

# The Impact of Childhood Trauma and Psychological Resilience Among Children Living in Orphanages

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## Abstract

This is a research on the relationship between childhood trauma and psychological resilience of teenagers in orphanages. The research was performed on 120 teenagers ages 14-17. The CTQ-28 and CD-RISC-10 were used in the current research. A comparison of the data of the participants revealed the following order, reporting the CTQ-28 [M=61.61, SD=11.40] followed by reporting the CD-RISC-10 [M=25.05, SD=6.24]. In the course of determining the certified relationship between childhood trauma and psychological resilience of teenagers who stayed in an orphanage, the Pearson correlation test was used. The study found a weak but positive relationship between childhood trauma and psychological resilience of orphanage teenagers, but it was not significant ( $r=.144$ ,  $p=.118$ ). The recent research depicted that childhood trauma in itself does not influence the psychological strength of orphanage adolescents. It can be considered that many other factors are significant to promote the psychological strength of teenage residents of orphanages. More studies on this topic and many other variables are required.

**Keywords:** Childhood trauma, resilience, orphanage adolescents

## Introduction

The concepts of childhood trauma and resilience are crucial in developmental and clinical psychology, especially with reference to children who have been raised in institutions. Instance, teenage children have been raised in an orphanage. These girls or boys have huge sufferings behind them, they may have lost their parents or may have been deprived of care and emotional support. It is a vital stage of development for children, especially during their teenage and early childhood years. It may have a huge impact on how they can cope with their problems in life. Trauma during childhood has been associated with some psychological issues. It has been associated with emotional regulation and poor mental health, as researched by Bernstein & Fink (1998). On the other hand, resilience is vital as it buffers individuals and enables them to cope with their challenges despite the challenges they have in their lives (Connor & Davidson, 2003). However, the relationship between trauma and resilience is complex. According to study findings, there is a negative correlation regarding trauma. Other research says that we can be resilient no matter what the trauma is. Moreover, the majority of research that is being conducted pertains to either clinical populations or to very large demographic populations. But there is little that considers either teens living in orphanages or teens who seek shelter in the Indian context. This clearly indicates the necessity

of obtaining a more comprehensive understanding of trauma and resilience for this population. The research is conducted to explore the association between childhood trauma and resilience of the children living in orphanages. This study elaborates on the direction in which such orphaned children might emerge and how do they cope with their changed environment, and this study determines the emotional growth and development of such orphaned adolescents in an institutional setting. The conclusions and outcomes of this study can help to develop intervention programs and policies related to psychological health care for such orphaned adolescents.

### **Review of literature**

Dhungana et al. (2022) investigated whether childhood trauma and resilience expected to influence the quality of life of psychiatric outpatient patients based on a study in Nepal. This was a cross-sectional and standardized instrument-based study used the collected data from all, this data was examined to analyze the relationship between childhood trauma, resilience and quality of life. The result showed that as childhood trauma increased, quality of life decreased and resilience was positively related to quality of life and protect the improvement of QoL. Resilience was found to have a mediating effect between childhood trauma and QoL.

Li et al. (2016) examined the association between childhood trauma and resilience, and the role of resilience played in coping skills in terms of adverse childhood event. Their findings indicated that patients with impact of childhood trauma identified as being less resilient in coping skills and therefore more vulnerable to future mental health problems such as depression and anxiety. However, support and adaptive coping strategies have the effect of empowering individuals. The study however, found the conclusion that resilience was substantially effective in counteracting the negative effect of childhood trauma on mental health.

Ozaslan et al. (2023) analyzed the connection between childhood trauma and psychological resilience with the help of a heterogeneous sample. Their review established that the more childhood trauma, the less resilient one becomes, especially the emotional and physical neglect. On the other hand, people who have a good emotional regulation ability and social networks were more resilient. To conclude, although childhood trauma has negative implications on resilience, some individual and environmental variables can be used to reduce this effect.

### **Methodology**

#### **Aim**

The objective of this study is to research the impact of trauma experienced in childhood on the resilience of children living in orphanage.

#### **Objectives**

- To estimate the range of childhood trauma across orphaned children.
- To measure the psychological resilience of children in an orphanage.
- To explore the association of childhood trauma with psychological resilience in children from orphanages.

#### **Hypothesis**

**(H<sub>0</sub>):** There's no significant relationship between childhood trauma, and psychological resilience among

children living in orphanages.

### **Research Design**

The current study pursued a correlational, quantitative research design to examine the correlation between psychological resilience, and childhood trauma, among children in orphanages. This design has been used because, through it, one can easily understand how early negative experiences relate to resilience without interfering with the natural living environment of the children. Through the examination of the current state of affairs, the study will be able to acquire valuable information regarding the effect of childhood trauma on resilience in this vulnerable population.

### **Sampling design**

The sampling is purposive, a non-probability sampling technique whereby the participants are chosen on purpose depending on certain factors that are applicable in the study and the study population.

### **Sample size**

The sample is 120 people between the ages of 14 and 17 years in institutionalised orphanages.

### **Inclusive Criteria**

- Orphanage children between 14 and 17 years.
- Those students who have lived in the orphanage not less than half a year.
- Those students who can read, comprehend, and answer the questionnaire.

### **Exclusive Criteria**

- Students whose age is less than 14 years or older than 17 years.
- Severe physical, cognitive, and emotional students who might have a problem responding to the questionnaires.
- Students who can neither read nor comprehend the questionnaire.

### **Data Collection**

Collection of data will be done using the offline method, and questionnaires will be given to the respondents. The participants will provide the demographic data, and then answer the two standardized scales.

### **Tools used**

- Childhood Trauma Questionnaire (CTQ-28)
- Connor-Davidson Resilience Scale (CD-RISC-10)

### **Tool description**

1. Childhood Trauma Questionnaire is a self-report measure is employed to determine childhood maltreatment. It comprises of 28 items that address five domains. Include emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The responses will be rated on the five-point Likert scale of Never True, Rarely True, Sometimes True, Often True, and Very Often True.

An increased score shows increased childhood exposure trauma. CTQ-28 enjoys great popularity among research work because of its reliability and validity.

- The CD-RISC-10 is a short self-report instrument designed to assess psychological resilience or the capacity to handle stress and recuperate after adversity. It includes 10 items that are positively phrased and have to be rated on a 5-point Likert scale ranging between 0 (not true at all) and 4 (true nearly always). The total scores are measured at 0 to 40 where high scores are evidence of a stronger resilience. The scale is reliable and valid and can be used with adolescents.

**Procedure**

The respondents were approached individually. Before they were requested to participate in the study, they were briefly explained the objectives of the study and instructions clearly, then the participants were given Childhood Trauma Questionnaire (CTQ-28) and Connor-Davidson Resilience Scale (CD-RISC-10). Later, the participants received the questionnaire and the data was collected immediately after it was completed.

**Statistical analysis**

The relationship between psychological resilience and childhood trauma was estimated with the help of Pearson product-moment correlation.

**Result**

This chapter discusses the results and interpretation of the analysis done to understand the relationship between resilience and childhood trauma among orphanage teenagers.

**Table 1: Descriptive statistics showing the mean and standard deviation of Resilience and Childhood Trauma.**

Variables	Mean	Standard Deviation	N
Resilience	25.05	6.241	120
Childhood Trauma	61.61	11.401	120

Descriptive statistics show that there were 120 subjects in the sample. The average mean resilience measured 25.05, the standard deviation was 6.241. With regards to childhood trauma, the mean score was 61.61, the standard deviation was 11.401. On the whole, the descriptive statistics demonstrates that both variables are not only very variable within the sample but also they can be used to perform the analysis of correlation. Nonetheless, the fact of variability does not in itself point to the existence of relationship between the two variables.

**Table 2 : Correlational analysis showing the relationship between Resilience and Childhood Trauma**

Variables	Pearson’s Correlation (r)	Significance (p)	Decision
Resilience & Childhood Trauma	.144	.118	Accept H <sub>0</sub>

The correlation coefficient was  $r = .144$ , indicating a very weak positive correlation between the two variables, and the significance level was  $p = .118$ , which was not statistically major. The null hypothesis that there's no major relationship between the two variables of resilience and childhood trauma is, so accepted. The lack of any real relationship suggests childhood trauma doesn't determine the levels of resilience in young people in this sample. It supports the multidimensional aspect of psychological adaptation and suggests which although some people may have experienced childhood trauma, resilience can still be achieved and is not influenced by previous traumatic experiences. the correlation was positive, plus being very weak.

### Discussion

The objectives of present study was to explore the relationship between resilience and childhood trauma in adolescents Resilience is the ability to overcome the difficulties in life Childhood trauma involves those traumatic experiences that can be received in the very beginning and have long-lasting consequences Most of the researchers indicate that you have more trauma your influence will be weaker However the result was not really in favor of that, The relationship between trauma and resilience was non-significant statistically ( $p=.118$ ) although the direction of relationship was weak positive ( $r=.144$ ). Thus, the fact that the childhood was hard didn't necessarily make someone weaker Just because you have less negative experiences doesn't mean you are pre-conditioned to better respond to negative stimuli. The most interesting thing is that there are many factors influencing resilience such as personality, coping skills, emotional intelligence, social supports and education. Some people actually leave behind hardship or a crisis much more capable of thriving and resilience The person's way of dealing with his or her life can be benefited for example by mental health, relatives or friends or a support programs. The role of resilience is moving away from the past, the person's personality, social relations and regulation of feelings are more significant. As a result, simply knowing someone childhood trauma information cannot tell us much about his or her resilience coping mechanisms and emotional control should be considered and their sources of support should be looked. In conclusion, the relationship between resilience and childhood trauma is a complicated issue It is positive that persons who faced childhood trauma can also become resilient and childhood maltreatment does not determine the future of a person.

### Conclusion

According to the results of this research, it is possible to conclude that childhood trauma does not show any statistically significant direct correlation with resilience in the participants of this research. Even though the trauma is often interpreted as a process that can hurt the strength of the psyche, the findings prove that the negative childhood experience does not necessarily weaken resilience. Rather, it seems that resilience is a complicated interaction of dynamic and interacting factors, which are not limited to early life events. The results highlight the ability of human people to develop, adapt, and heal even in the face of a challenging start. Therefore, childhood trauma is not the only determinant of the current level of resilience in an individual since a greater number of life experiences and protective factors influence psychological outcomes.

### Limitations

Although this research provides us with some neat information on resilience and childhood trauma, we should remember several issues. The self-report questionnaires were also used, which may also result in

biased results through self-report, as the respondents may have minimized or may have exaggerated the trauma experiences as a result of lack of memory or simply lacking the desire to present oneself favourably in social circles. One more aspect is that we did not even examine the subscales. Other significant aspects were also not considered in the study such as social support, coping mechanisms, characters, and the availability of the person to therapy which should be the real determinants of how resilient a person is.

### Recommendations

Future research must take into account conducting research on a large and more diverse sample to increase the external validity of the research. The incorporation of more variables, such as coping mechanisms, emotional management, social support systems, as well as cues of mental health, can provide a better insight into the processes through which resilience is developed in individuals with a history of childhood trauma. The use of qualitative methods, including in-depth interview procedures, may also be used to give more detailed information on personal stories of trauma and resilience that cannot be captured by the use of merely quantitative methods.

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