

Childhood Trauma, Resilience and Psychological Distress in Adults

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Abstract

The purpose of this study was to investigate the relationship between childhood trauma, resilience, and psychological distress in adults. The study used a cross-sectional survey research design. It was hypothesized that there would be a positive relationship between childhood trauma and psychological distress. It was hypothesized that there would be a negative relationship between resilience and psychological distress. Further, resilience was expected to mediate the relationship between childhood trauma and psychological distress. The sample of 120 adults of years 18-25 (M = 21.30, SD = 1.58) was taken from different universities of Lahore, Pakistan. Childhood Trauma Questionnaire Short Form (Bernstein & Fink, 1998), Brief Resilience Scale (Smith et al., 2019) and Kessler Psychological Distress Scale (Kessler, 2001) were used for data collection. The data was analyzed using SPSS version 26.0. Process by Hayes (2013) was used to analyze the mediating role of resilience between childhood trauma and psychological distress. Results indicated that childhood trauma was positively related to psychological distress. Resilience was negatively related to childhood trauma and psychological distress. Moreover, resilience mediated the relationship between childhood trauma and psychological distress. This study would help social workers, psychotherapists, and psychological counselors to deal with the psychological discomfort of adults who have had traumatic childhood experiences.

Keywords: *Childhood trauma; resilience; psychological distress; adults.*

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Introduction and Literature Review

Adolescent mental health improvement is a significant global public health issue. According to a World Health Organization (WHO), mental disorders were more common in children and adolescents (12–29%). In addition to having a significant impact on an individual's mental health, mental disorders, particularly teenage emotional issues, can pose significant challenges to families and society as a whole (Kyu, 2016). Even though every adult is at risk of experiencing mental illness and emotional problems, there are some things that can increase a person's risk. One of these is trauma experienced as a child. A childhood traumatic event is

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one that a child perceives as having the potential to cause harm, death, or physical integrity as well as negative emotions (such as fear, terror, and helplessness) (Dye, 2018), Numerous empirical studies have shown that people who experienced childhood trauma have higher rates of mental disorders and emotional problems (Clements-Nolle & Waddington, 2018; Wang et al., 2020; Zhang et al., 2018). Trauma experienced as a child accounts for close to 30% of mental disorders or emotional issues (Kessler et al., 2010). According to Smith and Pollak (2020), the impact of childhood trauma on mental health may last well into adulthood and old age.

It is important to note that not all adults who experienced childhood trauma develop mental illnesses or emotional issues. Resilience may be a key protective factor for individuals who experienced childhood trauma because many do not exhibit any symptoms or do not experience long-lasting mental distress (Marks et al., 2020). Although the relationship between these resilience factors has not been fully investigated, a recent review suggested that social support and family functioning may be significant resilience factors of childhood adversity (Fritz et al., 2018). For the following reasons, it is crucial that adults look into resilience factors and how they interact in the relationship between childhood trauma and mental health. First, adults are gradually shifting their attention away from their families and toward their peers, schools, and communities. Adults may have opportunities to look for new resources and support to deal with their trauma and mental distress because the range of social interaction is wider during the adult period than it is during childhood (Fritz et al., 2018). Furthermore, interventions made in adulthood have the potential to lessen the detrimental effects of childhood trauma on neural plasticity and function (Smith & Pollak, 2020).

Therefore, the present study examined the effects of childhood trauma on adults' mental health, and explored the mediating role of resilience in association between childhood trauma and psychological distress. Recent large prospective studies have focused on the effect of child abuse on psychological distress. A positive correlation between childhood trauma and depressive symptoms was discovered in a cross-sectional study of Chinese teenagers (Ding et al., 2017).

According to some researchers, a person's vulnerability to adverse events may be increased due to childhood trauma, meaning that even seemingly unimportant events may later cause them to experience strong emotions (Rauschenberg, 2017). A study was conducted in which traumatic events and psychological distress were assessed. Chi-square analysis showed that students who have experienced interpersonal trauma were at higher risk for psychological distress compared to those who did not experience interpersonal trauma (Jeanne et al., 2016).

Two major risk factors for depression are trauma exposure and childhood abuse, which includes physical, sexual, or emotional abuse as well as serious car accidents, physical or sexual assault, and the sudden or unexpected death of a loved one (Alim et al., 2006). The fact that not everyone who experiences childhood abuse or other trauma develops psychopathology emphasizes the value of resilience, which is described as the ability to adjust successfully in the face of trauma or other stressful experiences (Alim et al., 2008).

Childhood trauma can affect adult's resilience level. Besides, some previous studies also supported the association between childhood trauma and resilience. These studies investigated the potential association among undergraduate students and found that childhood trauma was negatively associated with resilience (McLafferty, 2019). Literature on mental health issues also found that resilience has negative association with psychological distress.

Resilience has a negative association with psychological distress, which could be confirmed by a large number of previous studies (Ibarra-Rovillard, 2011). For example, a literature review summarized the evidence of the negative association between resilience and depressive symptoms. A possible explanation for the association is that resilience could be considered as interpersonal and emotional regulation. Negative emotions could be modified by

interpersonal and emotional regulation via attentional deployment or cognitive change (Marroquin, 2011). Therefore, we hypothesized that resilience may mediate the association between childhood trauma and psychological distress.

A cross-sectional study found that, under settings of identical levels of emotional neglect during childhood, those with high levels of resilience displayed fewer general psychiatric symptoms than those with low levels of resilience (Campbell-Sills et al., 2006). In another study, participants who had been subjected to physical or sexual abuse as children were followed for 30 years to see if adult psychopathology had emerged. It was found that some victims of severe abuse did not suffer from psychiatric problems at the time, despite their ordeal (Collishaw et al., 2007).

Similarly, a cross-sectional study discovered that some people had no lifetime psychiatric disorders despite having experienced traumatic events (Alim et al., 2008). These studies provide valuable insights into the impact of resilience on common psychiatric symptoms. However, there is still a need to pay more attention to resilience's effects on depression in particular and to trauma exposures other than child abuse. An exploratory cross-sectional study was conducted on Chinese adolescents revealed that. Resilience may have partially moderated the relationship between childhood trauma and depressive symptoms (Ding et al., 2017).

Rationale of Study

This study was conducted to examine the relationship between childhood trauma, resilience and psychological distress in adults. Moreover, the purpose of the study was to examine the mediating role of resilience in association between childhood trauma and psychological distress. Resilience helps us to understand how people react under great stress and adapt to the necessary measures. Everyone has the ability to cope with distressing calamities. We have to help the adults in their problematic time. So, this study can tell how we can help childhood trauma adults according to their distress and resilience level. All the adults included in the study will come to know about their resilience and distress level and they can be provided knowledge about this so they can cope with their problems easily. And this study can help clinicians and especially psychologists dealing with childhood trauma adults to enhance their resilience level and reduce their distress.

Conceptual Framework of the Study



Figure 1: Hypothesized self-constructed conceptual model of the study

Objectives

1. To examine the relationship between childhood trauma, resilience and psychological distress in adults.

2. To study the mediating role of resilience in the association between childhood trauma and psychological distress.

Hypotheses

1. Childhood trauma is hypothesized to be positively related to psychological distress.
2. Childhood trauma is hypothesized to be negatively related to resilience.
3. Resilience is hypothesized to be negatively related to psychological distress.
4. Resilience is hypothesized to mediate the relationship between childhood trauma and psychological distress.

Material and Methods

The methods section describes what was done to answer the research question, describes how it was done, justifies the experimental design, and explains how the results were analyzed.

Research Design

A correlation study was conducted using cross-sectional research design to assess the relationship between childhood trauma, resilience, and psychological distress in adults.

Sample

The sample size was calculated using G-power with the power of 0.95, alpha level of .05 and effect size of 0.15. The sample size turned out to be 120 adults. The data were collected using the non-probability purposive sampling strategy for this research. Data was collected from the participants who experienced a childhood trauma, which was measured through Minimization/Denial (M/D). With the age range 18-25. Those participants who experienced childhood trauma but had no psychological distress were not included (See Table 1 for sample characteristics).

Table 1

Demographic characteristics of university students (N=120).

Characteristics	<i>M</i>	<i>SD</i>	<i>F</i>	<i>%</i>
Age	21.30	1.58		
Gender				
<i>Men</i>			50	50
<i>Women</i>			50	50
Parents status				
<i>Living together</i>			103	85.8
<i>Separated</i>			13	10.8
<i>Anyone abroad</i>			4	3.5
Family background				
<i>Rural</i>			14	11.7
<i>Urban</i>			106	88.3
Family type				
<i>Nuclear</i>			98	81.7
<i>Joint</i>			22	18.3

Note: f=Frequency, %=Percentage

Measures

Childhood Trauma Questionnaire-Short Form (CTQ-SF). Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein & Fink, 1998) consists of 28 items, of which 25 measure childhood maltreatment (total), including five subscales of five items each, i.e., Emotional Abuse (EA), Physical Abuse (PA), Sexual Abuse (SA), Emotional Neglect (EN) and Physical Neglect (PN). Three items are designed to measure Minimization/Denial (M/D). All 28 items are constructed as statements beginning with the phrase When I was growing 1-5. Cronbach's alpha for the subscales ranges from 0.61 (PN) to 0.95 (SA) (Bernstein & Fink, 1998).

Brief-Resilience Scale (BRS). The Brief Resilience Scale (Smith et al., 2008) is a 6-item scale. Scoring is measured on a 5-point scale, adding the responses on all six statements with possible ranges from 6-30. Item responses range from Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. The value of Cronbach's $\alpha = .78$ for the current study (Smith et al., 2008).

Kessler Psychological Distress Scale (K10). The Kessler Psychological Distress Scale (Kessler, 2001) is designed to measure anxiety and depression through a 10-item questionnaire. The K10 consists of 10 items, each of which is scored on 5-point Likert scale, with higher scores indicating a higher level of distress. The items ask about the frequency of symptoms in the past 4 weeks. The total score ranges from 10 to 50, with a cut-off score of 22 or higher indicating a need for further assessment or treatment. The items of Kessler psychological distress scale are "During the last 30 days, about how often did you feel tired out for no good reason?", "During the last 30 days, about how often did you feel nervous?" etc. (Cronbach's alpha = 0.84).

Procedure

The research procedure was started by taking permission from the authors of the scales to be used in this research. The next step was the approval of the research topic from concerned officials. The questionnaires were developed and data collection process was held online and in person. The data collection was carried out in different universities of Lahore, Pakistan. The participants were given Informed Consent, a Demographic Information sheet, and a questionnaire of questions of three variables under study. All participants were necessarily to give their informed consent in writing before the study began, and they were informed about the purpose and nature of the study. All of the participant's questions about the study were answered. The average estimated time for completing the questionnaire by the participants was between 5 to 15 minutes.

Ethical Considerations

Consent was taken from participants. They were informed about their privilege to withdraw from the research whenever they need. The confidentiality of the data and anonymity of participants was maintained. Participants were saved from psychological harm involvement in the study.

Results

In order to examine the relationship between childhood trauma, resilience and psychological distress in adults, the findings of the current research are presented.

Table 2

Cronbach Alpha Reliabilities of Childhood Trauma Questionnaire, Brief Resilience Scale and Psychological (N = 120).

Variables	<i>M</i>	<i>SD</i>	<i>Range</i>	α
Childhood Trauma	44.71	5.55	30 – 52	.82
Brief Resilience Scale	15.19	3.56	13 – 24	.84
Psychological Distress	24.77	3.13	2 – 26	.76

Note. *M*= Mean, *SD*= Standard Deviation, α = Cronbach alpha reliability.

The Cronbach alpha Reliability calculated here revealed childhood trauma questionnaire, brief resilience scale and psychological distress scale's reliabilities.

Table 3

Correlation between study Variables. (N=120)

Variables	<i>M</i>	<i>SD</i>	2	3	5	6	7
Age	21.30	1.58	-.01	.00	-.14	.19*	-.16
Gender	1.50	.50	-	.17	-.04	.09	-.11
Family type	1.18	.38		-	-.03	-.04	.04
Child Hood Trauma	44.71	5.55			-	-.68**	.64**
Resilience	15.19	3.57				-	-.77**
Psychological distress	24.78	3.13					-

Table 2 revealed that there was significant positive correlation of childhood trauma with psychological distress which means that adults having more childhood trauma had more psychological distress. Psychological distress has significant negative correlation with resilience which means that adults having more resilience had less psychological distress.

Table 4

Direct and Indirect Effects for the relationship between Childhood Trauma and Psychological Distress through Resilience. (N=120)

Predictors	<i>B</i>	<i>SE</i>	<i>B</i>	<i>P</i>
Outcome: Resilience				
Constant	34.60			
Childhood Trauma	-.43	-.04	-.67	<.001
Outcome: Psychological Distress				
Constant	27.85			
Childhood Trauma	.12	.04	.21	.01
Resilience	-.55	.06	-.62	<.001
Indirect Effect				
	<i>Effect</i>	<i>BootSE</i>	<i>LLCI</i>	<i>ULCI</i>
Childhood Trauma->resilience->psychological distress	.23	.05	.13	.38

Note: *B* = unstandardized coefficient, *SE* = standard error; Bootstrap sample size = 5000. *LL* = lower limit, *CI* = confidence interval, *UL* = upper limit. *** $p < .001$

To test the mediating role of resilience in childhood trauma and psychological distress, analysis was run through Process by Hayes (2013). Table 4 revealed that childhood trauma negatively predicted resilience. Childhood trauma positively predicted psychological distress and resilience negatively predicted psychological distress. Indirect effects showed that resilience mediated the relationship between childhood trauma and psychological distress.

Figural representations of emerged models are presented in Fig. 1, showing the significant unstandardized regression weights for direct effects.

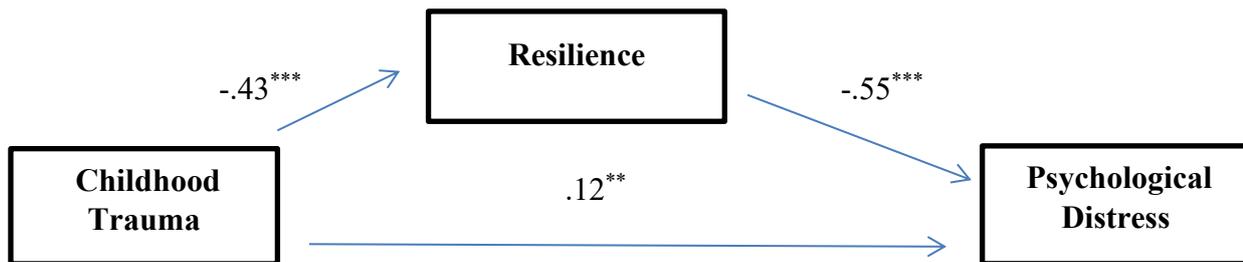


Fig. 2. Mediating effect of Resilience between Childhood Trauma and Psychological Distress.

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Discussion

The current study investigated the relationship between adult psychological distress and childhood trauma, further investigated the underlying mediation functions of resilience in this relationship. Childhood trauma is a painful event that may have a long-term impact on an adult's mental health. To reduce the negative effects, it is essential to first look at how childhood trauma affects mental health and to look at the resilience characteristics for those who experienced it. The current investigation has produced some worthwhile findings. In the current study, there was a positive correlation between childhood trauma and psychological distress, with resilience acting as mediating factor.

It was predicted that childhood trauma and psychological distress would be positively correlated. First, in line with other research, our findings showed that adult general distress could be favorably predicted by childhood trauma. The relationship between adults, college students, young criminals, and community-based adolescents was examined in these earlier studies (Clements-Nolle, 2019). It is better to stay away from childhood trauma. However, because maturity is a time of relatively rapid synaptic renewal compared to old age, it may be required to investigate the impact of trauma on mental health in adults if they had been exposed to traumatic situations during their infancy. Another study (Jeanne et al., 2016) justified the hypothesis, students who have encountered interpersonal trauma are more likely to experience psychological discomfort than their peers who have not. An earlier study discovered a connection between a history of emotional abuse and neglect and increased anxiety, sadness, posttraumatic stress, and somatic symptoms, as well as lifetime trauma exposure. Lifetime trauma, physical and sexual abuse, and depression were all significant predictors of both physical and psychological symptoms. Therefore, it may be required to investigate the impact of trauma on mental health in adults if they had been exposed to traumatic situations during their infancy (Spertus et al., 2003).

It was predicted that psychological discomfort would have a negative correlation with resilience. According to the findings, childhood trauma may negatively predict resilience (van

Harmelen et al., 2016), which is in line with earlier studies. Additionally, in keeping with other research, we discovered that resilience could forecast more favorable emotional states (Marroquin, 2011). According to a study by Clements and Waddington, programs and policies that support internal resilience and protective variables at various levels of influence may shield young offenders who have experienced trauma as children from experiencing psychological suffering. In addition, the findings confirmed our expectations that childhood trauma would affect psychological distress via resilience, indicating that childhood trauma affects psychological distress via resilience. So, this study justified our hypothesis (Clements & Waddington, 2019). The conservation of resource theory postulates that people employ crucial psychological resources like resilience, awareness, and self-esteem to deal with external stressors as well as use these resources for future needs (Hobfoll, 2011). Therefore, this theory supported our claim that a person with great resilience will have little psychological suffering.

Last but not least, it was predicted that resilience would act as a mediator in the relationship between psychological distress and childhood trauma. Our findings supported the hypothesis that resilience plays a mediation role in the relationship between psychological distress and childhood trauma. Previous investigations have provided support for these findings (Repetti, Taylor, Seeman, 2002). A study conducted on Chinese adolescents to understand the function of resilience in the association between childhood trauma and depressive symptoms validated our hypothesis. Resilience may have partially moderated the relationship between childhood trauma and depressive symptoms, according to research. Therefore, resilience is the crucial component for those adults who experienced childhood trauma (Ding et al., 2017).

Conclusion of the Study

Returning to the initial hypotheses of the study, it is now possible to say that childhood trauma may be a positive predictor of psychological distress among university students. Additionally, the relationship between childhood trauma and psychological discomfort was mediated by resilience. These results might help researchers and practitioners gain a more comprehensive knowledge of the emotional issues that adult survivors of childhood trauma face. Furthermore, our findings suggest that when creating therapies aimed at enhancing the mental health of adults who experienced childhood trauma, extra attention should be paid to increases in resilience.

Implications of the Study

Our findings may have several implications such as the development of awareness of resilience and psychological distress in adults with childhood trauma. The results of this study shed light on the necessity of developing therapies to increase adult resilience and lessen the long-term effects of psychological distress. Second, our findings may help social workers, psychotherapists, and psychological counselors make decisions based on solid data when dealing with the psychological discomfort of adults who have had traumatic childhood experiences. That is, it is essential to offer social assistance to these individuals and to assist them in improving their family functioning in real-world settings. Environmental and systemic factors play a role in the mental and emotional disorders that affect adults who have undergone childhood trauma.

Limitations and Suggestions

Despite the strengths and implications of the present study, several limitations should be acknowledged. First, the data were cross-sectional, which restricts the ability to draw causal inferences among the variables. Future research employing longitudinal designs is needed to clarify the causal relationships. Second, the reliance on self-report questionnaires introduces the possibility of subjective bias and recall errors. Subsequent studies may benefit from incorporating reports from individuals familiar with the participants, such as caregivers or close friends, to enhance the validity of findings. Third, the study did not examine the influence of specific personal factors on the mental health of adults with childhood trauma. Future

investigations should consider individual characteristics, including personality traits, emotion regulation styles, and cognitive patterns, to provide a more comprehensive understanding.

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