

Understanding the Impact of Childhood Experiences on Current Level of Resilience Among Youth

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<https://doi.org/10.62345/jads.2025.14.2.116>

Abstract

Childhood experiences include both positive and negative experiences. These childhood experiences have a significant effect on an individual's psychological strengths, such as Resilience. The objective of the study was to measure the correlation between positive childhood experiences (PCE) and adverse childhood experiences (ACE) with Resilience and to explore the differences in mean scores. The data were collected from 170 university students, aged 18 to 40. The findings depicted a non-significant negative correlation between adverse childhood experiences and Resilience, and a significant positive correlation between positive childhood experiences and Resilience in young age. The results revealed that the score distribution of the Adverse Childhood Experiences Questionnaire was moderately positively skewed, showing that a majority of participants reported fewer childhood experiences of a negative nature. Scores on the Positive Childhood Experiences Scale and Brief Resilience Scale were reasonably skewed. The results of the study further indicate that there are non-significant mean score differences between boys and girls on adverse and positive childhood experiences. Still, there is a significant difference in mean scores on Resilience. These findings are discussed in the light of past research.

Keywords: Adverse Childhood, Childhood Experiences, Resilience, University Students.

Introduction

Childhood experiences have a profound impact on an individual's mental and physical health, as well as overall well-being. Adverse experiences, such as exploitation or domestic dysfunction, are associated with increased psychological distress. On the other hand, benevolent experiences—such as supportive affiliations and harmless atmospheres—can foster Resilience and mitigate the adverse effects of adversity. These experiences are fundamental in shaping developmental routes and future outcomes (Hou et al., 2022).

Adverse Childhood Experiences (ACEs)

According to the APA Foundation, adverse childhood experiences (ACEs) are potentially traumatic or stressful events that occur during a person's first 18 years. These experiences can significantly impact healthy development and long-term well-being, emphasising the need to reduce adverse childhood experiences to support positive outcomes throughout life (APA Foundation, n.d.). According to Madison County (n.d.), Adverse Childhood Experiences refer to traumatic events that happen to children between birth and age 17. These experiences mainly

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fall into three categories: abuse, neglect, and challenges within the household. Recent studies have also recognised other forms of adverse experiences, such as bullying, violence in the community, and natural disasters. Experiencing ACEs can increase the likelihood of developing health problems, facing early mortality, and encountering difficulties in social functioning later in life.

Positive Childhood Experiences (PCEs)

According to the APA Foundation (n.d.), positive childhood experiences involve supportive relationships and stable environments that contribute to a child's emotional and physical development. These experiences—such as loving family bonds, strong peer connections, and community engagement—play a crucial role in promoting Resilience and long-term health, even reducing risks despite exposure to adversity.

Positive childhood experiences are meaningful and supportive interactions that occur during a child's formative years. These experiences play a vital role in shaping a child's physical, mental, cognitive, and emotional development, fostering qualities such as confidence, independence, and responsibility, as noted by Berkowitz and Grych (1998). Effective communication and problem-solving skills are key components for nurturing positive experiences in childhood. Such experiences also support the development of emotional intelligence, Resilience, self-control, and creativity. They help children build strong social skills and cultivate positive attitudes and values, which contribute to long-term well-being and success (Daines et al., 2021; Crouch et al., 2023; Woodward et al., 2023).

Resilience

Resilience (Psychology Today, n.d.) is the psychological aptitude that enables individuals to recover from life's challenges and appear at least as strong as before. Rather than being overwhelmed by difficulties, trauma, or failures, highly resilient people adjust, heal emotionally, and continue chasing their objectives. As defined by the American Psychological Association (2023), Resilience involves adapting efficiently to challenging or stressful life situations through mental, emotional, and behavioural flexibility. Numerous factors influence a person's ability to cope with adversity, including their worldview, access to social support, and the coping mechanisms they employ.

The concept of Resilience gained prominence during the 1970s and 1980s, mainly due to psychologist Emmy Werner's landmark 40-year study of children in Hawaii who were raised in low-income environments. Her research revealed how some children managed to thrive despite adversity (Werner, 1989). The study, along with later contributions from resilience scholars such as Southwick et al. (2014), helped shape our modern understanding of resilience. Effective communication and problem-solving skills are key components for nurturing positive experiences in childhood. Such experiences also support the development of emotional intelligence, Resilience, self-control, and creativity. They help children build strong social skills and cultivate positive attitudes and values, which contribute to long-term well-being and success (Daines et al., 2021; Crouch et al., 2023; Woodward et al., 2023).

Literature Review

A study conducted by the Department of Psychiatry, College of Medicine, Qassim University, Buraydah in Saudi Arabia revealed that Childhood experiences from birth to adolescence, deeply influence an individual's development and has a long-lasting effect on physical, emotional, and social well-being, and ultimately determining future behaviors, cognitive patterns, and overall health (Alsughier, 2024).

Results of a study by Widyorini et al. (2022) have reported significant correlations among adverse childhood experiences and Resilience. Positive childhood experiences were observed

to be a strong predictor of Resilience in a study with university students by Narula and Tara (2023). The link between positive and adverse childhood experiences and adulthood resilience was explored in Portuguese adults, and a significant negative association of adverse childhood experiences was observed with positive childhood experiences and Resilience (Matos et al., 2023)

Bhargav and Swords (2023) examined the influence of adverse childhood experiences and positive childhood experiences on mental health outcomes among college students, using Resiliency Theory as a framework. The study's results underscored the importance of fostering positive experiences and mitigating adverse childhood experiences in early life.

In a sequential mixed-methods Chinese study, Ho et al. (2020) studied the role of Resilience in the link between ACEs and mental health outcomes. These findings emphasise the importance of sociocultural context in shaping young adults' Resilience in response to early adversity.

Morgan et al. (2021) conducted a systematic review and meta-analysis to examine the association between adverse childhood experiences (ACEs) and psychological Resilience in youth. Their analysis focused on individuals aged 0 to 35. The results indicated a significant negative relationship between ACEs and Resilience, demonstrating that higher exposure to adverse childhood experiences is linked to lower psychological Resilience.

Narayan et al. (2021) focused on the role of positive childhood experiences (PCEs) and found that individuals with high levels of PCEs reported greater self-esteem and Resilience. A systematic review by Liu et al. (2021) further confirmed that ACEs are significantly and negatively associated with Resilience, while supportive family environments mitigate these effects.

The study by Leung et al. (2020) conducted a qualitative systematic review of 13 studies involving 277 emerging adults aged 18-35 from six countries. The results found that children who experience ACEs can develop into resilient adults, thanks to the social support they receive as they mature.

Family structure is another critical demographic variable that influences childhood experiences and Resilience. Gupta and Singh (2011) investigated how family type (Joint-Joint, Joint-Nuclear, and Nuclear-Nuclear) affects Resilience among individuals. Their results indicated that individuals born and raised in joint families (Joint-Joint) exhibited higher Resilience compared to those from nuclear families, likely due to stronger social support and collective problem-solving environments. Similarly, Khan and Bano (2018) conducted a study on adolescents and found that those from joint families demonstrated significantly higher emotional and spiritual intelligence. The extended support network of joint families contributed to the development of better interpersonal skills, enhanced coping abilities, and improved psychological well-being.

Hypotheses

H1: Adverse childhood experiences significantly negatively predict Resilience among university students.

H2: Positive childhood experiences significantly positively predict Resilience among university students

Methodology

This study employed a cross-sectional survey with a correlational design to investigate the relationship between childhood resilience and Resilience in young adults at the university level. It also explored differences across the genders of the students.

Participants and Instruments

The study used a convenience sampling technique to include 170 university-going male (n = 76) and female (n = 94) students from the University of Balochistan, Quetta. Informed consent

was obtained from all participants to ensure confidentiality, voluntary participation, and the right to withdraw at any time. A demographic information sheet collected basic personal information such as age, gender, education, occupational status, marital status, and family system. The name of participants was optional.

To measure these variables, three standardized tools were used. The Positive Childhood Experience Scale (Bethell et al., 2019) includes 7 items scored dichotomously: responses of Never, Rarely, or sometimes are scored as 0; Often and Very Often are scored as 1. The Adverse Childhood Experience Questionnaire (Felitti et al., 1998) includes 10 yes/no items, with total scores indicating cumulative exposure to adverse events. The Brief Resilience Scale (Smith et al., 2008) has 6 items rated on a 5-point Likert scale. Items 2, 4, and 6 are reverse scored, and the average of all items gives the resilience score. All scales used well established and demonstrated good reliability and validity.

Result

Table 1: Frequency and percentage of demographics (N=170)

Variables	Category	Frequency	Percentage
Age	18-25	77	45.3
	26-40	93	54.7
Gender	Male	76	44.7
	Female	94	55.3
Education	BS Program	131	77.1
	MPhil Program	39	22.9
Family	Joint	84	49.4
	Nuclear	86	50.6
Marital Status	Married	140	82.4
	Unmarried	30	17.6

Table 1 represents that students around age 21-25 experienced less ACE 45% but students around age 26-40 experienced more ACE 54%. Result revealed that girls experienced 55% ACE then boys 44% and BS level students experienced 77% of ACE as compare to MPhil students experienced 22% of ACE. Study results further indicate that students who lived in a joint family experienced less ACE 49% then students who lived in a nuclear family experienced 50% of ACE similarly unmarried students experienced 17% of ACE the married students experienced 82% of ACE.

Table 2: Score Distribution of Adverse Childhood Experiences Questionnaire-ACEQ, Positive Childhood Experiences Scale-PCES and Brief Resilience Scale-BRS (N=170)

Scale	Items	M	SD	R	Range	Skew(427)
ACEQ	10	2.29	2.18	-.042	8.00	.754
PCES	7	3.49	1.55	.028	6.00	00
BRS	6	19.1	2.98	-	26.00	12.00

Note: ACEQ = Adverse Childhood Experiences Questionnaire, PCES = Positive Childhood Experiences Scale, and BRS = Brief Resilience Scale

Table 2 display that the Score Distribution of Adverse Childhood Experiences Questionnaire were moderately positively skewed (skewness=0.754) indicate that a majority of participant reported lower levels of adverse childhood experiences while score on the positive childhood Experiences Scale and Brief Resilience Scale indicate that skew is not substantial on both scales. The result further indicates that there is non-significant negative correlation between ACEQ and BRS and there is a significant positive correlation at the 0.05 level between PCES and BRS.

Table 3: Mean Differences in Gender with respect to Variables: Adverse Childhood Experiences Questionnaire-ACEQ, Positive Childhood Experiences Scale-PCES and Brief Resilience Scale-BRS (N=170)

Scale	Items	Boys(n=76)		Girls (n=94)		T	P	CI95%	
		M	SD	M	SD				
ACE	10	2.17	2.05	2.38	2.28	-.587	0.341	-.917	.497
PCE	7	3.45	1.42	3.53	1.64	-.324	0.465	-.585	.420
Resilience	6	18.90	3.74	19.23	2.28	-.657	.001	-1.29	.646

Note: ACE = Adverse Childhood Experiences, PCES = Positive Childhood Experiences

Table 3 shows the differences in mean and standard deviation of students' score on adverse childhood experiences, Positive childhood experiences and resilience across gender. The result indicates that there is non-significant mean and standard deviation differences between boys and girls on adverse childhood experiences and positive childhood experiences, but there is a significant mean and standard deviation differences between boys and girls on resilience.

Table 4: Hierarchical Regression Predicting Resilience from Adverse Childhood Experiences and Positive Childhood Experiences (N=170)

Scale	Model1			Model 2			t	LLCI	ULCI
	B	SE	β	B	SE	β			
Constant	19.22***	.353					54.53	18.53	19.92
ACE	-.057	.112	-.042				-.512	-.278	.163
Constant				17.42***	.865		20.13	15.71	19.13
PCE				.415*	.182	.215	2.28	.055	.0775
R ²		.002			.035				
F		.263			2.73				
R ²					.034				
F					5.185*				

Note: ACE = Adverse Childhood Experiences, PCE = Positive Childhood Experiences

Table 4 shows results of hierarchical regression analysis. Adverse childhood experiences was entered as independent variable in the first model to see if it predicted any variance in the outcome variable. Adverse experiences explained only .2% variance in outcome variable and it appeared to be non-significant as predictor and the model was also statistically non-significant.

In the second model, positive childhood experiences was entered as independent variable, controlling for the effect of adverse childhood experiences. In the second model, 3.5% variance was additionally explained by the predictor and positive childhood experiences appeared significant positive predictor of resilience. The change in the overall statistical model was observed to be significant $p = .024$.

Discussion

This study investigated the connection between childhood adverse and positive experiences with level of resilience among university students. The findings indicated that positive childhood experiences and resilience had a substantial positive link while adverse childhood experiences and resilience had non-significant negative correlation. These results are consistent with earlier research demonstrating the critical role positive childhood experiences play in fostering resilience.

For instance, two recent studies by Bhargav and Swords (2023) and Narula and Tara (2023) respectively have discovered that psychological strength was significantly predicted by safe

surroundings and positive early connections. Findings of the present study are in line with this, demonstrating that positive early experiences contribute significantly to psychological strength of resilience among university students.

The results of Morgan et al. (2021) and Widyorini et al. (2022), who found a larger negative correlation between adverse childhood experiences and resilience. This is in contrast to the non-significant correlation between adverse childhood experiences and resilience observed in the present study. It's possible that cultural elements, such as local community bonds or family support, mitigated this effect in our sample. Regression analysis revealed that adverse experiences did not significantly predict resilience; and Positive experiences are significant predictor of resilience. This underlines the importance of creating caring situations at a young age and the protective impact of pleasant childhood experiences.

Resilience scores varied by gender, with women scoring marginally higher. The lack of substantial gender differences in adverse and positive childhood experiences, suggests that although experiences may be identical between male and female, but coping strategies and emotional processing may be different between the two genders.

Conclusion

The study highlights that positive childhood experiences significantly enhance resilience in young adults. In contrast, adverse childhood experiences showed a non-significant negative impact on resilience. Most participants reported fewer negative childhood experiences. Gender differences were not significant for childhood experiences but were significant for resilience. These results emphasize the protective role of positive experiences during early life in fostering psychological strength.

Implications

The findings underscore the importance of fostering positive childhood environments to enhance resilience in later life. Educational institutions and mental health professionals can design interventions that promote supportive and nurturing experiences for children. Policymakers should prioritize programs that reduce childhood adversity and strengthen family and community support systems. Additionally, gender-specific strategies may be beneficial in promoting resilience among youth.

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