

# Relationship Between Resilience and Adverse Childhood Experiences: A Study Among University Students

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## Relationship Between Resilience and Adverse Childhood Experiences: A Study Among University Students

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### ABSTRACT

**Purpose:** *Late adolescence is widely noted as significant for laying the foundation for distinctive neurologic, cognitive, and social changes as well as functional maturity. As this stage is the foundation for ongoing development throughout one's life, any maladjustment at this age may affect the whole life of the individual. Young adults are the population most at risk of adverse childhood experiences (ACE), a traumatic occurrence that happened before the age of eighteen. Resilience helps individuals bounce back from adversity and achieve success in their lives. The connection between adverse childhood experience (ACE) and resilience can aid individuals in overcoming challenging circumstances and shield them from acquiring mental health issues.*

**Methodology:** *A cross-sectional research approach was used to collect information from 154 late young adult students from Mangalore, ranging in age from 18 to 25 years.*

**Results:** *The study emphasizes the significance of identifying and addressing ACEs early in a child's life to reduce their long-term consequences on resilience. A significant but weak correlation was found between adverse childhood experiences and resilience.*

**Originality:** *The present research is of interest since it examines the relationship between adversity in childhood (ACE) and resilience, which can aid individuals in overcoming challenging circumstances and shield them from acquiring mental health issues. A further improvement in this area may benefit the total well-being of humanity in many aspects*

**Type of Paper:** *Quantitative and cross-sectional.*

**Keywords:** Late adolescence, adverse childhood experience (ACE), resilience

### 1. INTRODUCTION :

Late adolescence, also known as the beginning of adulthood, is widely identified as being particularly important for laying the groundwork for further growth throughout one's life, as people begin to make decisions and participate in actions that will influence them for the remaining years of their existence (Zarrett, et al. (2006). [1]). The distinctive neurologic, cognitive, and social changes, as well as functional maturity, take place during this period (Brown, et al. (2008). [2]) (Donnellan, et al. (2007). [3]). The primary perspective in psychological and social examinations of adolescents is how their identity develops during adolescence (Luyckx, et al. (2011). [4]). The key battlegrounds in the process are cultural, familial, and life-span development (Skoe, et al. (2005). [5]). The family is an important aspect of a person's entire development, particularly as a key source of socialization (Mishra, et al. (2014). [6]) (Bandzeladze et al. (2019). [7]). Strong relationships among people in the family, founded on proper contact and interpersonal interaction, may assist in settling hazards while helping, particularly for teens (Tak, et al. (2006).[8]). Developmental maltreatment, particularly insufficient parenting, is highly connected to a wide range of psychotic and neurotic disorders later in life (Fletcher et al. (2017). [9]).

An adverse childhood experience (ACE) is a painful event that occurred in the life of an individual before they reached the age of eighteen and that the person can recall now that they are adults (Corso et al. (2008). [10]). Adverse childhood experiences (ACE) include physical assault, emotional harm, assault sexually, addiction to drugs, depressive disorders or other forms of mental illness in the

household, acts of suicide in the family members, imprisonment of a household member, violence on the mother's part by her spouse, misconduct of their father by his spouse, parental figure divorce, mental abandonment, verbal and physical harassment, participation in verbal or physical confrontations, assault in society as a whole, and group threats (Lu, et al (2008). [11]), (Chartier, et al. (2010). [12]), (Boullier, et al. (2018). [13]), (Rariden et al. (2020). [14]), (Bryant, et al. (2020). [15]). According to research by the World Health Organization (WHO), one in five women and one-quarter of all people claim to have encountered physical or sexual abuse as children. Unfortunately, the main source of these experiences is their family or close relatives (WHO (2014). [16]).

The capacity to cope successfully with obstacles that include trauma, tragic events, hazards, or serious reasons for discomfort is referred to as resilience (Windle, et al. (2011). [17]) (Meichenbaum, et al. (2008). [18]). The APA defines resilience as the method and result of effectively adjusting to challenging or difficult situations in life, particularly through flexibility in one's psychological, emotional, and behavioural adaptation to both inner and external requirements (American Psychological Association. (2014). [19]). Resilience is the capacity to bounce back from adversity. The human disposition is more intense than everything that is thrown at it; two components foster this resilience: internal and external forces. Internals, she believes, are the most effective approach for regaining your vitality (Stoler et al. (2015). [20]), (Diane Roberts, et al. (2001). [21]), (Herrman, et al. (2011). [22]). Resilience is crucial for mental health since it can aid individuals in overcoming challenging circumstances and shield them from acquiring mental health issues. Despite the face of hardship, resilient persons are more likely to experience optimal mental well-being outcomes. Resilience can be influenced by a variety of variables, such as genetics, strategies for coping, social support, and early childhood experiences. (Stainton, et al. (2019). [23]), (Folke, et al. (2016). [24]), (Hornor, et al. (2017). [25]).

The present investigation focuses on the association between adverse childhood experiences (ACE) and resilience in young adults. Young adults are the one population who run the danger of ACEs having a greater impact on how they come to understand who they are. People may be subjected to ACEs up to the young age of eighteen which coincides to the period at which an individual begins to explore and establish their life objectives, and academic and career goals (Carr, et al. (2016). [26]). Individuals require resilience to help them reach these objectives to achieve the most effective results.

## 2. REVIEW OF LITERATURE :

Emalee G. Flaherty et al. (2013) studied the impact of challenging childhood experiences on the health of pre-teenagers. The study's purpose was to investigate the relationship between earlier negative childhood experiences along early teenage physiological concerns and bodily problems, in addition to the significance of timing negative events. The study involved 933 children aged four, six, eight, twelve, and fourteen. Adversity in childhood, particularly recent adversity, was found to influence health outcomes in early teenage years. Greater attempts to forestall and mitigate these situations may improve the general well-being of adolescents and adults (Flaherty, et al. (2013). [27]).

In a comprehensive and extended research endeavour, C. Bethell and colleagues (2014) conducted a study on assessing the Impact of Adverse Childhood Experiences on Health, School Participation, and the Moderating Role of Resilience. Their investigation delved into the prevalence of adverse childhood experiences and their connections with factors affecting developmental advancement and lifelong well-being among children in the United States, utilizing data from 2011-12. National Survey of Children's Health. The study's results indicated that children who had encountered adverse childhood experiences and displayed resilience were more likely to be engaged in school, as were those who had experienced such adversity and received care within a family-oriented medical framework (Bethell, et al. (2014). [28]).

In their study on negative childhood events, resilience, and emotional challenges in early Chinese childhood, Yantong Zhu and colleagues (2023) discovered a positive direct effect of adverse childhood experiences on emotional difficulties as well as a positive influence on resilience with a sample size of 874 kindergarten students. It was also noted that no moderating effect of resilience was observed in their study (Zhu et al. (2023). [29]). Cyleen Morgan conducted a review study on associations between adverse childhood experiences and diminished psychological resilience in Adolescents with subjects ranging in age from zero to thirty-five years and discovered a negative link between ACE and mental resilience and highlighted the various factors that comprise resilience in an ACE-exposure environment (Cyleen Morgan. et al. (2021). [30]). Understanding the risk factors and resilience mechanisms of

adverse childhood experiences in a long-term urban cohort is a study undertaken by Giovanelli and friends (2020) on 1,539 individuals in Chicago. The study's purpose was to investigate the psychological processes by which ACEs contribute to outcomes, as well as approaches to promote ACE resistance in susceptible populations. The results suggest that unfavourable childhood experiences have an impact on well-being in persons with low socioeconomic positions. They also pinpoint critical places throughout the ecological system that may increase resistance to ACEs, which emphasises the importance of continuing to actively assist those in need (Giovanelli et al. (2020). [31]).

Takahiro Tamura (2019) investigated the Influence of childhood perception of parent-child interactions on resilience among Japanese teenagers to assess the influence of the perceived relationship between parents and children during childhood on resilience in youth. The Adolescent Resilience Scale and the Children's Observed Attachment for Parents Scale were used in research of 268 university students to examine the relationship between their perception of parent-child connections as children and their current degree of resilience. Based to the findings, youth's impressions of their parent-child relationships as youngsters had a significant impact on their resilience development. This influence also showed a gender difference. The findings have been investigated about the method of developing resilience in those in need (Tamura, et al. (2019). [32]).

In a research endeavour by Kathryn H. Howell and her colleagues in 2014, a study was carried out involving 321 American college students aged 18-24 who had experienced childhood violence. The study's findings highlight that protective factors play a more significant role than challenges and psychopathology in determining resilient functioning in early adulthood following childhood exposure to violence (Howell, et al. (2014). [33]). Intan Maharani Sulistyawati Batubara and her team conducted a further in-depth investigation in 2021, on Resilience among adolescents who have encountered domestic violence to offer a thorough understanding of how resilience manifests in adolescents who have experienced domestic abuse. The study involved in-depth interviews with seven adolescent victims aged 15 to 21. The results illuminated that while teenagers' reactions to familial abuse can lead to mental health challenges, they are also capable of surmounting these difficulties by drawing upon the resilience they developed during their upbringing. The main purpose of this study is to assess how adverse childhood experiences impact the level of resilience among college students (Batubara, et al. (2021). [34]).

### 3. OBJECTIVES :

The objectives of this study as follows

- (1) To assess the extent of adverse childhood experiences among college students.
- (2) To measure the extent of resilience among college students.
- (3) To study whether gender differences influence adverse childhood experiences and resilience.
- (4) To investigate whether there is a relationship between adverse childhood experiences and resilience.

### 4. HYPOTHESES :

Ho: There is no significant relationship between adverse childhood experiences and resilience.

### 5. METHODOLOGY :

**Sample:** This is a cross-sectional study design. 154 college students from a private college in Mangalore were selected for this study. Their age ranged from 18 to 25. A nonprobability convenience sampling technique was used.

#### Procedure:

In a classroom at the end of the lecture students were explained the purpose of the study. Participation was voluntary. Confidentiality was assured. Permission from ethical committee was not necessary as it this study does not involve clinical trials or experiment.

The questionnaire was distributed to students to find the socio-demographic profile of students.

In addition, two scales were used namely;

- (1) The Resilience Scale (Wagnild & Young) \_0 (2). The tool consists of 25 questions with a score from 1 to 7. (Wagnild, et al. (1993) [35], Felitti, V. J., (1998). [36]).
- (2) The Adverse Childhood Experience Scale for adults was adapted from the work of Kaiser Permanente and the Centres for Disease Control and Prevention (CDC). The tool consists of 10

questions related to adverse childhood experiences in childhood till eighteen years, which can be answered as yes or no.

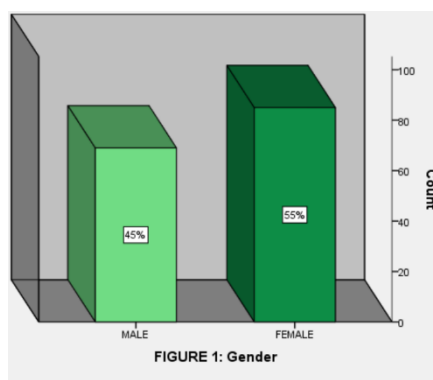
Each scale has a good reliability and validity (Felitti, et al. (1998) (1999) (2003). [37][38][39]).

**6. RESULTS :**

**Age:**

73% of those who participated were between the ages of 18 and 19 and 27% came between the ages of 20 and 21.

**Gender:**



**Fig. 1:** Graphical representation of gender

A large percentage of responders (55%) were female students, and 45% were male as seen in Figure 1.

**Early Childhood Experience:**

Results from the adverse childhood experiences scale revealed that the majority (88%) of respondents reported mildly negative experiences as children, with scores ranging from 0 to 2. None has average experience, although it is noteworthy to note that 12% of them experienced significant bad childhood experiences, scoring between 6 and 9. No one received a score of 10, the highest possible.

**Resilience:**

About 4% of the respondents had poor resilience scores (63 to 100). Many respondents had average scores (101–137), and 44% had high scores (138–175) on the resilience scale.

Pearsons Correlation was done to see if there is a significant correlation between the two variables namely adverse childhood experience and resilience. It was found that that there is a low but significant correlation between the two variables ( $r=0.23$ ,  $p<0.05$ ). In other words, there is a direct relationship between the two variables.

Females experienced more adverse childhood experience ( $M=2.37$ ,  $SD=2.5$ ) compared to male ( $M=0.9$ ,  $SD=1.80$ ). Further t-test confirmed a significant relationship ( $t(152) = 4.03$ ,  $p < 0.05$ ). Females experienced more resilience ( $M=1.33$ ,  $SD=17.6$ ) compared to male ( $M=1.32$ ,  $SD=19.8$ ). However, t-test showed a non-significant relationship ( $t(152) = 0.44$ ,  $p > 0.05$ ).

Multiple regression was done to see the most dominating variable which influence adverse childhood experience.

| Model      | Unstandardized Coefficients |            | Standardized Coefficients | t      | Sig. |
|------------|-----------------------------|------------|---------------------------|--------|------|
|            | B                           | Std. Error | Beta                      |        |      |
| Constant   | -11.393                     | 4.017      |                           | -2.836 | .005 |
| Gender     | 1.482                       | .353       | .315                      | 4.204  | .000 |
| Age        | .385                        | .200       | .144                      | 1.923  | .056 |
| Resilience | .027                        | .009       | .214                      | 2.859  | .005 |

Multiple regressions indicate that gender ( $\beta = 0.31$ ,  $p = .000$ ) and resilience ( $\beta = 0.214$ ,  $p = .005$ ) were the most dominating variables that influenced adverse childhood experience.  $R^2 = 0.16$ ,  $F(3, 150) = 9.82$ .

## 7. DISCUSSION :

An important area of study in the realm of adolescent development is the effect of Adverse Childhood Experiences (ACEs) on resilience. This study investigated the intricate connection between early life adversity and resilience in late adolescence, shedding light on the significant influence of early life adversity on a person's capacity to adapt, cope, and flourish during this important phase of development. About 4% of the respondents had poor resilience scores ranging. 12% of them had high adverse childhood experience. A significant direct correlation was found between adverse childhood experience and resilience. Thus, we reject the null hypotheses and conclude that there is a significant relationship between adverse childhood experiences and resilience among college students. These findings may be viewed as adapting to significant sources of stress or trauma during childhood. Adolescents who have had a greater number of negative events throughout their formative years have a significant degree of resilience, which manifests in numerous facets of their lives, such as emotional control, interpersonal interactions, and overall psychological well-being. This highlights the long-term influence of early hardship and its ability to shape an individual's ability to navigate the obstacles and uncertainties of late adolescence. The findings of this study are similar to the findings of a study conducted by Dimitriu et al. (2023) which reported resilience had the most noticeable impact in cases of negative family experiences (Dimitriu, et al. (2030). [39]).

Multiple regressions indicate that gender ( $\beta = 0.31$ ,  $p = .000$ ) and resilience ( $\beta = 0.214$ ,  $p = .005$ ) were the most dominating variables that influenced adverse childhood experience.  $R^2 = 0.16$ ,  $F(3, 150) = 9.82$ . Male students had better childhood experience compared to female students. This could be due to cultural adaptations. Results of multiple regression confirms that gender as a dominating variable. The variance explained is 5.3% this could be due to small sample size.

Furthermore, this study emphasizes the significance of identifying and addressing ACEs early in a child's life to reduce their long-term consequences on resilience. Adolescent resilience interventions and support systems should take a holistic approach that not only encourages individual coping abilities but also considers underlying trauma and unpleasant events that may interfere with resilience development (Bellis, M. A. et al. (2018). [40]).

## 8. LIMITATION OF THE STUDY :

There are a few restrictions on the study at hand to be considered. Due to the cross-sectional nature of the study, it can only provide a snapshot of the data at a single point in time. Furthermore, the study only includes a small number of participants, which could make the results less representative. Using non-probability sampling techniques also runs the risk of skewing the sample's selection. It is challenging to draw generalisations that apply to a larger population when these factors are considered all at once.

## 9. FUTURE IMPLICATIONS :

While this study contributed significantly to our understanding of the association between ACEs and resilience in late adolescence, various options for future research can enhance and deepen our knowledge in this field. Longitudinal studies that follow individuals from childhood through late adolescence and into adulthood can provide a more comprehensive picture of how ACEs affect resilience across time. This can aid in identifying important developmental phases and prospective intervention windows.

Cultural and socioeconomic aspects: Examining the role of cultural and socioeconomic factors in modulating the link between ACEs and resilience might provide insight into how different contexts influence outcomes. This study should consider the cultural and socioeconomic variations that influence hardship and resilience. Creating and testing therapies specially tailored to boost resilience in teenage survivors of ACEs is a major step forward. These treatments should be evidence-based and consider the population's specific requirements. Exploring the neurological mechanisms underlying the link between ACEs and resilience can provide a more in-depth knowledge of the physiological processes at work. This may result in more focused interventions and therapies. It is critical to advocate for policies and

programs that focus on preventing ACEs in the first place. Effective prevention measures and policies can have a significant impact on reducing the prevalence of ACEs and their long-term repercussions, according to research. The relationship between adversity in childhood and resilience in late adolescence is a complicated and critical topic of research. As we continue to research this topic, our findings will assist in informing better interventions, legislation, and support systems to help young people overcome early adversity and succeed during a critical stage of their lives.

## 10. CONCLUSION :

Resilience is the process of effectively adapting to difficult or challenging life experiences. Previous studies indicate that there is a close relationship between these two variables namely resilience and early childhood experience. The present study attempts to investigate the relationship between ACEs and resilience among college students. Findings from this study showed a significant positive correlation between both variables which may be interpreted as individuals who have had a greater number of negative events throughout their formative years have a significant degree of resilience.

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