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Coping Beyond Childhood Adversity: Case Study on Resilience and Self-Esteem in Adolescence

[1]**Abarna S,** *Student, Department of Psychology, Ethiraj College for Women, India*.
abarnasubramaniam535@gmail.com
[2]**Savitha Kamakshi,** *Assistant Professor, Department of Psychology, Ethiraj College for Women, Chennai, India.*
savithakamakshi@ethirajcollege.edu.in

***Abstract*:** Adverse childhood experiences (ACEs) play a significant role in shaping how individuals respond to challenges in later life. This case study explores the resilience of an adolescent who has experienced childhood trauma and abuse for 7 years. Despite these adversities, the individual demonstrates adaptive coping and positive psychological functioning. The study highlights the role of perceived social support from friends and family as a critical protective factor in fostering resilience. Such support contributed to improvements in self-esteem and enabled the individual to cope more effectively within a challenging environment. The findings underscore the importance of social relationships in mitigating the negative impact of ACEs and promoting resilience during adolescence.

Key words: *Resilience, Adverse Childhood Experiences, Social Support*

1. Introduction

Adverse childhood experience

Adverse childhood experiences (ACEs) are potentially traumatic events that take place during childhood from the age of 0-17 years. ACEs have been connected to a variety of problems including cognitive and mental illness, social cognitive impairment and economic disadvantage (Ketelaars et al., 2026). Much literature provides evidence that ACEs can be transmitted across generations, with parents who have a history of ACEs potentially passing health effects on their children. ACEs can be classified as abuse experiences (emotional,

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physical, and sexual), dysfunctional family environment (domestic violence, substance abuse by a member of the household, divorce/parental separation, incarceration of a family member, and mental illness/suicide of a family member), and neglect (physical and emotional). The prevalence and severity of mental disorders are influenced by social determinants including exposure to adversity (Ceccarelli et al., 2022). With respect to mental health, among those exposed to at least four ACEs, associations were reported as strong for mental disorders, such as anxiety, depression as well as alcohol use and drug use. ACEs were associated with severe clinical symptoms, such as severe positive symptoms of psychosis, greater rates of suicidality, increased prevalence of substance use, pronounced perceptual disturbances and affective symptoms, diminished neuropsychological performance, more frequent insomnia, and a more refractory and prolonged illness course. Even though ACEs are considered risk factors for children and families, outcomes can differ widely. Many individuals are able to adjust positively and thrive despite adversity by making use of supportive resources available in their environment. Many children exposed to risk show better than-expected developmental outcomes as they lean on their families, schools, and communities (Masten, 2015; Ungar, 2021). This pattern is known as resilience and reflects the dynamic ability of systems (like a family, or a developing child) to adapt to challenges that threaten their functioning (Masten et al., 2021). Poverty, illness, or abuse is often linked to lower levels of resilience as the individual moves into adulthood (Schibli et al., 2017). Study that show a negative relationship between ACE and resilience(Morgan et al., 2021) few contradictory studies highlights that under certain circumstances, ACE can foster resilience as they provide people a chance to learn the abilities they will need to deal with difficulties as they arise (Goldstein, 2008; Rutter, 1999). Going through stressful or difficult times can help some people learn and develop, making them more equipped to handle the next challenge. People who seldom face difficulties may have high levels of well-being in their daily lives if everything goes smoothly, but they are also more vulnerable to breakdown when they come across stressful situations (Davydov et al., 2010) Social support has been identified as a critical protective factor that promotes resilience among children exposed to adversity. Supportive relationships with family members, peers, and community figures can mitigate psychological distress and foster emotional regulation. Therefore, the following case study explores the resilient characteristics of females in her late childhood after an adverse childhood experience. The case focuses on the importance of quality family support, exposure to adaptive copying strategies in building resilience.

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2. Methodology

The study uses single case research design and the participant was chosen using purposive sampling technique. Semi-structured interviews were used to collect data. The interview was conducted in a quiet office environment. Using content analysis data were analysed. Reliability of the information was assessed through available social and clinical data records.

2.1 *Case Presentation*

The case (SS) is a 15-year-old female from a low socio-economic status studying in a government school residing in a children's orphanage. Her parents had a conflicted marital relationship. His father, an alcohol abuser physically abuses the mother and her sisters. After the birth of the second child, he developed a feeling of suspiciousness towards her mother and this increased conflicts. He entered into a second marriage when the subject was 7 years old. SS witnessed family conflicts and arguments. Because of these events, experienced a low mood, shy temperament and was nervous most of the time, clinging to her mother. However, the family sought no psychiatric help. Although her siblings were a part of the conflict, SS had greater suffering because after her birth, the conflicts became intense and she was present in the home witnessing the conflict while her siblings were away from the home. She expresses anger toward her father, as he left the family and did not take responsibility for them. After separation from father, her siblings and her mother provided emotional support to her. She demonstrates clear future goals aspiring to lead a respectful life and provide her mother with comfort and financial security. She has consistently demonstrated strong academic performance. She maintains healthy and meaningful peer relationships at school. Her teachers have recognized her as disciplined and well-mannered student. Overall, she is a hardworking, self-motivated, and resilient student who consistently strives for excellence in all areas of her development.

2.2 *Tools Used*

The following tools were administered in the subject:

1. ***The Child and Youth Resilience Measure (CYRM-R) (Ungar & Liebenberg, 2011*****)** was used to measure social-ecological resilience of SS. She obtained a score of 43 in personal subscale and 30 in caretaker subscale reflecting a total score of 73 showing high resilience.

2. ***The Adolescents' Emotion Regulation Strategies Questionnaire-Extended (AERSQ-E) (Radman et al., 2024)*** was administered to assess how frequently SS uses specific strategies to manage negative emotions. She has a high score of 16 in positive

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reorientation and 15 in social support.

3. *The Brief-COPE (Carver, 1997*) was administered to measure effective and ineffective ways to cope with a stressful life event. She shows a high score eight of in using emotional support and a score of seven in both active coping and planning.

4. *Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1979*) was administered to measure self-esteem of SS. She obtained an overall score of 24 indicating high self-esteem.

5. *Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)* was administered to measure an SS's perception of support from three sources: family, friends and a significant other. The subject obtained a score of 11, 23 and 24 in the domain-significant others, family and friends respectively. Overall, she perceives greater social support with the score of 58.

2.3 *Case Discussion*

Norman Garmezy (1991) developed a theoretical framework for resiliency. He proposed three types of protective factors that make up his theoretical framework, which includes individual characteristics of the individual, a close-knit relationship with the family and lastly, social support and structure outside their immediate family. SS's above average intelligence, support from siblings and peers acts as protective factor in developing resilient. Study by Pals and Mc Adams (2004) found that thinking patterns play a role in resilient. SS has clear plans and goals for her future. She has reappraised the stressful situation and made positive meaning out of the event. She has resorted to active coping strategies such as focusing on academics, building positive support system to overcome stress. SS able to regulate her emotions positively and adopt task-oriented coping, future oriented thinking, cognitive reappraisal, constructive meaning making which is found to be positively related to resilience (Harahan & Moos, 1987; Moos & Schaefer, 1993). These factors interact and foster resilience in SS.

3. Conclusion

Providing children with a loving, healthy, and supportive environment is essential for their development. It helps protect them from repeated and overwhelming stress while giving them opportunities to face and overcome life challenges, thereby building essential life skills. Effective parenting education plays a key role in fostering a resilience-enhancing environment and reducing the likelihood of maladaptive stress responses across generations. Furthermore, programs that help children build and maintain supportive social relationships, encourage prosocial behaviour, promote cognitive reappraisal, and strengthen self-efficacy and self-

esteem can significantly contribute to resilience development from an early age.

Declaration

Informed consent has been obtained from the participant

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