The Relationship Between Resilience and Self-Esteem in College Students with Childhood Trauma: A Correlational Study Using Rosenberg's Self-Esteem Scale

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Abstract

This study examines the correlation between self-esteem and resilience among college students who went through childhood trauma. A traumatic childhood can be life-threatening to one's psyche: it hampers emotional recovery and self-worth. It is more difficult for college students, who suffer merely ordinary stress due to academics and personal life, to cope with trauma stress if that forms part of their background. Using a quantitative correlational design, 83 undergraduate students aged between 18 and 24 years were assessed using the CTQ, RSES, and CD-RISC. The results showed that resilience was moderately associated positively with self-esteem ($r = .383$, $p = .000$). There were no gender differences in resilience or self-esteem scores. The results bring to light the importance of resilience in the development of high self-esteem amongst trauma-affected students. The formation of emotional flexibility could be improved through CBT-based interventions and peer mentorship. It is suggested that universities follow trauma-informed guidelines to cater to student well-being.

Keywords: *Childhood trauma, college students, correlation, CD-RISC, resilience, Rosenberg, self-esteem.*

1. Introduction

Childhood trauma, including neglect, abuse or household dysfunction profoundly influences emotional processes rendering low self-esteem and low resiliency (Felitti et al., 1998; Bernstein et al., 1994). Approximately one in three individuals experiences some form of trauma during childhood which increases the odds of developing depression, anxiety, and relationships (Anda et al., 2006; Choi et al.,2019). The life stage of college has been documented to encourage students to experience greater stressors both academically and personally and unresolved emotional concerns at this time have shown to create emotional difficulties (Richardson, 2002).

Resilience is associated with the ability to bounce back from difficult situations, and may be referred to as a protective factor in the long-term effects of trauma (Connor & Davidson, 2003). Self-esteem is a major component in emotional well-being and identity (Bandura, 1986). Unfortunately, we know very little about the relationship between resiliency and self-esteem between youth who are experiencing trauma, especially in India, as mental health constitutes stigma (Choi et al., 2019).

Cultural norms which honor the family can practice emotional restraint and avoid expression and thus prohibit individuals from seeking help and promote interactions that rely on internal coping (Anda et al., 2006). Thinking about resilience in those contexts, resilience is not only a means of survival, it is a mediator in rebuilding self-worth. In this study we explored the extent to which resilience influences self-esteem in Indian college-going students who have experienced childhood trauma, and whether these constructs differed based on gender. If we understand the association between resilience and self-esteem we will be able to create culturally informed intervention strategies that promote psychological resilience and emotional wellbeing among young adults.

2. Literature Review

The emotional and psychological impacts of childhood trauma, abuse, neglect, and exposure to violence have long-lasting implications for emotional development and overall mental health. Experiences consistently link to anxiety, depression, difficulties in interpersonal relationships, and lowered self-esteem in young adulthood (Chutani & Sharma, 2024). The transition from high

school to college involves adjusting to new responsibilities with associated stressors; prior trauma from childhood or adolescent experiences is often resurrected, influencing emotional hindrance and overall distress. Important psychological constructs include resilience and self-esteem and would be useful to teach as a way to moderate such risks (Choi et al., 2019). Resilience is defined as the ability to recover from an adverse event; therefore, being resilient could protect the psychological costs associated with traumatic experiences (Chen et al., 2024). Resilience contributes to emotional regulation and psychological adaptation. Variances in resilience and coping have been studied in males and females; these studies showed that males were more likely to respond with problem-focused strategies, whereas females were more likely to engage in emotion-focused coping strategies (Rahman et al., 2023). The research provides commenters with important implications in treatment, and the way to foster or utilize recovery from trauma can take another gender-specific approach.

Maladaptive coping strategies, such as substance abuse or internet addiction, are common among trauma victims (Lalthanchami, 2024; Tang et al., 2024). These behaviors demonstrate emotional dysregulation. Emotional dysregulation experiences may return more harmful memories instead of working through trauma, and further stresses the need for educational programs towards early intervention. Emotional instability is heightened by attachment disruption early in life. Secure attachment promotes healthy emotional construction (Bowlby, 1969). Trauma can cause insecure attachment patterns that contribute to relational and emotional issues over time.

Self-esteem, impacted by trauma from early life, significantly contributes to behavioral outcomes. Low self-esteem relates deeply with aggression, impulsivity, and poor self-regulation (Singh & Juneja, 2019). Interventions targeting self-worth and self-efficacy may lessen the severity of these behaviors, as Bandura shows (1986) and equally emphasized in origin-specific self-esteem interventions programs, for example, traumas early in life youth diagnosed with ADHD show better outcomes with trauma-informed practices (Betancourt et al., 2024) and other trauma-informed approaches, will directly be influenced by early adaptation of compassionate measures such as self-efficacy practices.

In the context of India, the cultural stigma related to mental health can be a barrier to recovering from trauma. For many, mental health problems are not recognized, and they feel ashamed to seek help if they are confronted with the prospect of violating cultural expectations of family reputation (Masih, 2024). After this period of silence, the cycle of repression becomes harder to break, and so-called 'care' is limited specifically in rural locations (Gupta et al., 2020). It must also be understood that the remediation of trauma in rural locations is best addressed with cultural practices that acknowledge trauma, lessen stigma, and build resilience. In the end, childhood trauma will inhibit the core processes of psychological functioning, however resilience and self-esteem will form important pathways to recovery. It is possible to potentially enhance coping capacity and promote mental well-being for those experiencing trauma with better, focused interventions that will take place in a contracted approach and are culturally received.

2.1 Research Gap

While a wealth of research exists on the psychology of childhood trauma, most of the literature is based on clinical outcomes for those experiencing mental health disorders, instead of focusing on positive psychological constructs, like resilience and self esteem. The few studies conducted regarding the relationship between resilience and self esteem have a focus on Western populations, leaving a gap in the understanding of how resilience and self-esteem correlate to one another in non-Western populations, especially in relation to a student's tenure of experience of being a college student in India. Further exploration is needed to understand gender differences in resilience and self esteem, other than determining how individuals with experiences of childhood trauma experience resilience in male and female college students. Few studies delve into how cultural and social implications impact resilience and self esteem in male or female students. The existing literature typically emphasizes quantitative, rather than qualitative or mixed methods and does not delve into individual experiences surrounding resilience or self esteem from a qualitative or mixed methods perspective. This study will add to the literature discussed above by unraveling the relationship between resilience and self esteem in college students with a prior history of childhood trauma, while also exploring gender specific differences and developing a culturally

relevant understanding of these concepts in the context of

India. This will add to the body of literature surrounding healing from trauma, with implications

for therapy and strategies of support for diverse populations.

3. Research methodology

3.1 Research Question

- What is the correlation between resilience and self-esteem among college students with a history of childhood trauma?
- How do resilience levels differ between male and female students?
- How do self-esteem levels compare between male and female students?

3.2 Research Objectives

- To analyze the relationship between resilience and self esteem among college students who have experienced childhood trauma.
- To compare resilience between males and females.
- To compare self esteem levels between male and female students.

3.3 Hypotheses

3.3.1 Primary Hypothesis

- H_0(Null Hypothesis): There is no significant correlation between resilience and self-esteem among college students with a history of childhood trauma.
- H_1 (Alternative Hypothesis): There is a significant positive correlation between resilience and self-esteem among college students with a history of childhood trauma.

3.3.2 Gender Hypotheses

- H_{01} (Null Hypothesis): There is no significant difference in resilience between male and female college students with a history of childhood trauma.

- H_{11} (Alternative Hypothesis): There is a significant difference in resilience between male and female college students with a history of childhood trauma.
- H_{02} (Null Hypothesis): There is no significant difference in self-esteem between male and female college students with a history of childhood trauma.
- H_{12} (Alternative Hypothesis): There is a significant difference in self-esteem between male and female college students with a history of childhood trauma.

3.4 Research Design

This study uses a cross-sectional, correlational research design to investigate the relationships between childhood trauma, resilience, and self-esteem for college students. A cross-sectional, correlational research design is useful for understanding the associations between many different variables at one point in time, as it allows us to snapshot how these constructs are related to one another given this population.

3.5 Participants

The sample consisted of 83 undergraduate students (42 females, 41 males) ages 18 to 24, at two major institutions in Bengaluru, Karnataka (CMR University and St. Joseph's College). These institutions were selected for their accessibility and diverse student populations for exploring the psychological constructs of childhood trauma for college students in India. This group of late adolescents and young adults was critical, as this age group is a transitional developmental stage where individuals develop emotional regulation, identity, and interpersonal relationships over time.

3.6 Sampling Unit

The sampling unit was specifically constructed to align with the research objective, which was to gather potential participants that could provide relevant information about the connection between resilience and self-esteem, childhood trauma. The sampling strategy for this study was convenience sampling, so it allowed the researchers to approach potential participants based on who they had physical access to, and who identified as willing to participate in this research

study. Convenience sampling is a form of non-probability sampling and was required given the exploratory and correlational nature of the study, and attempting to engage with populations that had been exposed to trauma in the specific academic environment that the research study took place in, logistically. While convenience sampling has its limitations, it did create the opportunity to include students that met the eligibility criteria and voluntarily participated.

3.7 Inclusion Criteria

- Undergraduate students aged 18–24 with proficiency in English.

- Provided informed consent to participate in the study.

- Reported or validated experience of childhood trauma, via self-report or the Childhood Trauma Questionnaire (CTQ).

3.8 Exclusion Criteria

- Individuals not aged 18–24, not enrolled as undergraduates, or lacking English proficiency.
- Those who did not report childhood trauma or did not meet the CTQ trauma criteria. ● Individuals who withheld informed consent, were in mental health crisis, or were involved in other psychological research at the time.

3.9 Data collection methods

The researcher has employed the following standardized questionnaires as the primary method for data collection:

3.9.1 Childhood Trauma Questionnaire (CTQ)

The Childhood Trauma Questionnaire (CTQ), administered retrospectively with self-report, is a questionnare used to assess childhood trauma in five areas: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect (Bernstein et al., 1994). The CTQ consists of 28 items, rated on a 5-point Likert scale from 1 (Never True) to 5 (Very Often True). In general, a higher score indicates a greater severity of trauma exposure. Each of the two scores of dimensions is calculated, so the trauma can be rated in terms of (none, low, moderate, or severe)

exposure. The CTQ measures "Adverse Childhood Experiences" validly across many populations, and is a reliable way to measure adverse childhood experiences. It validated measures for the study of the links between trauma and resilience.

3.9.2 Connor-Davidson Resilience Scale (CD-RISC)

The CD-RISC was created by Connor and Davidson (2003) with a total of 25 items to quantify resilience. The CD-RISC includes items that assess dimensions of resilience related to emotional regulation, adaptability, and stress management. Each item is rated on a 5-point scale from 0 (Not True at All) to 4 (True Nearly All the Time). The higher the total score, the higher the resilience level. The CD-RISC has recently been investigated with regard to internal reliability and other aspects of validity applied to sociocultural contexts, which makes it an appropriate tool to analyze how resilience contributes to self-esteem in young adults who have been exposed to childhood trauma.

3.9.3 Rosenberg Self-Esteem Scale (RSES)

Created by Rosenberg (1965), this scale measures global self-esteem through 10 items rated on a 4-point Likert scale (1 = Strongly Disagree, 4 = Strongly Agree). Higher scores reflect a stronger sense of self-worth and confidence. The RSES is widely used in psychological research, providing robust insights into individual self-esteem levels.

3.10 Data Analysis

The data analysis involves a combination of statistical methods to address the study objectives. The relationship between resilience and self-esteem was analyzed utilizing a Pearson's correlation, and identified a moderate, positive correlation. In this case, Pearson's is an appropriate means of estimating the strength and direction of a linear relationship existing amongst two continuous variables. For Objectives 2 and 3, to better understand whether differences exist in resilience and self-esteem between male and female students, independent sample t-tests were used. Independent sample t-tests allow comparison of mean scores between

male and female participants, and further, an assessment of whether the differences in these constructs are statistically significant.

4. Results

Table 1

Descriptive Statistics for Resilience and Self-Esteem

Variable	N	Mean	SD	Min	Max
Resilience	83	20.19	4.45	12	30
Self Esteem	83	15.78	5.08	7	27

Table 1 gives the general distribution of resilience and self-esteem scores among 83 participants. The mean score for resilience was 20.19 (SD = 4.45), while the mean self-esteem score was 15.78 (SD = 5.08). The figures, taken altogether, give a general view of the central tendencies and variability within the psychological traits in the sample, providing an inclination for further analysis.

Table 2

Pearson Correlation Analysis Between Resilience and Self-Esteem

Variable	Resilience	Self-Esteem
Resilience	1.00	.383(p=000)
Self Esteem	.383 (p =000)	1.00

Note: Correlation is significant at the 0.01 level (2-tailed)

Table 2 shows the Pearson correlation coefficient describing the association between resilience and self-esteem. The result of this analysis was $r = .383$, $p = .000$, implying that there was a statistically significant moderate positive correlation in the present study. It confirms the major hypothesis stating that higher resilience tends to have the potential to increase self-esteem of students in college who have had a history of childhood trauma.

Table 3

Gender Differences in Resilience Scores

Gender	N	Mean	SD	SE Mean
Female	42	20.33	4.71	0.73
Male	41	20.04	4.19	0.65

Table 3 shows the mean resilience scores by gender. Females (N=42) had an average score of 20.33, while male participants (N=41) scored slightly lower, with 20.04. The standard deviations for the scores are very close, implying that there is not much variability in scores between sexes. Though the table gives the mean value, it does not present the significance values; this matter is farther discussed in the next table.

Table 4

t-Test for Equality of Means (Resilience)

Test	F	Sig.	t	df	Sig. (2-tailed)	Mean Diff	SE diff	95. CI Lower	95. CI Upper
Equal variance assumed	1.58	2.13	.29	81	.772	.28	.98	-1.66	2.23
Equal variance not assumed	--	--	.29	80.32	.772	.28	.98	-1.66	2.23

Table 4 provides results of an independent samples t-test conducted for resilience scores between males and females. The p-value is .772, showing that there is no statistically significant difference in levels of resilience due to gender. This means that there is no difference in resilience ability between the two genders in this scenario.

Table 5

Gender Differences in Self-Esteem Scores

Gender	N	M	SD	SE M
Female	42	16.19	5.24	0.81
Male	41	15.34	4.92	0.77

Table 5 presents the mean value of self-esteem for males and females. Females reported a higher mean score (16.19) than males (15.34), and the difference is slight. This, like Table 3, works as a basis for the statistics in the next table.

Table 6

t-Test for Equality of Means (Self-Esteem)

Test	F	Sig.	t	df	Sig. (2.-Tailed)	Mean Diff	SE Diff	95% CI Lower	95% CI Upper
Equal Variances assumed	0.03	.868	.76	81	.449	.85	1.12	-1.37	3.07
Equal variance not assumed	-	-	.76	81	.449	.85	1.12	-1.37	3.07

The results of the t-test to check for gender differences in self-esteem scores are reported in Table 6. The p-value of .449 indicates that there is no statistically significant difference between males and females. Thus, we can accept the null hypothesis that gender does not have a significant effect on self-esteem among students with a childhood trauma experience.

4. Discussion

4.1 Summary of the findings

The findings of this study provide strong evidence to accept the alternative hypotheses outlined

● Primary Hypothesis (H1): The results confirm that there is a significant positive correlation between resilience and self-esteem among college students with a history of childhood trauma. This relationship highlights how resilience acts as a protective factor, promoting healthier self-esteem in individuals facing adverse childhood experiences.

● Gender-Based Hypothesis (H11): The study validates the hypothesis that there is no significant difference in resilience between male and female college students with a history of childhood trauma.

● Gender-Based Hypothesis (H12): The research further supports the hypothesis that there is no significant difference in self-esteem between male and female college students with a history of childhood trauma.

4.2 Relationship Between Childhood Trauma and Resilience

This study further supports the idea that resilience acts as a key protective mechanism in dealing with childhood trauma. For the respondents, those who possessed higher refilling resilience also reported higher degree of self-esteem, thereby supporting the hypothesis that in any given situation, resilience can counteract the negative impact of early adversity psychologically. This outcome aligns with existing literature, which portrays resilience as a dynamic, multitude-process of adaptation to stress and adverse conditions coupled with growth. Resilience, therefore, is not simply a personality trait but rather a skill that can be learned through targeted intervention. Developing skills in emotional regulation, nurturing supportive relationships, and promoting adaptability are ways to enhance resilience in those who have been subjected to childhood trauma. This, in turn, highlights how building-resilience programs in educational or social settings acts as a way to empower people and promote psychological well-being.

4.3 Relationship Between Resilience and Self-Esteem

A positive correlation exists between resilience and self-esteem ($r = .383$, $p < .01$) as predicted by the second hypothesis; the implication is that persons who demonstrate more resilience have a stronger sense of self-esteem and self-concept. This builds upon the theory that resilience enables a person to face adversity without compromising his or her self-esteem. By being adaptive,

resilient people also develop emotional strength and problem-solving capacity as the very mechanisms that guard against trauma-induced insults to self-esteem. Bearing this in mind, this finding offers implications to help college students who experience some form of trauma: glucosamine would be an emotional stabilizer through resilience. Thus, schools could prioritize efforts in organizing programs aimed at strengthening resilience to indirectly build students' self-esteem. Interventions using cognitive-behavioral methods, mindfulness, and peer mentorship programs could well stand in achieving this objective of fostering resilience and, by implication, self-esteem.

4.4 Gender Differences in Resilience and Self-Esteem

The research actually contradicts commonly held opinions as to gender differences in resilience ($p = .772$) as well as self-esteem ($p = .449$). This tends to suggest that it is not gender which shapes the perception of resilience or self-esteem, at least in this sample. This is very relevant to intervention programs: because the two constructs seem to work together similarly for males and females, programs can be inclusive and consider both male and female students equally. Instead of focusing on the differences existing between the sexes, programs can direct their efforts toward increasing common protective factors applicable to all that use resilience and self-esteem as bases of strength.

4.5 Comparison with Previous Studies

The observed positive correlation matches with the findings by Chen et al. (2024), who found that resilience reduces depressive symptoms while enhancing self-esteem. Varghese & Noushy (2024), on the other hand, reported that people with good resilience skills tend to be emotionally stable, adding support to the notion that resilience aids trauma survivors adaptively. Conversely, studies such as those of Singh & Juneja (2024) suggested that resilience cannot always predict good self-esteem because factors such as social support and ways of coping enter the picture. As for the gender difference in resilience and self-esteem, unlike the findings of past research favoring gender-wise coping, this study reported no differences, which suggests that external factors like cultural expectations and social influences may determine gender-related expressions

of resilience capacity. Hence, the positive association in this study brings to the forefront resilience as a key building block for self-esteem, particularly in persons with a background of childhood trauma. Chen et al. (2024) strongly supports that resilience may buffer the negative emotional effects of trauma, hence bearing great synergy with the present study. This view supports the construction that resilience becomes one of those phenomena that lessen depressive symptoms but instead play an active role in promoting self-perception and emotional well-being.

Conclusion

The report showed a moderate positive correlation between resilience and self-esteem (r = .383, p = .000), meaning individuals who exhibit higher resilience, value themselves more and experience heightened emotional stability. The results show further demonstration of thinking about resilience as psychological flexibility allows us to see it as a protective construct and helps us understand resilience in terms of self-esteem as a trait to uphold in trauma survivors. In thinking about resilience and self-esteem, it would appear that the evidence indicate the development of resilience is independent of gender and there is no statistical difference in resilience (p = .772) and self-esteem (p = .449) amongst male and female participants, noting that the development of both constructs in our sample appears to be mainly influenced by social, environmental, and psychological factors rather than biological differences. This differs from gender-based differences found in coping styles such as restraint due to a factor of gender. This leads us to presume that more work needs to be done to explore external factors influencing the resilience reaction to situations between male and females. The outcomes in this study have been shown to be statistically valid by conducting Pearson's correlation and independent samples t-tests and will lend themselves to future applications since they can be replicated. The findings of no gender differences in resilience and self-esteem is an indicator of the type of resource resilience is and also suggests we can apply it in our resilience-building interventions and competency without targeting gender groups necessarily.

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