 2007).

Given that early exposure to toxic stress and disrupted emotional bonding may be associated with difficulties in emotional regulation that persist into adulthood (Hašto, 2005; Heilmann et al., 2021), examining the relationship between physical abuse in childhood and quality of life in young adulthood represents an important area of research.

3 Methods

In this section of the study, we present the methodological framework of our research, which focuses on analyzing the relationship between retrospectively perceived physical abuse in childhood and the current quality of life among young adults. The study is quantitative in nature and employs a cross-sectional (correlational) design, which allows us to capture the relationship between the variables of interest at a specific point in time within the selected study sample.

For data collection, we selected a battery of two standardized psychodiagnostic instruments: the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the abbreviated version of the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF). These tools make it possible to assess retrospectively reported childhood maltreatment and subjectively perceived quality of life across four basic domains: physical, psychological, social, and environmental.

In terms of research design, we adopted a non-experimental approach. Rather than manipulating the variables of interest, we examined the association between retrospectively reported physical abuse in childhood and current quality of life in young adulthood.

3.1 Conducting the Research

Data collection was conducted via an online survey using the Google Forms platform. This method allowed us to reach a wide range of respondents in a short period of time while maintaining respondents' anonymity, which we consider crucial given the sensitivity of the topic under study.

3.1.1 Characteristics of the Study Participants

A total of 106 respondents participated in the survey; however, because the study focused on young adulthood, only participants aged 20 to 35 were included in the final analysis ($N = 102$). Four respondents were excluded from the study sample because they did not meet the specified age criteria.

Table 1 Demographic Characteristics of the Study Sample ($N = 102$)

Variable	Category	<i>n</i>	%
Gender	Female	88	86.3
	Male	14	13.7
Education level	High school graduate	61	59.8
	Master's degree	20	19.6
	Bachelor's degree	19	18.6
	Other	2	2.0
Marital status	Single	64	62.7
	Cohabiting / Living with partner	33	32.4
	Married	5	4.9
Age	<i>M</i>		23.1
	<i>SD</i>		3.36
	Min-Max		20–35

3.2 Research Methods

To achieve the research objectives and test the hypotheses set out, we compiled a set of two standardised questionnaires, supplemented by basic demographic questions (gender, age, education level, marital status).

3.2.1 Set of Research Methods

CTQ-SF Questionnaire

To assess retrospectively reported experiences of childhood maltreatment, we selected the CTQ-SF questionnaire, developed by Bernstein and Fink (1998). The authors designed this tool as a retrospective self-report scale that enables the assessment of experiences of abuse and neglect.

Structure: The questionnaire consists of 28 items, which are divided into five clinical subscales: emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect. It also contains three items designed to identify tendencies towards denial and

minimisation of trauma. The choice of this instrument is based on its high psychometric stability and validity, which have been confirmed by several studies conducted following the revision of the original long version of the questionnaire (Bernstein & Fink, 1998). The method is recognised worldwide for its ability to distinguish between different levels of trauma severity.

Scoring: Respondents indicate their level of agreement with individual statements on a 5-point Likert scale (1 – never, 5 – very often). Higher scores achieved on individual subscales indicate a higher level of trauma severity in that area. We interpreted the raw scores obtained on the physical abuse subscale (5–25 points) on the basis of the cut-off values established by the authors of the methodology (Bernstein & Fink, 1998). These values allow experiences to be categorised from minimal to severe (Table 2).

Use in research: In our study, we focused primarily on the Physical Abuse subscale, which assesses retrospectively reported experiences of physical abuse during childhood.

Table 2 Clinical Cut-Off Points for the Physical Abuse Subscale (Bernstein & Fink, 1998)

Score	Severity Category
5–7	None to minimal
8–9	Low to moderate
10–12	Moderate to severe
13 and above	Severe

WHOQOL-BREF Questionnaire

We assessed the respondents' current quality of life using the short form of the WHOQOL-BREF (World Health Organisation Quality of Life) questionnaire, which was developed in 1998 by the World Health Organisation (WHO).

Structure: The questionnaire comprises 26 items. The first two items focus on overall quality of life and general health. The remaining 24 items cover the four core domains of quality of life:

1. Physical health (e.g. pain, energy, sleep).
2. Psychological health (e.g. positive/negative feelings, self-confidence).
3. Social relationships (e.g. social support, sex life).
4. Environment (e.g. safety, financial resources, access to healthcare).

Scoring: As with the previous method, respondents answer on a 5-point scale; after converting the raw score to a scale of 4 to 20 (or 0 to 100), higher values represent a higher quality of life in the given domain.

3.3 Research Process

The research itself was carried out in several consecutive phases during March 2026.

Preparatory phase: In the first phase, we selected suitable psychometric tools (CTQ-SF and WHOQOL-BREF) and converted them into electronic format using the Google Forms platform. The questionnaire was designed to be clear and user-friendly, and adapted for completion on both computers and mobile devices.

Data distribution and collection: A link to the online questionnaire was distributed via social media (Facebook and Instagram) and e-mail, using the “*snowball method*” – we asked respondents to share it further, if possible, with their friends who met the age requirement.

Data processing: Once data collection was completed, the raw data was exported from Google Forms into MS Excel. At this stage, the data was cleaned, during which we excluded incomplete responses and respondents who did not meet the specified age criterion (20–35 years).

3.4 Assessment of Research Quality

The use of standardized and internationally validated instruments (CTQ-SF and WHOQOL-BREF) contributed to the methodological quality of the study. The data analysis process was carried out in the following steps:

Data coding and transformation: The raw data obtained from the online survey were exported to MS Excel. Items in the WHOQOL-BREF questionnaire that were phrased negatively were recoded in accordance with the official WHO manual, so that higher scores in each domain consistently reflected a higher quality of life.

Descriptive statistics: To characterise the research sample and describe the main variables (the severity of childhood physical abuse and quality of life), we calculated the arithmetic mean (*M*), standard deviation (*SD*), minimum and maximum values, and percentage distribution.

Inferential statistics: We used correlation analysis to test the hypotheses and identify relationships between variables (the association between physical abuse in childhood and domains of quality of life in adulthood). An independent-samples t-test was used to compare overall quality of life between men and women.

3.5 Research Ethics and Privacy Protection

Given the sensitive nature of the subject matter under investigation (adverse childhood experiences, ACEs), the research was conducted in accordance with the ethical principles of psychological research:

Informed consent: At the beginning of the questionnaire, respondents were informed of the aim and purpose of the research. They were informed that by completing and submitting the questionnaire, they were giving their voluntary consent to participate and to the processing of the data provided for the purposes of this research.

Voluntary participation: Participation in the research was entirely voluntary. Respondents were free to withdraw from the survey at any time whilst completing it, without giving a reason.

Anonymity and data protection: Data collection was carried out anonymously. No part of the questionnaire required information that would allow the direct or indirect identification of a specific individual (such as a name, email address or IP address). The data were processed in aggregate form and were used exclusively for scientific and research purposes.

4 Research Findings

In this section, we present an analysis of the data obtained from a sample of 102 respondents. The findings are divided into three logical sections. First, we present the descriptive characteristics of the main variables under study; we then proceed to test the established hypotheses and research questions using inferential statistical analyses; and, finally, we provide

a summary assessment of the extent to which the research questions and objectives have been met.

4.1 Descriptive Analysis of the Research Sample and Key Variables

In this section, we focus on a basic statistical description of the sample in terms of two key variables: the severity of retrospectively reported physical abuse in childhood and the current quality of life.

4.1.1 Characteristics of the Research Sample

The research sample consisted of 102 respondents in early adulthood ($N = 102$). The mean age of the respondents was 23.1 years ($SD = 3.36$), with ages ranging from 20 to 35 years. In terms of gender representation in the sample, women (86.3%; $n = 88$) substantially outnumbered men (13.7%; $n = 14$). Most participants stated that their highest level of education was secondary school with a school-leaving certificate (59.8%; $n = 61$), and in terms of marital status, the majority were single (62.7%; $n = 64$).

4.1.2 Level of Physical Abuse in Childhood (CTQ-SF)

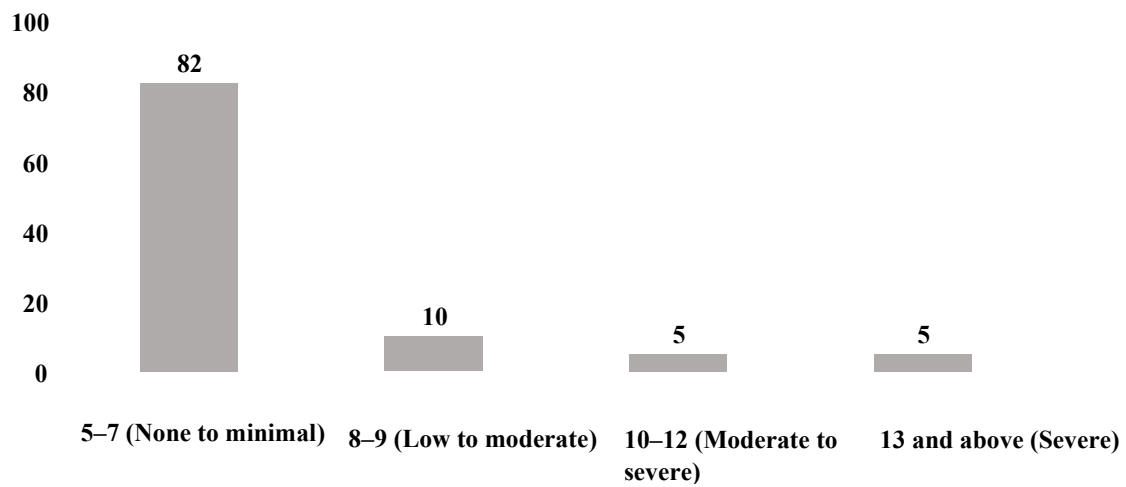
Table 3 Descriptive Statistics for the Physical Abuse Subscale ($N = 102$)

Variable	<i>M</i>	<i>SD</i>	Min	Max
Physical Abuse	6.41	2.47	5	18

The data presented in Table 3 suggest a relatively low level of retrospectively reported physical abuse in the study sample. The mean value, $M = 6.41$, falls at the lower end of the scale's theoretical range (5–25 points). The majority of participants (80.4%; $n = 82$) scored in the “*no to minimal trauma*” category, with 59.8% of respondents reporting the absolute minimum (5 points).

Despite the low overall average, 19.6% ($n = 20$) of respondents scored above the “none to minimal” category, including 9.8% ($n = 10$) who scored in the “moderate to severe” or “severe” categories. The maximum observed score was 18 points. This variation in the data allows us to examine the association between the severity of retrospectively reported physical abuse and current quality of life in young adulthood. The distribution of respondents by severity category is shown in Figure 1.

Figure 1 Distribution of the Research Sample by Severity of Physical Abuse in Childhood (N = 102)
Number of Respondents



In terms of severity, 9.8% ($n = 10$) of respondents reported “*low to moderate*” physical abuse. In the “*moderate to severe*” and “*severe*” categories of physical abuse, 4.9% ($n = 5$) of respondents were found in each category.

As shown in Figure 1, physical abuse scores were concentrated in the lower severity categories. Nevertheless, the observed variability in scores allowed us to examine their associations with quality-of-life domains, as presented in the following subsections.

4.1.3 Quality of Life (WHOQOL-BREF)

The results presented for each domain are scaled to a range of 4 to 20, with higher values representing a higher quality of life and a value of 12 representing the theoretical midpoint of the scale.

Table 4 Descriptive Statistics for Quality of Life Domains (N = 102)

Quality of Life Domain	<i>M</i>	<i>SD</i>	Min	Max
D1: Physical Health	15.22	2.14	8.57	20
D2: Psychological Health	14.48	2.41	7.33	20
D3: Social Relationships	14.86	2.95	6.67	20
D4: Environment	14.71	2.28	8.5	20

The data presented in Table 4 show that mean scores across the four quality-of-life domains ranged from 14.48 to 15.22, with all domain means above the theoretical midpoint of the 4–20 scale.

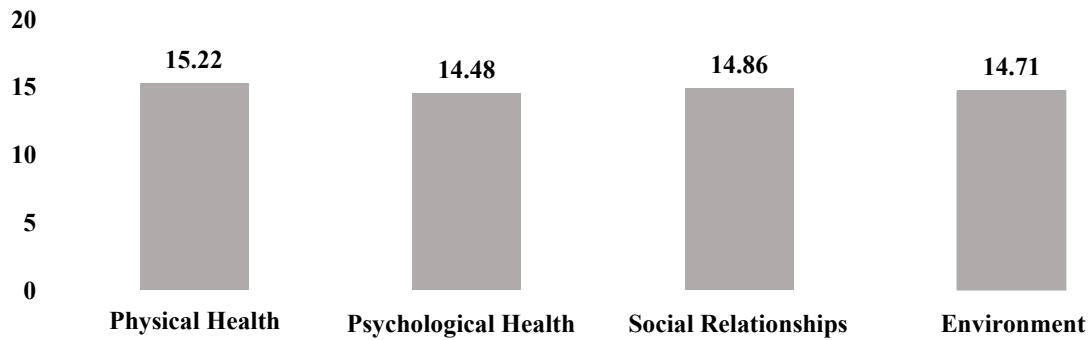
The highest average score was achieved in the physical health domain ($M = 15.22$; $SD = 2.14$). Respondents rated aspects such as mobility, sleep, and work capacity most positively.

The lowest average score was recorded in the psychological health domain ($M = 14.48$; $SD = 2.41$).

In the area of social relationships ($M = 14.86$; $SD = 2.95$), we observe the highest degree of variability in responses.

The environment domain reached a mean score of $M = 14.71$ ($SD = 2.28$).

Figure 2 Comparison of Mean Scores for Quality-of-Life Domains (N = 102)



4.2 Hypothesis Testing and Research Questions

4.2.1 Correlation Analysis of Relationships Between Variables

This section examines the relationship between the severity of retrospectively reported physical abuse in childhood and current quality of life among young adults. Given the nature of the data collected and the presence of a non-normal distribution in the sample, we chose Spearman's correlation coefficient (ρ) to calculate the strength of the relationship. The analysis was conducted on a sample of 102 respondents.

Table 5 Correlations Between Physical Abuse (CTQ-PA) and Quality of Life Domains (WHOQOL-BREF)

Domain	ρ (CTQ-PA)	p
D1: Physical Health	-.29	.003
D2: Psychological Health	-.44	< .001
D3: Social Relationships	-.41	< .001
D4: Environment	-.25	.011

The results in Table 5 indicate that there is a statistically significant negative relationship between physical abuse during childhood and all of the quality-of-life domains examined.

Psychological and social dimensions. The highest degree of correlation is found in the domains of psychological health ($\rho = -.44$) and social relationships ($\rho = -.41$), indicating a moderately strong negative correlation. These findings indicate that retrospectively reported physical abuse was most strongly associated with lower quality of life in the psychological and social relationship domains.

The physical domain and the environment. Weak negative correlations were found for physical health ($\rho = -.29$, $p = .003$) and the environment ($\rho = -.25$, $p = .011$), indicating that higher levels of retrospectively reported physical abuse were associated with lower quality-of-life scores in these domains.

4.2.2 Answers to the Research Questions

Based on the results, the research questions can be answered as follows:

Answer to RQ1: The majority of respondents (80.4%; $n = 82$) scored in the “*none to minimal*” physical abuse category. A total of 19.6% ($n = 20$) scored above this category, including 9.8% ($n = 10$) in the “*low to moderate*”, 4.9% ($n = 5$) in the “*moderate to severe*”, and 4.9% ($n = 5$) in the “*severe*” category.

Answer to RQ2: There was a statistically significant negative association between the severity of retrospectively reported physical abuse in childhood and overall quality of life in young adulthood ($\rho = -.41$, $p < .001$). Significant negative associations were also found across all examined quality-of-life domains, with the strongest association observed for the psychological domain ($\rho = -.44$, $p < .001$).

Answer to RQ3: No statistically significant difference in overall quality of life was found between men and women ($t(100) = 0.742$, $p = .460$).

4.2.3 Testing Hypothesis H1

H1: Greater severity of retrospectively reported physical abuse in childhood is associated with lower overall quality of life in young adulthood.

The correlation analysis revealed a statistically significant negative association between retrospectively reported physical abuse in childhood and overall quality of life ($\rho = -.41$, $p < .001$). Thus, higher levels of physical abuse were associated with lower overall quality of life in young adulthood. H1 was supported.

4.2.4 Testing Hypothesis H2

H2: We hypothesise that greater severity of retrospectively reported physical abuse in childhood is significantly associated with lower quality of life in the psychological domain.

The analysis revealed a statistically significant moderate negative association between retrospectively reported physical abuse in childhood and the psychological domain of quality of life ($\rho = -.44$, $p < .001$). Higher CTQ-PA scores were associated with lower scores in the psychological domain. H2 was supported.

4.3 Summary Assessment of the Results and Achievement of the Research Objectives

In this section, we summarise the findings in relation to the main research objective, research questions, and hypotheses.

4.3.1 Achievement of the Main Objective and of the Research Tasks

We consider the main objective of this study to have been achieved. Research conducted on a sample of 102 respondents demonstrated a statistically significant negative association between retrospectively reported physical abuse in childhood and quality of life in young adulthood. The following sub-tasks contributed to the achievement of this objective:

Assessment of the prevalence and severity of physical abuse: Although the average score ($M = 6.41$) indicates a low level of trauma among the majority of respondents, the analysis revealed that 19.6% of respondents had experienced physical abuse above the minimal level (maximum score of 18 points).

Assessment of current quality of life: Mean scores across the quality-of-life domains ranged from 14.48 to 15.22. The highest mean score was recorded in the physical health domain and the lowest in the psychological health domain.

Analysis of the statistical significance of the relationship: This objective was achieved through a correlation analysis, which confirmed a moderately strong negative relationship between the level of punishment and overall quality of life ($\rho = -.41, p < .001$).

Comparison of differences according to the severity of forms of punishment: The analysis confirmed that respondents who reported more severe forms (e.g. being struck with an object) exhibited lower levels of satisfaction, particularly in the psychological domain ($\rho = -.44$). More severe forms of physical abuse, which may include being struck with an object, may therefore be particularly relevant to psychological well-being in young adulthood.

Gender differences: To compare the means of the overall quality of life scores between men and women, we used a t-test for independent samples. The results of the analysis did not reveal any statistically significant differences in overall quality of life based on the respondents' gender ($t(100) = .742; p = .460$).

More severe forms of physical abuse, which may include being struck with an object, may therefore be particularly relevant to psychological well-being in young adulthood. However, when drawing conclusions about the impact of corporal punishment on both genders, it is essential to exercise a considerable degree of caution, as our research sample exhibits a marked gender imbalance.

Given that only a small number of men ($n = 14$) took part in the survey, compared with a substantial majority of women ($n = 88$), the findings primarily reflect the female segment of the sample. This imbalance significantly limits the external validity of the study and prevents us from reliably generalising the results to the population of young adult men.

Table 6 Comparison of Quality of Life by Gender (t-test)

Gender	<i>N</i>	<i>M</i>	<i>t</i>	<i>p</i>
Female	88	14.88	0.742	.460
Male	14	14.42		

The observed significance level ($p = .460$) is higher than the set threshold of .05. Although the mean score for overall quality of life among women ($M = 14.88$) is slightly higher than that among men ($M = 14.42$), this difference did not reach statistical significance.

5 Discussion

The main objective of the research was to clarify whether, and to what extent, experiences of physical abuse in childhood are associated with quality of life in young adulthood. Based on an analysis of data from 102 respondents, we conclude that the main objective was achieved.

The primary objective was to assess the severity of retrospectively reported physical abuse. We consider the finding that almost a fifth of the sample reported physical abuse above the “none to minimal” category to be noteworthy, as it indicates the presence of retrospectively reported

physical abuse in a non-clinical sample. With regard to the domains of quality of life, it emerged that although respondents were generally satisfied, their psychological well-being was rated somewhat lower compared with their physical functioning.

The analysis of these relationships confirmed the initial assumptions. The moderately strong negative correlation found suggests that greater severity of retrospectively reported physical abuse in childhood is associated with lower subjective well-being in young adulthood. The findings suggest that the domains most strongly associated with physical abuse are psychological well-being and social relationships.

An interesting finding is the absence of statistically significant gender differences in overall quality of life. However, given the marked gender imbalance in the sample ($n = 14$ men), this finding should be interpreted with caution and cannot be taken as evidence that the association between physical abuse and quality of life is comparable between men and women. The key finding of this study is that higher levels of retrospectively reported physical abuse are associated with lower quality of life, providing evidence of this relationship in a sample of Slovak young adults.

The complexity of quality of life: Findings on the multidimensional nature of quality of life are consistent with the theoretical framework defined by Costanza et al. (2007). Consistency with this model may be interpreted in terms of a disruption of the needs for security and autonomy in individuals with a history of harsh discipline. Hašto (2005) emphasises that a disruption to a sense of security in childhood caused by physical aggression increases vulnerability to stressors in adulthood, which may be consistent with the strongest association observed in the psychological domain in our sample.

The evolution of research: When comparing older and more recent findings, we observe a clear trend indicating the adverse effects of disciplinary violence. Both earlier and more recent meta-analytic findings have consistently linked corporal punishment with adverse developmental outcomes (Gershoff, 2002; Gershoff & Grogan-Kaylor, 2016). Our results are consistent with these findings. Matoušek and Pazlarová (2022) add that corporal punishment is often a sign of parental helplessness and may negatively affect the parent-child relationship, which is consistent with our finding of a negative association between physical abuse and the social relationships domain of quality of life. This interpretation is also consistent with attachment theory, which emphasises the importance of a secure caregiver relationship for later psychosocial functioning.

Neurobiological changes: As Durrant (2020) notes, a child's exposure to fear and pain has been associated with differences in prefrontal grey matter. Such neurobiological mechanisms may contribute to understanding the persistence of adverse outcomes into adulthood. Long-term adverse outcomes have also been documented in the Cambridge-Somerville Youth Study (Welsh et al., 2019, 2022). Our findings are consistent with this long-term perspective, as retrospectively reported physical abuse was associated with lower subjective well-being in young adulthood.

Protective factors: With regard to mitigating the effects of a risky environment, the findings may be considered in relation to the ecological model proposed by Zúñiga et al. (2024). Current research also highlights the potential importance of interpersonal support. Wiggers and Paas (2022) and Hanimoğlu (2025) suggest that psychological resilience and parental warmth may act as a protective buffer.

5.2 Interpretation of unexpected or less clear-cut results

Although the research revealed a negative correlation, mean quality-of-life scores across all domains were above the theoretical midpoint of the scale, which may suggest the presence of compensatory mechanisms.

The phenomenon of “*normative*” violence: In the Central European context, mild physical punishment is often perceived as a legitimate tool (Matoušek & Pazlarová, 2022). If a child perceives the punishment as “*deserved*”, their internal working model (Bowlby, 1973) may not be disrupted as devastatingly as it would be in the case of unjust violence.

Retrospective optimism: Respondents may tend to repress negative emotions or interpret the past through the lens of “*educational necessity*”. According to Hašto (2005), the presence of a stable attachment figure acts as a neutraliser of toxic stress.

Gender issues: Although no statistically significant gender differences in overall quality of life were found, this finding must be interpreted with caution given the limited number of men included in the sample. Theoretically, this finding may be consistent with the WHO’s (2025) view that the need for physical safety is universal and that its violation through aggression may be associated with poorer quality of life regardless of gender.

5.3 Limitations of the research

When interpreting the results, the following methodological limitations must be taken into account:

Sample size and structure: The sample ($N = 102$) does not allow for objective generalisation to the entire population. Gender imbalance (14 men) limits the ability to analyse the specific male experience, which reduces the external validity of the study.

Data collection strategy: The self-selection method (online questionnaire on social media) precludes random sampling. Respondents may have shown a higher level of engagement with the topic, which could have introduced self-selection bias.

Retrospective nature: Assessing one’s childhood with the benefit of hindsight is subject to memory bias. Memories may be influenced by one’s current state of mind, which is a natural but limiting factor when dealing with sensitive topics.

Study design: The cross-sectional correlational design does not allow causal conclusions to be drawn regarding the relationship between childhood physical abuse and quality of life in young adulthood.

5.4 Contributions and recommendations for practical application

The main contribution of this study is the empirical evidence that higher levels of retrospectively reported physical abuse are associated with a reduced subjective quality of life.

Primary prevention: We recommend strengthening parental education regarding the potential adverse consequences of corporal punishment and promoting positive parenting programmes. Public awareness campaigns should promote non-violent disciplinary strategies and positive parenting practices.

Helping professions: The findings support the relevance of trauma-informed approaches in helping professions. When working with clients experiencing chronic anxiety or relationship difficulties, it may be important to sensitively explore a history of physical violence, including less severe forms.

Legislation and society: The findings add to the broader evidence concerning the potential adverse consequences of corporal punishment. Public awareness initiatives should promote greater understanding of these consequences and encourage non-violent parenting practices.

Conclusion

The main aim of this study was to examine the relationship between retrospectively assessed experiences of physical abuse in childhood and current quality of life among young adults (aged 20–35). The research, conducted using quantitative correlation analysis ($N = 102$), yielded key findings regarding the association between retrospectively reported physical abuse in childhood and psychological and social well-being in young adulthood.

Summary of the achievement of the set objectives:

Severity of physical abuse: The results confirmed the presence of physical abuse in everyday, non-clinical settings, with almost a fifth of the sample scoring above the “*none to minimal*” physical abuse category. This finding indicates that experiences of physical abuse were present among young adults in the Slovak sample.

Quality of life: Mean quality-of-life scores across all domains were above the theoretical midpoint of the scale. The psychological domain showed the lowest mean score and, at the same time, the strongest negative association with retrospectively reported physical abuse ($\rho = -.44$, $p < .001$).

The relationship between physical abuse and quality of life: The statistically significant negative correlation identified supports the assumption that retrospectively reported physical abuse in childhood is associated with lower subjective well-being in young adulthood.

Associations with specific domains: The strongest negative associations were observed for the psychological health and social relationships domains. More severe forms of aggression (e.g. hitting with an object) may be particularly relevant to an individual’s psychological well-being, suggesting possible long-term associations between adverse childhood experiences and quality of life.

Gender-specific findings: Statistical analyses did not reveal any significant gender differences in overall quality of life ($p = .460$). However, given the marked gender imbalance in the sample (13.7%; $n = 14$ men), these findings should be interpreted with caution, and further research using more gender-balanced samples is needed.

The findings of our study provide empirical evidence that retrospectively reported physical abuse in childhood is associated with lower quality of life in young adulthood. Our findings suggest that experiences of physical abuse in childhood may have relevance for psychological and social well-being in young adulthood.

The findings highlight the importance of primary prevention and public awareness regarding the potential adverse consequences of physical abuse and corporal punishment, as well as the promotion of non-violent parenting practices. Future research should examine the potential role of protective factors, such as resilience and social support, in the association between childhood physical abuse and quality of life in young adulthood.

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