subsequent development of the child. However, these assumptions tend to be
early trauma can be physically, mentally and socially detrimental to the
body and psychological, psychopathological and psychological have asserted that

Introduction

Keywords: adoption, early life-trauma, better care, mental health, quality-of-life.

Survival to adulthood are resilient to many adverse events in early life. These findings were
common to children born in the past year of life and whether of the child 3-33 years later.
Vasters (2006) and others suggest that the results of early life trauma studies only rarely
encompass the effects of early life trauma and whether of the child 3-33 years later.

Methods in the quality of life research study of 10 000 Danish, a newly

This study is designed to investigate the connection between early life trauma and the quality of

Conclusion

A prospektive study on quality of life and traumatic
events in early life — a 30-year follow-up

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Expression of Life's Potentials

6 Sustenance experience of oblique special domains (family, work, leisure)
5 Sustenance experience of oblique special domains (family, work, leisure)
4 Needs fulfillment

External dimensions

3 Happiness
2 Satisfaction with life
1 Immediate, self-experienced well-being

Subjective dimensions

After raising scales, these were grouped into three dimensions, as follows:

These three dimensions of dimensions of life quality were operationalized into
or human experience, called (external indicators).

A core of indices that consider quality of life as derived from human nature
(self-experienced to oblique experienced) quality of life and subcultural
(individual) becomes of quality of life into a spectrum ranging from subjective
comprehensive three external dimensions into one overall measure: the
referred to as the so-called secondary QOL index (Adam). When the
QOL measurement is interpreted in Veletzko 1996. The conceptual basis for
rather than in the section, social information, lifestyle, illness, sexuality, self-experienced, life-
sections; social information, lifestyle, illness, sexuality, self-experienced, life-
egestionnaire, in the following the questionnaire used in the study, comprehension for the self-evaluation of

Instrument

Because they show that the mother activity tried to prevent having the child.

addition, another we were particularly interested in the last two subscales
which were concerned as a result of child's experiences. And 70 of
children had been adopted in the first years, 225 children, were nunmbered. 210 of
promoters, a strong indicator of cultural milieu. One hundred and fifty-
pharmaceuticals and thus had a mother who, in the third semester, was psycholo-
journaled. It was established that of the respondents, 47 were placed in a

Veletzko, QOL and QOL
The group whose mothers had taken psycho-pharmaceuticals in the third trimester of pregnancy had a mean QoL score that is 3.5% lower under the group whose mothers had not taken such drugs (Table 1). Those placed in a children's home had a mean QoL score that is 3.4% below those who came home with their mothers (Table 1). The group whose mothers had not taken such drugs had a mean QoL score that is 8.1% above the group whose mothers had taken psycho-pharmaceuticals in the third trimester of pregnancy. 

In the year-olds and those that were not, there were no significant differences in the QoL between the groups. No significant correlation between the quality of life and adoption was found. It was not possible to distinguish the variability between those that were adopted and those that were not.

When the quality of life of the cohort was examined across eight dimensions, the named mean and median scores of the first year appear to have only a very small E: Very small, less than 5% D: Small, 5-10%
C: Intermediate between 10 and 20%
B: Large, 20-40%
A: Very large, over 40%

The size of the Pearson's Correlation from the average quality of life score in the population (Frenkel 1997) was used to find the most significant differences in the data mentioned above to classify the correlation. To see the connection between the 100 different factors and quality of life results of the cohort (i.e., those not adopted) and the group that was adopted is not significantly different from the mean quality of life for the rest of the cohort. The mean quality of life of a particular group (for example, those that were not placed in an institution) will be compared with the rest of the sample using the t-test. The null hypothesis is that the two groups are the same.

Significance levels for the relationships between each variable and the outcome variable are assessed. The measure of goodness (cover all aspects of life, not merely health-related aspects) of each of the eight QoL ratings scales as well as the resulting overall Venerable QoL and matrices.
Discussion

We found that increased academic performance is an indicator of the quality of life in the adult.

There was a strong correlation between academic achievement and the quality of life in the adult.

In previous studies, factors such as marital status, occupation, and socioeconomic status were found to be correlated with quality of life.

The group whose mothers had intermediate education had a higher mean quality of life score than those with less education.

Table 1. The quality of life of the group whose mothers had attended an intermediate level of education.


