Childhood Adversity, Resilience, And Psychopathological Symptoms Among Young Adults

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Abstract

Adverse childhood experiences (ACEs) are thought to increase the likelihood of developing psychopathological symptoms as adults. The current study aimed to investigate the relationship between ACEs and psychopathological symptoms like depression, anxiety, and stress in young adults and the mediating role of resilience in this relationship. Participants were young adults (n=297) aged 18-24 years drawn from three public universities, in Faisalabad city of Pakistan in 2023. The participants were asked to fill out self-report questionnaires, including demographic sheet, childhood trauma questionnaire, resilience scale, and depression, anxiety, and stress scale. Results indicated a significant positive correlation between ACEs and psychopathological symptoms while psychological resilience was found to be negatively correlated with ACEs and psychopathological symptoms. Resilience played a partially mediating role in the relationship between ACEs and psychopathological symptoms. One of the study's drawbacks is that it used self-reported instruments and was cross-sectional. We conclude that resilience might be a significant factor in the connection between psychopathological symptoms and ACEs. Our findings imply that building resilience may open up new avenues for the treatment and prevention of depression, anxiety, and stress in young adults with a history of childhood adversity.

Keywords: *Adverse childhood experiences, psychosocial resilience, depression, anxiety, stress.*

Introduction

The United Nations Declaration of the Rights of the Child, which was established in 1959, stipulates that children should live in harmony and in a society that upholds principles of respect for human dignity, patience, equality, liberty, and solidarity (Svecov[1]a et al., 2023). If a child experiences adversity, such as abuse, neglect, or social distress, these principles are breached (Pinto et al., 2021). World Health Organization stated that every type of physical and mental abuse, neglect, or mistreatment of children that puts them in danger both personally and through indirect means is referred to as childhood adversity and traumas (Dhondt et al., 2019). In connection to childhood development, adversities are events that have the potential to

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radically affect the realms of emotion, cognition, social interaction, or neurobiology. Childhood adversity (ACEs) generally refers to five basic forms of abuse and neglect, including physical, sexual, emotional, and both physical and emotional neglect (Cruz, 2023).

ACEs may impact the functional capacity and coping of a child. Unfortunately, it happens far too frequently that it is estimated that 45% of children experience adversity at some point in their lives (McLaughlin, 2020). Since prevalence rates vary widely between countries and are sometimes underestimated it is challenging to estimate the exact degree of child abuse. Variations in reported numbers can be explained by changes in the type of ACEs being examined, the features of the population being tested, or even changes in how ACEs are defined (Madigan et al., 2019).

Research estimates that up to one billion children between the ages of two and eighteen may have been victims of physical, sexual, or emotional abuse or neglect worldwide (Fu et al., 2018) According to Poole et al, (2017) before the age of 18, one in seven children may be the victim of abuse or neglect. Six children every day lose their lives to abuse-related injuries, and more than 1,000 children visit emergency departments for care. Numerous studies have shown that adverse childhood experiences (ACE) have a cumulative effect that increases the likelihood of developing physical and psychological symptoms as adults (Sweeting et al., 2020; Copeland et al., 2018). Many psychopathological symptoms, such as depression, anxiety, and stress, are linked to CAEs (Yu et al., 2022). Klumparendt et al. (2019) used a large community sample to investigate the association between ACEs and depression in adults. The result revealed a significant positive correlation between ACEs and adult depression.

Even though individuals with mental illnesses frequently attribute unpleasant childhood experiences as a cause of psychopathology, not everyone who experienced traumatic events as a child will go on to develop psychopathology (McLaughlin et al., 2020). Psychological resilience has been empirically demonstrated to have a moderating influence on the link between adverse childhood events and adult psychopathology (Poole et al., 2017). It has been recognized as one of the preventive aspects that might attenuate the possibility of this route (Yang et al., 2022).

Multiple definitions exist for psychological resilience. It often implies the manner that involves a successful adjustment to and overcoming stressful events in life (VanMeter & Cicchetti, 2020). Since it has the potential to lessen the harmful effects of adversity events and so delay the onset of anxiety-related mental health conditions, resilience has attracted the attention of investigators and professionals (Zhang et al., 2021).Copious research investigated how psychological resilience affected the association between CAEs and psychopathology, either by moderating or mediating it (Lee et al., 2018; Vieira et al., 2020).

A study conducted by Vieira et al. (2020) revealed that resilient individuals may be partially shielded from the depression-causing effects of childhood adversity. However many studies concluded that People with low psychological resilience are more vulnerable to unfavorable situations which raises their chances of acquiring psychopathology (Shapero et al., 2019; Lee et al., 2018). Previous research reported that negative emotions are positively predicted by low psychological resilience (Anyan & Hjemdal, 2016; Min et al., 2015).

In light of the considerable correlations between CAEs and psychopathology identified in earlier studies, the present study sought to determine the relationships between the above-mentioned variables in young adults of Pakistan. Evaluating resilience's function as a mediator in the links between childhood trauma and adult psychopathology was the explicit goal.

Objectives

The present study was conducted to achieve the two main objectives
1. To ascertain whether early adversity and subsequent psychopathological symptoms in Pakistani young people are related.

2. To investigate the role that resilience plays as a mediator in the association between childhood adversity and later psychopathological symptoms in young people.

Hypotheses
1. Adversity in childhood was thought to positively correlate with psychopathological symptoms in young adulthood.
2. Childhood adversity would be negatively correlated with psychological resilience.
3. Psychological resilience would be negatively correlated with psychopathological symptoms among young adults.
4. Adversity in childhood and psychopathological symptoms in young adulthood would be mediated by psychological resilience.

Material and Methods
This study was conducted at Government College University Faisalabad after the approval from Advanced Studies and Review Board.

Participants
In this study, a cross-sectional research strategy was adopted. In all, 293 young adults from three public universities in the Pakistani city of Faisalabad—men (51.2%) and women (48.8%) with ages ranging from 18 to 24 (M=20.31 SD= 1.50) participated in the study.
The sample was selected through a convenient sampling technique.

Measures
The following assessment measures were used in the study.

Demographic Data Sheet: A questionnaire regarding fundamental demographic information, such as age, gender, and education, education area, employment status, residential area, as well as family structure, was filled out by the participants.

Childhood trauma Questionnaire (CTQ) (Bernstein & Fink, 2003).
CTQ is a measure that is frequently employed to evaluate adversity in childhood. This metric comprises five subscales that evaluate exposure to maltreatment during childhood: physical abuse, emotional abuse, sexual abuse, and physical and emotional neglect.
Each subscale has a distinct cutoff point that corresponds to a level of severity such as none or minimal, low to moderate, moderate to severe, or severe to extreme. The original form of the CTQ has been shown to have high psychometric qualities across studies, with Cronbach's alpha ranging from .81 to .92 and test-retest reliability coefficients from 71 to 86. (Hagborg et al., 2022).

The Resilience Scale (Wagnild, 2011).
The 14 items on the RS-14 scale, each measure a different aspect of psychological resilience. On a 7-point Likert scale, each item is rated. The five essential components of resilience—purpose, perseverance, self-reliance, equanimity, and authenticity—are measured by RS14. High levels of resilience tendencies are indicated by higher scores. Previous studies using adult and adolescent samples have demonstrated the scale's high reliability. Cronbach's alpha for this questionnaire ranges from 89 to .96. (Abiola, & Udofia, 2011; Surzykiewicz et al., 2019).

Depression, Anxiety and Stress Scale (DASS- 21) (Lovinbond & Lovinbond, 1995).
The Depression, Anxiety, and Stress Scale (DASS-21) is a composite of three self-report measures used to assess depression, anxiety, and stress that has twenty-one items in it.

Each sub-scale has a total of seven items. The symptoms associated with depression include dysphonia, hopelessness, devaluing life, self-criticism, lack of interest or involvement, anhedonia, and fatigue, all of these symptoms are measured by the depression scale.

Nervous activity, muscular effects, environmental nervousness, and the personal perception of apprehensive affect are all measured by the anxiety scale. The levels of chronic undifferentiated tension can be measured using the stress scale. It evaluates concerns with being impatient, irritable, or overly sensitive, as well as challenges with calmness, nervousness, and a tendency to become upset or irritated readily. The answers to the relevant questions are added to determine the scores for depression, anxiety, and stress. The original form of DASS-21 demonstrated a 0.90 Cronbach's Alpha reliability score (Le at al., 2017).

Procedure
To fulfill the requirements of the present research a sample of 300 young adults was selected by convenient sampling technique from three public sector universities in Faisalabad Pakistan. Formal permission from the authorities of relevant universities was sought. Participants' informed consent was obtained before any data collection began, following an explanation of the purpose and advantages of the study. Every participant received assurances on the confidentiality of their data.
Additionally, if they were uncomfortable, they could opt out of the study. A total of 297 young adults made up our final sample after we eliminated 7 forms because of missing data.

Data analysis
With SPSS 23.0, the data was examined. Preliminary assessments of the associations between resilience, ACEs, and symptoms of depression, anxiety, and stress have been performed using Pearson's product-moment correlation coefficient analysis. Regression analysis was conducted to find the predictors of psychopathological symptoms. Mediation analysis were run using PROCESS (Model 4).

Results

Table. 1 Demographic Characteristics of study variables (N = 293)

Variables	Groups	f(%)	M(SD)
Age			20.3 (1.50)
Education			15.57(1.21)
Family size			7.13(1.48)
Education field	Bioinformatics	60(20.5)	
	Economics	96(32.8)	
	Law	17(5.8)	
	Mathematics	120(41.0)	
	Total	293(100)	
Employment	Working	72(24.6)	
	Non-working	221(75.4)	

	Total	293(100)
Residence	Urban	148(50.5)
	Rural	145(49.5)
	Total	293(100)
Family System	Joint	126(43.0)
	Nuclear	167(57.0)
	Total	293(100)

Table: 1 shows the demographic characteristics of the study variables.

The mean age of the participants was 20.3 years (SD = 1.50), with an age range of 18 to 24 years. Regarding the education level, they were in their 13th to 18th year of education (M=15.57, SD= 1.21). Participants were selected from Bioinformatics (20.5%), Economics (32.8%), Law Department (5.8 %) and Mathematics (41.0%) disciplines. A substantial portion of the participants (75.4%) was nonworking, while the remaining participants (26.6%) were working. They lived in nuclear families (57.0%) and in joint families (44.0%). Regarding their residing area, 50.5% of them were from urban areas, and 49.5% were from rural areas of Faisalabad Pakistan.

Table. 2 Reliability coefficients for study measures (N = 293)

Scale	No. of items	Cronbach's Alpha
CTQ	28	.83
RS	14	.85
DASS	21	.87

Note: CTQ= Child hood trauma questionnaire, RS= resilience, DASS= depression, anxiety stress scale.

The internal consistency of the measures employed in the current investigation is displayed in Table 2. The findings showed that the Cronbach's Alpha range for all measures was.83. to .87.

Table. 3 Inter correlation between study variables (N=293

Variables	1	2	3	4	5	6	7	8	9	10	11
CTQ	1										
RS	-.45***	1									
DASS	.52***	-.60**	1								
Depression	.47***	-.53**	.90***	1							
Anxiety	.49***	-.52**	.87***	.70**	1						
Stress	.40**	-.54**	.86***	.61***	.67***	1					
Physical abuse	.59**	-.25**	.31**	.29***	.34***	.29***	1				
Emotional abuse	.71**	-.45**	.63**	.39**	.55***	.55***	.39***	1			
Sexual abuse	.66**	-.30**	.35**	.38**	.44**	.55***	.29***	.46***	1		
Emotional neglect	.54**	-.30**	.28**	.32**	.35**	.29**	.35***	.29***	.46***	1	
Physical neglect	.46**	-.24**	.24**	.41**	.27**	.27**	.35*	.41***	.27***	.27***	1

Note= *p < .05, **p < .01, ***p < .001, CTQ= Child hood trauma questionnaire, RS= resilience, DASS= depression, anxiety stress scale.

Table: 3 indicates the correlation coefficient among study variables. The table includes variables like childhood adverse experiences (CTQ), psychological resilience, and psychopathological symptoms (DASS). Physical abuse, emotional abuse, sexual abuse, physical and emotional neglect. All the correlations are significant at p < 0.001 level. Table shows that total scores as well as scores of subscales of Childhood adverse experiences are significantly positively correlated with total scores of psychopathological symptoms. A high magnitude of correlation is found between emotional abuse and psychopathological symptoms followed by sexual abuse. While psychological resilience was found to be significantly negatively correlated with CTQ and psychopathology.

Figure: 1 Psychological resilience acted as mediator between childhood adverse experiences and psychopathological symptoms among young adults N=293
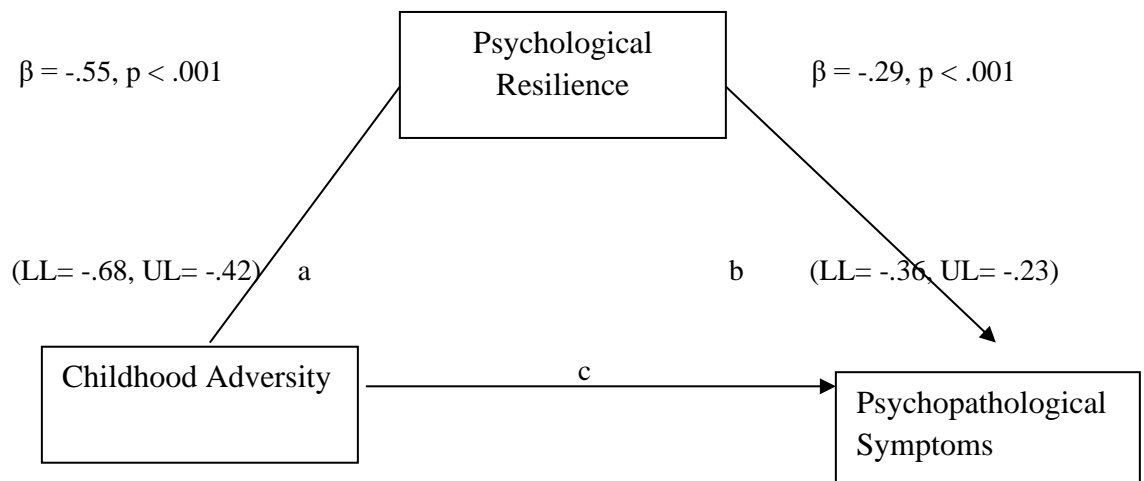
$$c= .31, p< .001 (LL=.36, UL=.23)$$

$$C'= .52, p< .001 (LL=.33, UL=.49)$$

Discussion

The goal of the present research was to investigate the relationships that exist between childhood adversities, resilience, and psychopathological symptoms (such as depression, anxiety, and stress) in young adults in Pakistan. We also assessed psychological resilience's mediation function in the association between ACEs and psychopathology symptoms. Pearson product-moment analysis indicated a significant positive correlation between childhood adversity and psychopathological symptoms. The degree of correlation was found to be consistent with previous research findings that demonstrate a significant direct link between ACEs and psychopathology (Copeland et al., 2018). Our results demonstrated that in addition to the overall scores of ACEs and psychopathology, the scores on subscales of ACEs had a significant positive correlation with the subscale of psychopathology, such as the depression, anxiety, and stress scale. It may seem unusual that traumatic events years ago might have an impact on one's mental and emotional well-being. But both the wonderful and the bad from our childhoods have an impact on who we are. Previous research supported our findings (Aafjes et al., 2020, Karaca et al., 2021). Stress sensitization theory also supported our outcomes by elaborating that Adversity in the past may make one more sensitive to current stress, which may increase symptoms of depression (La Rocque et al., 2014). Stress in early life caused the central nervous system (CNS), the corticotrophin-releasing factor system (CRF), and other neurotransmitter systems to become continuously hyperactive and sensitized. Early-life stress leads to persistent hyperactivity and sensitization of the neurological system (CNS), corticotrophin-releasing factor system (CRF), as well as other systems that produce neurotransmitters (Weltz et al., 2016).

The cognitive model proposed by Baker postulated that any kind of childhood trauma may lead to dysfunction in the social, cognitive, or psychological domains of an individual in adult life and can increase the chances of producing depressive symptoms (Rosa · 2023).

Our study found a significantly higher magnitude of relationship between ACEs and anxiety symptoms than with ACEs and symptoms of depression and stress. The Previous researches that explore the relationship between ACEs and the present symptoms of psychopathology in adults are in line with our findings (Kuzminskaite, et al., 2021; Kascakova et al., 2020).

In this study, emotional maltreatment was an indicator of greater scores across the board for psychopathology. Rehan et al. (2019) demonstrated in a prior study how a single instance of emotional abuse during childhood increases the likelihood of psychopathological signs in adulthood when compared to a non-abusive history.

Emotional abuse can be especially detrimental because it may not have immediate visible signs of harm and may remain unrecognized for a considerable time (Berzenski, et al., 2019). A higher frequency of emotional abuse has an impact on the higher occurrence of later psychopathology (Rehan et al., 2019).

In the current study, CAEs had an indirect impact on psychopathological symptoms via psychological resilience in addition to a direct impact. Results indicated that the association between the total scores of ACEs and the total scores of psychopathology was found to be partially mediated by psychological resilience. Ungar (2013) proposed that people utilize resilience to channel resources toward health, which they may require under difficult life circumstances. Resilience is also utilized to influence family, society, and culture to provide resources in ways that may enhance mental health. However, experiencing a significant adversity early in life might influence a person's perspective on the world and make it difficult for them to cope with adversity, which can lead to a variety of psychopathological symptoms.

Our findings are consistent with the existing literature that suggests that resilience plays a role as a mediator between CAEs and psychopathology in adults (Vieira et al, 2020).

Limitations and suggestions

The present research has some limitations. First due to the cross sectional in nature causal link between childhood adversity, psychological resilience, and psychopathological symptoms was not clarified completely in the present study. Therefore, additional research is required to assess the causal connection between the aforementioned variables. Secondly, we collected data using self-report measures. Both the history of CAEs and psychopathological symptoms may be over- or underreported by the individuals. Thirdly, considering that childhood adversity is a wide concept that can include characteristics outside of the five types of traumas identified by the self-report CTQ-SF, future studies should employ systematic individual interviews to learn more about childhood trauma in depth. Furthermore, because we only collected data from university students, it is still not obvious whether our findings apply to the clinical population or people who have been given a diagnosis of a particular psychological disease, such as depression, anxiety, or stress. To test the validity of our findings, future research should enlist additional clinical participants. Finally, Future studies can examine the mechanisms underlying other mediators, as this one examined the role of mediation of psychological resilience in the association between psychopathological symptoms and childhood adversity. Notwithstanding the aforementioned drawbacks, the present research has significantly contributed to the understanding of resilience's involvement in the relationship between psychopathological symptoms and childhood adversity. Our research may be useful in recommending interventions for depression, anxiety, and stress in young adults in Pakistan.

Conclusion

The results of the current study show a strong correlation between resilience, ACEs, and psychopathological symptoms in young adults. Our research revealed a mediating role for psychological resilience in the relationship between ACEs and psychopathological symptoms, suggesting that ACEs may reduce psychological resilience that contributes to the development of depression, anxiety, and stress in adulthood. Thus, enhancing psychological resilience in people may aid them in effectively managing adverse life experiences and preserving improved psychological and physical well-being ramifications.

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