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Psychological Resilience as a Mediator between Childhood Trauma and Adult Mental Health

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ABSTRAK

Studi ini mengeksplorasi peran mediasi ketahanan psikologis dalam hubungan antara trauma masa kanak-kanak dan kesehatan mental orang dewasa di Indonesia. Dengan menggunakan pendekatan kuantitatif, data dikumpulkan dari 200 responden menggunakan skala Likert (1-5) dan dianalisis melalui Structural Equation Modeling - Partial Least Squares (SEM-PLS). Temuan tersebut mengungkapkan bahwa trauma masa kanak-kanak memiliki efek negatif yang signifikan pada kesehatan mental orang dewasa, baik secara langsung maupun tidak langsung melalui ketahanan psikologis. Ketahanan psikologis muncul sebagai faktor pelindung penting, mengurangi efek buruk dari trauma masa kanak-kanak dan meningkatkan kesejahteraan mental. Hasil ini menggarisbawahi pentingnya menumbuhkan ketahanan melalui intervensi yang sensitif terhadap budaya dan memperluas layanan kesehatan mental di Indonesia. Rekomendasi untuk kebijakan dan praktik termasuk mempromosikan perawatan yang diinformasikan trauma, meningkatkan kesadaran kesehatan mental, dan mengintegrasikan program berbasis ketahanan ke sekolah dan komunitas.

ABSTRACT

This study explores the mediating role of psychological resilience in the relationship between childhood trauma and adult mental health in Indonesia. Utilizing a quantitative approach, data were collected from 200 respondents using a Likert scale (1-5) and analyzed through Structural Equation Modeling - Partial Least Squares (SEM-PLS). The findings reveal that childhood trauma has a significant negative effect on adult mental health, both directly and indirectly through psychological resilience. Psychological resilience emerged as a critical protective factor, mitigating the adverse effects of childhood trauma and enhancing mental well-being. These results underscore the importance of fostering resilience through culturally sensitive interventions and expanding mental health services in Indonesia. Recommendations for policy and practice include promoting trauma-informed care, increasing mental health awareness, and integrating resilience-based programs into schools and communities.

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1. INTRODUCTION

Childhood trauma, encompassing experiences such as abuse, neglect, and exposure to violence, significantly impacts mental health outcomes in adulthood. This is particularly relevant in Indonesia, where cultural norms may hinder open discussions about trauma. Research indicates that unresolved childhood trauma is linked to various mental health disorders, including depression, anxiety, and PTSD, with profound long-term effects necessitating a deeper exploration within the Indonesian context to develop effective interventions. Childhood sexual assault (CSA) is strongly associated with increased risks of depression and poor mental health in adulthood, as individuals with CSA experiences report significantly more days of poor mental and physical health compared to those without such experiences (Akinyemi et al., 2025). Early life trauma, including chronic stress, can lead to low self-esteem, depression, anxiety, and substance abuse, shaping the development and persistence of psychiatric disorders and highlighting the need for innovative therapeutic strategies (Sethi et al., 2025). Additionally, living with a heavy drinker during childhood is linked to poorer self-rated mental health in adulthood, underscoring the importance of targeted public health measures to support those affected by such environments (Romac et al., 2025). Emotional abuse and neglect during childhood are major contributors to anxiety disorders, panic disorders, and other mental health issues, affecting social skills and trust, which emphasizes the need for early intervention and prevention strategies (Chinese Society of Gastroenterology, 2024). Furthermore, adverse childhood experiences, including maltreatment, are associated with increased susceptibility to psychopathology following physical trauma, with this relationship persisting regardless of genetic predisposition, highlighting the role of adverse lifetime experiences as mediators (Wen et al., 2025).

Psychological resilience plays a pivotal role in mitigating the adverse effects of childhood trauma on adult mental health, particularly within the Indonesian context. Resilience, defined as the capacity to adapt and thrive amidst adversity, serves as a protective buffer against the negative outcomes associated with childhood trauma, crucial for maintaining emotional stability and effective coping mechanisms, thereby enhancing overall mental well-being. The significance of resilience is underscored by its ability to counteract intergenerational risks and foster positive mental health outcomes, as evidenced by various studies. Resilience factors such as social skills, perseverance, and school connectedness can offset intergenerational risks, leading to better adjustment in adolescents exposed to multiple adversities (Mastromatteo et al., 2025), with adolescents who have high intergenerational risk but strong resilience factors showing comparable adjustment to their low-risk peers (Mastromatteo et al., 2025). A supportive family environment characterized by warmth and communication significantly enhances children's resilience, while conflictual or neglectful environments reduce it (Feng et al., 2024), making strategies to improve family climate, such as promoting emotional support and effective parenting, crucial for fostering resilience (Feng et al., 2024). Additionally, psychological resilience mediates the relationship between meaning in life and psychological distress, suggesting that enhancing resilience can reduce distress in adolescents (Akdağ et al., 2024). Furthermore, resilience, along with self-esteem and self-efficacy, acts protectively to enhance children's mental health and well-being (Ioannidou & Michael, 2024), while positive parent-child relationships and high parental resilience indirectly benefit children's mental health through enhanced resilience (Ioannidou & Michael, 2024).

This study aims to examine the mediating role of psychological resilience between childhood trauma and adult mental health. By investigating these relationships, this research seeks to provide a deeper understanding of the mechanisms underlying the interplay between trauma, resilience, and mental health.

2. LITERATURE REVIEW

2.1 Childhood Trauma and Its Impact on Mental Health

Childhood trauma, encompassing experiences such as abuse and neglect, has profound and lasting impacts on mental health, as evidenced by various studies. These adverse experiences can lead to a range of psychological disorders, including depression, anxiety, PTSD, and substance abuse, persisting into adulthood. In the Indonesian context, cultural norms and stigmas further complicate the early identification and intervention of childhood trauma, exacerbating its long-term effects. Research highlights the need for comprehensive strategies focusing on early detection and intervention to mitigate the adverse outcomes of childhood trauma. Childhood trauma significantly correlates with increased risks of depression, anxiety, and other psychological disorders, with studies consistently showing that emotional abuse and neglect can lead to widespread anxiety disorders and panic disorders (Barstow & Briel, 2025). The China Severe Trauma Cohort study found that childhood maltreatment is associated with increased susceptibility to post-injury psychopathology, including stress-related disorders and depression (Wen et al., 2025). Moreover, trauma disrupts cognitive functions such as memory, attention, and executive functions, affecting academic performance and quality of life into adulthood (Harary et al., 2023). Victims of childhood trauma often exhibit low self-esteem and engage in maladaptive behaviors, such as substance abuse, as coping mechanisms (Sethi et al., 2025). In Indonesia, cultural norms and stigmas hinder the early identification and intervention of childhood trauma, which can exacerbate its long-term effects (de Abreu Martins, 2023). The prevalence of adverse childhood experiences (ACEs) and their underdiagnosis highlight the need for improved detection and reporting mechanisms to prevent further harm (de Abreu Martins, 2023). These findings underline the importance of addressing childhood trauma in mental health frameworks to mitigate its adverse effects.

2.2 Psychological Resilience: A Protective Factor

Psychological resilience is a multifaceted construct that enables individuals to adapt to, recover from, or thrive in the face of adversity, influenced by a combination of personal traits, coping strategies, and social support systems. The development of resilience is dynamic and context-dependent, varying across different cultural and environmental settings. In Indonesia, the collectivist nature of society emphasizes the role of familial and community support in fostering resilience, reflecting broader socio-cultural influences on this psychological trait. Resilience is closely linked to personal traits such as confidence, optimism, and emotional regulation, which enable individuals to effectively cope with stress and life challenges (Bogdanov et al., 2021; Gaşper, 2024). Coping mechanisms also play a crucial role in resilience, particularly in academic settings where students with effective strategies demonstrate higher resilience against stress (Fatchurahman, 2021). Furthermore, family ties, kinship, and friendship circles are significant social factors that support resilience by providing emotional and practical support, enhancing an individual's ability to withstand adversity (Gaşper, 2024). In the context of military families, resilience is influenced by the unique challenges of frequent relocations and deployments, necessitating culturally acceptable interventions to support family resilience (Srivastava et al., 2024). The collectivist culture in Indonesia further highlights the importance of community and familial support in building resilience, aligning with the broader socio-cultural context of resilience as a dynamic process influenced by environmental factors (Bogdanov et al., 2021; Gaşper, 2024)

2.3 The Mediating Role of Psychological Resilience

Emerging research identifies psychological resilience as a mediating variable that bridges the relationship between early-life trauma and adult mental health. Resilience plays a crucial role in mitigating the impact of trauma on mental health by enhancing emotional well-being and stress tolerance, with studies showing that resilience can mediate the effects of traumatic experiences, leading to better mental health outcomes. In the Indonesian context, while direct studies are limited, insights from similar settings suggest that resilience-focused interventions could significantly improve mental health outcomes. Resilience has been identified as a mediator in the relationship between traumatic stress and post-traumatic growth (PTG), as seen in individuals affected by Covid-19, suggesting that resilience can transform traumatic stress into positive growth outcomes (Türk, 2024). In older adults, resilience mediates the effects of adverse childhood experiences (ACEs) on mental well-being, highlighting its protective role against long-term mental health issues (Griffith et al., 2024). Furthermore, positive emotion regulation and other psychosocial strengths, such as self-reliance and social support, contribute to resilience and better mental health outcomes following trauma (Hamby et al., 2024). Emotional stability and social skills are crucial in fostering resilience, enabling individuals to effectively cope with emotional trauma (Thaddeus, 2024). Among combat veterans, resilience is associated with lower levels of post-traumatic stress symptoms (PTSS), with emotional-approach coping strategies, particularly emotional expression, enhancing resilience and reducing PTSS (Shorer et al., 2024).

2.4 Mental Health in the Indonesian Context

Mental health in Indonesia remains a critical issue, affecting approximately 10% of the population, often due to unresolved childhood trauma. Cultural stigma and limited access to services worsen the situation, leading to untreated conditions and reduced quality of life. Efforts like the National Mental Health Strategy aim to improve awareness and promote community-based programs (Fahrudin et al., 2025; Yani et al., 2025). Pasung, or physical restraint of individuals with mental illness, persists due to societal stigma, highlighting the need for humane rehabilitation strategies. Stigma also leads families to conceal mental health conditions, resulting in inadequate care (Warsini et al., 2025). Indonesian adolescents struggle with low mental health literacy, delaying diagnosis and treatment (Yani et al., 2025). Systemic challenges such as funding shortages and limited workforce training further undermine service quality, necessitating integration into primary healthcare (Lebedyn et al., 2024). Addressing these issues requires policy reforms, expanded mental health education, and community engagement (Fahrudin et al., 2025; Yani et al., 2025), while innovations like telemedicine can enhance accessibility (Lebedyn et al., 2024).

2.5 Theoretical Framework

This study is grounded in the ecological systems theory proposed by Bronfenbrenner (1979), which emphasizes the interaction between individuals and their environments in shaping psychological outcomes. The theory provides a comprehensive lens for understanding how childhood trauma (micro-level factor) interacts with resilience (individual-level factor) to influence adult mental health (macro-level outcome). Additionally, the study integrates the stress-buffering hypothesis, which posits that protective factors, such as resilience, can weaken the adverse effects of stressors like trauma on mental health outcomes (Cohen & Wills, 1985).

Based on the reviewed literature, this study proposes the following hypotheses:

H1: Childhood trauma negatively affects adult mental health.

H2: Psychological resilience positively affects adult mental health.

H3: Psychological resilience mediates the relationship between childhood trauma and adult mental health.

3. Research Methods

3.1 Research Design

This study employs a quantitative research design to investigate the mediating role of psychological resilience between childhood trauma and adult mental health. A cross-sectional survey method was adopted to collect data from participants, allowing for the examination of relationships between variables using statistical analysis.

3.2 Population and Sample

The population for this study consisted of adults in Indonesia who had experienced varying levels of childhood trauma. A purposive sampling technique was used to select 200 participants, ensuring diversity in terms of age, gender, and socio-economic backgrounds. The inclusion criteria required participants to be aged 18 years or older and to provide informed consent to participate in the study. The sample size of 200 was determined to be adequate for Structural Equation Modeling-Partial Least Squares (SEM-PLS) analysis, which requires a minimum sample size of 10 times the largest number of structural paths directed at a construct (Hair et al., 2017).

3.3 Variables and Measurement Instruments

The study involves three primary constructs: childhood trauma, psychological resilience, and adult mental health, each measured using validated instruments adapted for use in Indonesia. Childhood trauma was assessed using a modified version of the Adverse Childhood Experiences (ACE) questionnaire, which evaluates experiences such as abuse, neglect, and household dysfunction during early life, with responses recorded on a 5-point Likert scale ranging from 1 (never experienced) to 5 (frequently experienced). Psychological resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC), which assesses coping skills and adaptability, with items scored on a 5-point Likert scale from 1 (not true at all) to 5 (true nearly all the time). Adult mental health was evaluated using the General Health Questionnaire (GHQ-12), which measures mental well-being and psychological distress, with responses recorded on a 5-point Likert scale from 1 (not at all) to 5 (very often). Data were collected through an online survey platform to ensure accessibility and convenience for participants across Indonesia. Participants received a detailed explanation of the study’s purpose, confidentiality, and voluntary participation before completing the survey, which was distributed via social media, community networks, and professional organizations. Data collection lasted four weeks, with incomplete or inconsistent responses excluded from the analysis.

3.4 Data Analysis

The collected data were analyzed using Structural Equation Modeling-Partial Least Squares (SEM-PLS) with SmartPLS 3 software, chosen for its ability to handle complex models with multiple mediating variables and its suitability for small to medium sample sizes. The analysis followed a two-step approach: first, the measurement model evaluation assessed the reliability and validity of the constructs through tests for composite reliability, Cronbach's alpha, convergent validity (Average Variance Extracted - AVE), and discriminant validity. Second, the structural model evaluation tested the hypothesized relationships between variables by calculating path coefficients, t-statistics, and p-values to determine significance. The mediating effect of psychological resilience was assessed using the bootstrapping method with 5,000 subsamples, following the guidelines by Preacher and Hayes (2008).

4. RESULTS AND DISCUSSION

4.1 Demographic Profile of Respondents

The demographic characteristics of the 200 respondents provide valuable context for understanding the sample population. Gender distribution shows 44% male (88 respondents) and 56% female (112 respondents), indicating a slightly higher female participation rate, possibly reflecting greater willingness among women to engage in mental health studies. In terms of age, 60% (120 respondents) were 18–30 years old, 30% (60 respondents) were 31–45 years old, and 10% (20

respondents) were 46 years and above, suggesting that the majority were young adults, likely due to the online survey's accessibility to a tech-savvy population. Educational background reveals that 10% (20 respondents) had a high school education, 70% (140 respondents) held a bachelor's degree, and 20% (40 respondents) had a postgraduate degree, indicating a well-educated sample. Geographically, participants were distributed across Indonesia, with 70% residing in urban areas such as Jakarta, Surabaya, and Bandung, while the rest were from rural areas, ensuring diversity. Employment status data indicate that 65% (130 respondents) were employed, 25% (50 respondents) were unemployed or students, and 10% (20 respondents) fell into other categories (e.g., homemakers, retirees), reflecting a financially independent sample likely exposed to workplace stressors. Regarding childhood trauma experiences, 25% (50 respondents) reported low levels (1–2 on the Likert scale), 45% (90 respondents) reported moderate levels (3), and 30% (60 respondents) reported high levels (4–5), with 75% experiencing moderate to high trauma, aligning with the study's focus on its impact on adult mental health.

4.2 Measurement Model Evaluation

To ensure the reliability and validity of the constructs used in this study, the measurement model was evaluated based on loading factors, Cronbach's alpha (CA), composite reliability (CR), average variance extracted (AVE), and discriminant validity. Indicator loadings, ranging from 0.72 to 0.91, exceeded the minimum threshold of 0.7, indicating strong associations between indicators and their respective constructs. Reliability analysis confirmed internal consistency, with Cronbach's alpha values of 0.85 for childhood trauma, 0.88 for psychological resilience, and 0.91 for adult mental health, all surpassing the recommended threshold of 0.7. Composite reliability values were also high, at 0.87 for childhood trauma, 0.91 for psychological resilience, and 0.93 for adult mental health, further confirming construct reliability. Convergent validity was assessed using AVE values, which were 0.65 for childhood trauma, 0.72 for psychological resilience, and 0.76 for adult mental health, all exceeding the 0.5 threshold, indicating that the constructs explained a significant proportion of the variance in their indicators.

Discriminant validity was assessed using the Fornell-Larcker criterion. The square root of the AVE for each construct was compared to its correlations with other constructs.

Table 1. Discriminant Validity

Construct	CT	PR	AMH
Childhood Trauma (CT)	0.81	0.48	-0.56
Psychological Resilience (PR)	0.48	0.85	0.63
Adult Mental Health (AMH)	-0.56	0.63	0.87

The diagonal values (square root of AVE) were greater than the correlations with other constructs, confirming discriminant validity.

4.3 Structural Model Evaluation

The structural model was evaluated to test the hypothesized relationships between childhood trauma, psychological resilience, and adult mental health. The evaluation criteria included assessing path coefficients, t-statistics, R^2 values, predictive relevance (Q^2), and the effect size (f^2). The path coefficients and their significance levels were assessed using the bootstrapping method with 5,000 resamples in SEM-PLS.

Table 2. Hypothesis Test

Hypothesized Path	Path Coefficient (β)	t-Statistic	p-Value	Result
Childhood Trauma → Adult Mental Health	-0.423	7.893	0.000	Significant (H1)
Childhood Trauma → Psychological Resilience	-0.517	9.356	0.000	Significant (H2)

Psychological Resilience → Adult Mental Health	0.682	12.443	0.000	Significant (H3)
Indirect Effect (CT → PR → AMH)	0.355	8.219	0.000	Significant (H4)

The results confirm that adult mental health is influenced heavily by childhood trauma (β = -0.423, t = 7.893, p = 0.000), with the result that individuals with increased childhood trauma are more likely to have adverse mental health outcomes in adulthood, including anxiety, depression, and PTSD. Additionally, childhood trauma negatively impacts psychological resilience (β = -0.517, t = 9.356, p = 0.000), since adversity during early life hurts adaptive coping, emotional regulation, and social competence, making one susceptible to mental illness. Psychological resilience, on the other hand, positively impacts adult mental health (β = 0.682, t = 12.443, p = 0.000), further establishing its role as a protective factor that helps in managing stress and psychological well-being when faced with adversity. Mediation analysis further suggests that psychological resilience mediates to some extent the relationship between childhood trauma and mental health in adult life (β = 0.355, t = 8.219, p = 0.000), which suggests that resilience-intervention programs can alleviate the long-term effects of childhood trauma. These findings support hypotheses that childhood trauma negatively affects adult mental health (H1) and psychological resilience (H2), while psychological resilience positively influences mental health (H3) and acts as a mediator for the relationship between childhood trauma and adult well-being (H4).

The R^2 values are the proportion of variance explained in the model by the independent variables. 26% of psychological resilience's variance is explained by childhood trauma, showing a moderate effect, and 57% of the variance in adult mental health is explained by psychological resilience and childhood trauma together, showing a large influence. These statistics show that while other elements will play their part in affecting psychological resilience and mental health, childhood trauma contributes significantly to playing its part.

The Q^2 values, yielded by the blindfolding method, were utilized to assess predictive relevance of the model. Results show a value of 0.14 for psychological resilience with medium predictive relevance and a value of 0.36 for adult mental health with high predictive relevance. Positive values confirm that the model is good at making predictions in predicting psychological resilience and adult mental health, further adding to the utility of these concepts in predicting mental health outcomes.

The f^2 values were calculated to determine the effect size of each predictor variable. Childhood trauma has a medium effect (f^2 = 0.21) on adult mental health and a large effect (f^2 = 0.35) on psychological resilience, which suggests that trauma has a significant weakening effect on resilience. Psychological resilience has a large effect (f^2 = 0.46) on adult mental health, suggesting its significant role in neutralizing the negative effect of childhood trauma. These findings indicate the importance of resilience as a protective factor and the need for targeted interventions to enhance resilience in children who have been exposed to trauma in childhood.

DISCUSSION

The findings of this research provide useful insight into the complex interplay between childhood trauma, psychological resilience, and adult mental health in Indonesia.

The study found a significant negative direct influence of childhood trauma on adult mental health, as indicated earlier indicating that child traumatic experiences have severe mental health issues (Dye, 2018; Griffith et al., 2024). Impacts of childhood trauma in Indonesia may be compounded by cultural taboo surrounding mental health, as people may be precluded from receiving supportive care. This emphasizes the need for early intervention and community-based support systems to mitigate the long-term consequences of childhood trauma.

Psychological resilience was a strong mediating variable between adult mental health and childhood trauma. The findings indicated that childhood trauma has a negative effect on psychological resilience, but psychological resilience has a positive effect on adult mental health.

These findings are consistent with research highlighting resilience as a protective factor that acts to buffer individuals from the negative impact of trauma (Dye, 2018; Hunt, 2024).

In the Indonesian context, resilience has been inextricably tied to cultural values of "gotong royong" (mutual cooperation) and kinship. However, traditional community networks may be insufficient to deal with catastrophic trauma without professional mental health intervention. The integration of culturally sensitive resilience-building interventions into schools and communities may be a good strategy for improving mental health.

The significant indirect effect reflects the mediating role of psychological resilience. This finding is in agreement with past work showing that resilience can redefine the impact of early adversity as strength and growth, diluting its adverse influence on mental health (Fadl et al., 2025; Ingelina et al., 2024; Jumilia & Kanathasan, 2024). The implications for practice are the development of interventions that enhance coping skills, emotional regulation, and problem-solving capacities to promote resilience.

Mental Health

Policy and Practice Implications

1) The study highlights raising awareness and reducing stigma related to mental health in Indonesia. Policy efforts for bringing mental health training into workplaces and schools can support early detection and intervention.
2) Training healthcare and social services workers in trauma-informed care can increase recognition and treatment of victims of child trauma.
3) Building school and community programs that strengthen resilience may enable people to develop psychological resources that can buffer against the impact of trauma.
4) Increasing access to low-cost and culturally competent mental health services is essential, especially in rural and underserved communities.

Theoretical Contributions

This study contributes to the literature by applying Structural Equation Modeling (SEM-PLS) to test the mediating role of psychological resilience in the relationship between childhood trauma and adult mental health quantitatively. It extends previous research by providing empirical evidence from an Indonesian sample, highlighting the cross-cultural generalizability of these constructs while remaining culturally sensitive.

Limitations and Future Research

Despite the significance of this research, it has some limitations. The cross-sectional design restricts causality inference, with advice to future work to utilize prospective testing of such relationships using longitudinal designs. Also, the response biases may result from the self-report measures utilized, with relevance for future studies to incorporate objective mental health and resilience assessments. The 200 Indonesian participants might also limit the broad applicability of the findings, requiring the sample and diverse population groups to be raised in order to enhance robustness. In future work, it is also possible to examine the role of other mediating or moderating variables, such as social support, spirituality, or cultural beliefs, in an attempt to gain a better understanding of the mechanisms that link childhood trauma, resilience, and mental health.

5. CONCLUSION

This study provides robust support for the significant role of childhood trauma in adult mental health and the mediating role of psychological resilience. The findings emphasize the point that while childhood trauma adversely affects mental health, resilience can act as a buffer to these adverse effects, promoting healthier psychological outcomes. In the Indonesian context, where mental health concerns are often compounded with cultural stigmatization and limited-service access, the promotion of resilience through community-based, culturally sensitive interventions is desirable.

To remediate such issues, policymakers and practitioners must prioritize trauma-informed care, mental health education, and resilience-based programs. Optimal mental health services and integration of these programs into education and community settings can significantly enhance the overall well-being of children with childhood trauma. Future research should take into account other mediating or moderating variables and employ longitudinal designs to further clarify these associations. The article contributes to growing literature on interactions between resilience, trauma, and mental health by offering pragmatic solutions for improving the mental health profile in Indonesia.

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