

Impact of Childhood Trauma on Aggression and Resilience among Young Adults

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ABSTRACT

The aim of present study was to measure the impact of childhood trauma on aggression and resilience among young adults (18-25 years). Childhood trauma profoundly impacts individuals throughout their life affecting cognitive, emotional and social functioning. Trauma can distort one's sense of self-worth and identity leading to feelings of shame, guilt and inadequacy. In this study a random sampling technique was used to collect a sample of 120 young adults from Delhi- NCR region. Childhood Trauma Questionnaire (CTQ), Buss-Perry Aggression Questionnaire and Brief Resilience scale (BRS) was administered through a google form online. The data was analysed quantitatively for regression and Pearson's correlation using statistical package for social sciences (SPSS).

Keywords: *Childhood Trauma, Aggression, Resilience, Mental Health, Psychological Impact, Coping Mechanisms*

The effects of childhood trauma on both aggressive behaviour and resilience can be profound. The disruption of stress response mechanisms and the impairment of emotional regulation that might result from traumatic experiences can often lead to an increase in aggressive behaviour. Nevertheless, not every person who is subjected to traumatic experiences develops aggressive behaviour; resilience plays a significant role. Enhancing resilience and mitigating the impacts of trauma can be accomplished through the utilisation of coping techniques, supportive relationships, and access to resources. Interventions that are effective include psychotherapy, the development of skills, and the establishment of supportive environments in order to facilitate healing and healthy results. The traumatic experiences that people go through as children are a multifaceted and varied phenomenon that leaves a long-lasting impact on individuals. Any situation that occurs throughout childhood that is so overwhelming that it overwhelms a child's ability to cope, resulting in long-lasting emotional, psychological, or bodily suffering, is considered to be a form of childhood trauma, according to the discipline of psychology. Childhood trauma, at its foundation, is a disruption of the natural process of development, which in turn affects cognitive functioning, emotional functioning, and social functioning.

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Researchers in the field of psychology have spent decades investigating the complex and multifaceted behaviour of aggressive responses. An aggressive behaviour is any action that is carried out with the intention of causing harm or injury to another person or thing. Threats and verbal abuse are just two examples of the many diverse manifestations that this behaviour can take. Other manifestations include acts of physical hostility and the destruction of property. In order to effectively address social issues such as violence, conflict resolution, and mental health, it is necessary to have an understanding of the causes and consequences of aggression.

According to the discipline of psychology, resilience is a dynamic process that encompasses the ability to change and recover from adversity or significant life challenges experienced by an individual. Not only does it involve the absence of discomfort or difficulties, but it also involves the capacity to deal with traumatic experiences, stress, and setbacks while yet maintaining or even improving one's mental health. In order to have a complete understanding of resilience, it is vital to investigate its components, how it operates, and the substantial effects it has on mental health and human development.

Within the realm of psychology, the relationship between aggression and resilience is a complex and ever-changing one, with both concepts having a significant influence on one another. The capacity to triumph over adversity, trauma, or substantial problems in one's life is what we mean when we talk about resilience. It encompasses a wide range of factors, including biological, social, and psychological processes, that have an impact on a person's capacity to endure and triumph over adversity. Instead than being a fixed quality, resilience is a process that grows over time and may be improved by positive relationships, rewarding experiences, and coping skills. Resilience is not a fixed quality.

On the other hand, aggression is defined as activities that are intended to cause harm to either oneself or to other people. It can manifest itself in a wide variety of ways, including verbal hostility, physical aggression, and aggressive behaviour in interpersonal relationships. It is possible that aggression is influenced by a wide variety of factors, including personal characteristics, the conditions of the situation, and the influences of the environment. Negative experiences that occur throughout childhood can have a significant influence on both aggressive behaviour and resilience, thereby moulding the psychological and behavioural patterns that individuals exhibit throughout their entire lives. It is the events that a person goes through throughout their formative years that have a significant part in determining how they react to stress, adversity, and obstacles that they face in their interpersonal relationships.

REVIEWS OF LITERATURE

(Amato & Fowler, 2004) This review by Amato and Fowler explores the various factors that can contribute to aggressive behaviour in children and adolescents. It examines biological predispositions, family dynamics (parental aggression, harsh discipline), and social influences (peer pressure, exposure to violence) as potential risk factors. The review emphasises how critical it is to comprehend these variables in order to create preventative measures.

(Bonanno, 2004) Bonanno's review examines how resilience can manifest differently across various life stages. He explores how individuals may exhibit different trajectories in response to adversity, with some recovering quickly, others experiencing prolonged distress,

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and some even demonstrating positive growth. The review emphasizes a more nuanced understanding of resilience beyond a simple bounce-back approach.

(Anda et al., 2005) This study looks into the connection between adult substance use disorders and childhood trauma. It explores potential mechanisms such as self-medication, emotional dysregulation, and impaired decision-making that can contribute to substance use as a coping strategy for trauma survivors.

(Luthans, 2005) This review by Luthans explores the various definitions and conceptualizations of resilience. It draws attention to the fluid character of resilience, which includes the capacity to overcome hardship, adapt to transition, and even flourish in times of difficulties. The review highlights the significance of taking into account context-specific, interpersonal, and individual elements that support resilience.

(Anda et al., 2006) This review by Anda et al. focuses on the neurological consequences of childhood trauma. It explores how exposure to chronic stress from traumatic experiences can alter brain development, impacting areas related to memory, emotion regulation, and impulse control. The review emphasizes the importance of understanding the biological underpinnings of childhood trauma to develop targeted interventions.

(Kim & Cicchetti, 2006) This long-term study investigates how childhood interpersonal trauma affects young adult violence in the long run. The results point to a possible violent cycle. Individuals who witness or encounter aggression throughout their formative years are at a higher risk of acting aggressively in the future. This emphasises how crucial early intervention is to breaking the cycle and avoiding future trauma exposure for future generations.

(Finkelhor et al., 2007) The relationship between diverse forms of childhood abuse and various forms of aggressiveness was confirmed by this meta-analysis. A considerable positive association was found when research involving children and adolescents were examined. Abuse survivors showed increased levels of relational, verbal, and physical violence. This research emphasises how trauma can interfere with normal emotional growth and social connections, which can result in violent behaviour.

(Finkelhor et al., 2007) This review challenges the traditional view of witnessing parental abuse solely as a negative experience. It acknowledges the potential for children who witness maltreatment to develop resilience and prosocial behaviours if they have access to supportive environments and positive role models.

(Miller et al., 2010) This study explores the role of empathy in the relationship between childhood trauma and adult aggressiveness. These results raise the possibility that children who are abused may be less empathic. Inability to empathise with and comprehend the feelings of others can result in a lack of consideration for the repercussions of one's behaviour, which may raise the risk of aggressive behaviour.

(Masten, 2010) Masten's review takes a different perspective, focusing on the concept of resilience. It looks at things that people may do to assist them deal with and get past the difficulties brought on by traumatic experiences as children. These factors can include supportive relationships, positive coping mechanisms, and individual personality traits. The

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review highlights the importance of fostering resilience to mitigate the long-term effects of trauma.

(Breuer et al., 2010) The relationship between childhood trauma and mental health illnesses is examined by Breuer et al. The analysis delves at the ways in which certain forms of trauma, such as physical abuse, sexual abuse, or neglect, might heighten the likelihood of developing mental health issues like depression, anxiety, PTSD, and substance dependence. This review clarifies the fundamental processes via which emotional and cognitive development can be hampered by trauma.

(Betancourt & Lopez, 2011) This review examines the influence of culture on how children experience and respond to trauma. It highlights the importance of considering cultural factors such as family structures, coping mechanisms, and help-seeking behaviours when assessing and treating childhood trauma.

(Fonseca et al., 2011) This review acknowledges the heterogeneity of outcomes following childhood trauma. While some children develop aggressive tendencies, others demonstrate remarkable resilience. The study emphasizes the role of protective factors. Supportive relationships with caregivers, positive role models, and access to safe environments can buffer the negative impacts of trauma. Additionally, fostering healthy coping mechanisms, such as emotional regulation skills and social support networks, can empower individuals to navigate adversity.

(Hook et al., 2012) Hook et al. emphasize the need for culturally competent interventions when addressing childhood trauma. Their review explores how cultural background can influence the way individuals experience and express trauma. It highlights the importance of tailoring treatment approaches to the specific needs and cultural contexts of different populations.

(Shonkoff & Garner, 2012) The long-term effects of child abuse are examined in this review in a number of areas. It draws attention to the ways that early adversity can affect social functioning, mental and physical health, and cognitive development. The research highlights the need of timely intervention and preventive measures in reducing the adverse consequences of trauma.

(Jovanovic et al., 2013) This study looks at the psychological factors that underlie aggression and examines the relationship between emotional dysregulation, signs of post-traumatic stress disorder (PTSD), and aggression in traumatised children. According to the study, poor emotion regulation abilities might make it difficult to control anger and frustration, which may cause violent conduct as a coping strategy. Furthermore, the presence of PTSD symptoms like hypervigilance and flashbacks can exacerbate stress and raise the possibility of violent reactions.

(Bjorkqvist, 2016) Bjorkqvist's review examines the well-documented differences in aggressive behaviour between boys and girls. It explores biological factors (hormonal influences), socialization processes (gender norms), and situational contexts that can contribute to these differences. The review emphasizes the need for gender-specific approaches to understanding and addressing aggression.

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(Nuri et al., 2018) This study delves deeper into factors mitigating the effects of trauma on mental health, including aggression. It examines the mediating role of coping styles and resilience. Children who develop healthy coping mechanisms, such as problem-solving and seeking support, are better equipped to manage the emotional distress associated with trauma. Additionally, fostering resilience, the capacity to adapt and overcome challenges, strengthens individuals' ability to bounce back from adversity and potentially reduces the risk of aggressive behaviour.

(Powers et al., 2018) This review explores the growing role of technology in addressing childhood trauma. It highlights the use of virtual reality, mobile apps, and online therapy platforms for assessment, intervention, and psychoeducation related to childhood trauma.

(Dodge & Coie, 2019) Dodge and Coie delve into the cognitive and behavioural processes underlying aggression. Their review explores how hostile attribution biases (interpreting neutral situations as threatening), deficits in social problem-solving skills, and a lack of empathy can contribute to aggressive behaviour.

(Masten & Coatsworth, 2021) Masten and Coatsworth's review focuses on the concept of resilience as a protective factor against aggression. They explore how individual characteristics like positive self-esteem, strong coping skills, and social support can help individuals cope with adversity and resist engaging in aggressive behaviour. The review highlights the importance of fostering resilience to promote prosocial behaviour.

(Felitti et al., 2022) This landmark study introduces the Adverse Childhood Experiences (ACE) questionnaire, a tool for measuring childhood trauma exposure. It demonstrates a significant correlation between higher ACE scores and various risk behaviours, including violence, in adulthood. This research underscores the cumulative impact of different types of trauma and its potential role in shaping trajectories towards aggression.

(Felitti et al., 2022) The relationship between adverse childhood experiences (ACEs) and different adult health outcomes is examined in this review. Using data from a sizable HMO population, Felitti et al.'s study discovers a robust association between unfavourable health outcomes like cancer, heart disease, and stroke and ACE scores (number of forms of childhood trauma). It draws attention to the long-lasting effects of childhood trauma on mental and physical health.

(Li et al., 2023) The impact of maltreatment during childhood on the development of resilience in adulthood is examined in this review. It implies that trauma exposure can impede the development of resilience, hence raising susceptibility to a range of psychological issues, such as violent behaviour. The study emphasises the value of programmes designed to help people with a history of trauma develop resilience-building abilities.

(Škodová et al., 2023) Using resilience as a starting point, this study investigates how it interacts with bullying and early trauma to predict psychopathology, particularly aggression, in adulthood. According to the study, resilience serves as a buffer against the detrimental effects of trauma on mental health. Bullying, however, has the potential to reduce this protective impact. This demonstrates how risk and protective factors interact intricately to shape the long-term effects of trauma.

METHODOLOGY

Aim

To measure the impact of childhood trauma on aggression and resilience among young adults (18-26).

Objectives

- To examine the relationship between childhood trauma and aggression
- To examine the relationship between childhood trauma and resilience
- To explore the impact of childhood trauma on aggression
- To explore the impact of childhood trauma on resilience

Hypothesis

- H1. There will be a significant relation between childhood trauma and aggression.
- H2. There will be a significant relation between childhood trauma and resilience.
- H3. Childhood trauma will have a moderating effect on aggression among young adults.
- H4. Childhood trauma will have a moderating effect on resilience among young adults.

Tools

To assess childhood trauma: Childhood Trauma Questionnaire (CTQ)

Description of the Tool: The five categories of childhood trauma are assessed by the twenty-eight-item CTQ: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Five items are used to measure each category of trauma, and respondents rate how often they experienced each item as a child on a five-point Likert scale that goes from "never true" to "very often true." The questionnaire provides a thorough evaluation of each person's early life experiences by capturing the existence and intensity of childhood trauma episodes.

Reliability and Validity: The CTQ has good internal consistency, meaning each subscale question measures the same concept. The subscales' Cronbach's alpha coefficients range from 0.79 to 0.94, indicating excellent internal reliability.

The CTQ has strong test-retest reliability, meaning scores are consistent after a few months. Intraclass correlation coefficients around 0.80 indicate long-term consistency. Overall, the CTQ measures various childhood abuse episodes with good validity.

Scoring:

Bernstein's CTQ has a self-reported scoring mechanism. Each subscale has five questions, and each statement is scored on a Likert scale from "Never True" to "Very Often True." With defined cut-off points classifying the degree of trauma exposure (none to low, low to moderate, moderate to severe, severe to extreme), individual subscale scores range from 5 to 25. Before totaling, all items marked with an asterisk (*) must be reverse coded: 1=5, 2=4, 3=3, 4=2, 5=1. The possible range for every clinical scale is 5 to 25.

To assess various dimensions of aggression in individuals: The Buss-Perry Aggression Questionnaire (BPAQ).

Description of the Tool: A self-report tool called the Buss Perry Aggression Questionnaire (BPAQ) measures various aspects of aggression. It measures verbal, physical, anger, and wrath as four types of aggression with 29 items. Participants score each item on a 5-point Likert scale based on how closely it matches their views, feelings, and actions. Each aspect

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of the BPAQ has a score, revealing a person's aggressive tendencies. Clinical and research settings employ the BPAQ to assess and measure aggression. It aids psychological research and intervention.

Reliability and Validity: High internal consistency means the BPAQ's questions in each subscale (Physical Aggression, Verbal Aggression, Anger, Hostility) measure the same aggression idea. Studies show Cronbach's alpha coefficients above .80, indicating strong internal reliability.

Test-Retest Reliability: The BPAQ scores remain steady after weeks or months of administration. Research reveals intraclass correlation coefficients around .70, indicating long-term consistency.

The BPAQ has good reliability and validity for assessing adult aggression. Recognising its limits and utilising it with other assessment methods helps understand aggressive tendencies better.

Scoring: Based on self-reports, the Buss-Perry Aggression Questionnaire (BPAQ) assigns scores. A 5-point Likert scale is used to score each of the 29 items, with the options "Extremely Uncharacteristic of Me" to "Extremely Characteristic of Me." There are separate sets of questions for each subscale (Physical Aggression, Verbal Aggression, Anger, and Hostility), and the total of the individual item scores determines the subscale's score. The BPAQ has a total score range of 29 to 145.

To assess an individual's ability to bounce back from adversity: Brief Resilience Scale (BRS).

Description of the Tool: A self-report questionnaire called the Brief Resilience Scale (BRS) measures resilience. In 2008, Smith et al. established six questions to assess resilience, such as overcoming hardship and maintaining hope. Respondents rank each item on a 5-point scale, making resilience assessment easy.

Reliability and Validity: The BRS has strong internal consistency, with Cronbach's alpha coefficients ranging from 0.80 to 0.90 in various situations and demographics. The scale's elements appear to evaluate the same resilience idea.

The Brief Resilience Scale (BRS) measures resilience by measuring perseverance and optimism in adverse situations. Strong relationships with other resilience measures and related factors show its accuracy in assessing resilience levels. BRS scores predict psychological adjustment and stress management, proving its predictive validity. Overall, the BRS is reliable for measuring resilience across contexts and people.

Scoring: The Brief Resilience Scale (BRS) scoring involves summing responses to six Likert-scale items. Each item is rated from 1 to 5, reflecting the extent of agreement with statements. Higher total scores indicate higher resilience levels, measuring one's ability to rebound from adversity and stay optimistic. This straightforward scoring method makes the BRS an efficient tool for assessing resilience across different contexts.

Variables

- **Independent Variable:** Childhood trauma
- **Dependent variable:** Aggression and Resilience

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Research Design

In order to investigate how childhood trauma affects young adults' resilience and aggression, this study is using a correlational research approach. The purpose of the study was to look at the connections in this population group between aggression, resilience, and early trauma. Through an analysis of these relationships, the research aims to improve knowledge of the ways in which early life trauma experiences impact young adults' capacity to overcome hardship and acquire violent tendencies. The samples were evaluated using the Buss-Perry Aggression Scale, the Brief Resilience Scale (BRS), and the Childhood Trauma Questionnaire (CTQ) by Bernstein.

Size and Sample

There are 120 young adults in the sample. The participants' ages ranged from 18 to 26 years old. Simple random sampling was the strategy employed in this online survey-based investigation, which was carried out in the Delhi NCR area.

Descriptive Tool

Bernstein's Childhood Trauma Questionnaire (CTQ) assesses emotional, physical, sexual, emotional, and physical trauma. The self-report method is popular in clinical and research settings to assess childhood adversity. Reliable and verified.

The Buss Perry violence Questionnaire (BPAQ) measures anger, antagonism, physical and verbal violence. A popular self-report tool, it assesses hostility.

Bernstein's Childhood Trauma Questionnaire (CTQ) assesses emotional, physical, sexual, emotional, and physical trauma. The self-report method is popular in clinical and research settings to assess childhood adversity. Reliable and verified.

RESULT ANALYSIS

Table 1: Shows the correlation between childhood trauma and aggression among young adults

	CHT	Aggression	Resilience
CHT	1	.321**	-.230*
Aggression	.321**	1	-.272*
Resilience	-.230*	-.272*	1

** Correlation is significant at the 0.01 level (2-tailed).

Table 2: The regression score between aggression in young adults and childhood trauma.

Model	R	R Square	Adjusted R Square	F	Sig.
1	.321a	0.103	0.092	9.533	.003b

Predictors: (Constant), Childhood Trauma

Dependent Variable: Aggression

The correlation coefficient, or r , between the two variables was .321. The results also reveal an R-square value of 0.103, indicating a 10.3% change in the dependent variable caused by our independent variable, childhood trauma.

DISCUSSION

This study examined how early trauma impacts 18–26-year-olds' resilience and violence. Three targets were set to achieve this. First, we examined aggressiveness, resilience, and

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early trauma. A second purpose was to study how childhood trauma influences aggression. The third examined resiliency and childhood hardship.

Hypothesis one predicts a robust link between early trauma and aggression. Table 1 shows a moderate connection (r) between childhood trauma and aggression at 0.321. The association is statistically significant with a p -value of 0.00, less than 0.01. So H1 is allowed. Hypothesis two predicts a strong link between resilience and early trauma. Table 1 shows that resilience and childhood trauma have a poor connection (coefficient(r)) of -2.30. Childhood trauma and resilience are not strongly associated. So H2 is rejected. Hypothesis three was childhood trauma moderates early adult hostility. In Table 2, the R-square value is 0.103, indicating that childhood trauma changes aggression by 10.3%. The p -value is 0.003, which is less than 0.05, hence H3 is accepted since childhood trauma moderates aggression.

Hypothesis 4 predicted that childhood adversity moderates young adult resilience. Childhood trauma does not moderate resilience because there was no meaningful association. H4 is rejected.

CONCLUSION

The Bernstein Childhood Trauma Questionnaire, Buss-Perry Aggression Scale, and Brief Resilience Scale were used to evaluate how childhood trauma affects aggression and resilience in 18–26-year-olds. Our study had three objectives.

First, aggressiveness and resilience in childhood trauma was examined. The research indicated a moderate, significant link between childhood trauma and violence. This highlights the importance of understanding how early trauma shapes young adults' aggression.

A second study examined how childhood trauma affects aggression. Childhood trauma explains 10.3% of young adult hostility, according to the data. Childhood trauma negatively impacts adult violence.

Thirdly, childhood trauma and resilience were studied. There was no correlation between resilience and childhood adversity, disproving the idea. This suggests that childhood trauma may alter aggression but not resilience in young adults.

Overall, the research illuminates the complex relationships between aggressiveness, childhood trauma, and resilience in early adulthood. By addressing the long-term effects of childhood trauma on violent behaviour, mental health specialists and legislators may adapt measures to assist young adults overcome trauma and build resilience.

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Conflict of Interest

The author(s) declared no conflict of interest.

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