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Impact of exposure to trauma on emotional intelligence and coping mechanisms among adolescents

Dr.Hakalyah Palaparthy
Degree Lecturer, MJPTBCWR Degree College, Telangana University, Nizamabad.
Email ID : palaparthihakalya@gmail.com

Abstract: *Trauma exposure among Indian adolescents is a growing concern, with research revealing both widespread prevalence and significant psychological consequences. This research aims to examine the impact of exposure to traumatic experiences on Emotional Intelligence (EI) and Coping mechanisms. A total of 270 adolescent girls were participated in this study which was further divided into two N1(NO trauma exposure) and N2 (trauma exposed) groups. Primary Care PTSD Screen (PC-PTSD), Ways of Coping Questionnaire (WCQ), and Emotional Intelligence Test (EQ-test) were used to carry out the research and the results showed that the average of Emotional intelligence scale of N1 is quite higher (M=13.30) with the highest mean of M=15.35 on self-regulation sub scale of the test and a lowest mean of M=11.96 on Emotional awareness subscale. whereas the average score of emotional intelligence of N1 group was substantially lower (M=6.46) with the highest score on subscale Empathy which is M= 6.62, and lowest on the sub-scale of Emotional awareness. And coming to the coping mechanisms, group n1(104) which was not having any exposure to trauma have scored high on sub-scales which denotes the positive coping technique such as Self-control (12.61), Acceptance of responsibility (12.97), Problem solving (13.92) and Positive reassessment (7.95). when it comes to the second group n2 (166), have high scores on the sub-scales which assesses and denotes the negative coping techniques such as Confrontation (12.68), Distancing (12.74) and Avoidance (13.85). The present study explored that the trauma exposure leads to decrement in Emotional Intelligence which further led the victims to use maladaptive coping mechanisms. These results can be useful for prevention and intervention of further behavioural and psychological disorders and also this research emphasises the importance of providing psychological guidance and training in enhancing emotional intelligence to satisfy the unique psychological and social demands of trauma exposed adolescents.*

Keywords: *Adolescents, Psychological Trauma, Emotional intelligence, Coping mechanisms, PTSD, Adaptive behavior.*

1. INTRODUCTION

Adolescence is the transformative period marked by rapid changes and identity formation. Emotional instability, identity formation, and increasing psychological fragility are hallmarks of the years spanning adolescence into early adulthood 1. Thus, for adolescents dealing with stress seems unavoidable 2. India is having the largest number of adolescents (253 million) globally, which comprises about a fifth of its population 3. Trauma exposure among Indian adolescents is a growing concern, with research revealing both widespread prevalence and significant psychological consequences. A meta-analysis carried out was found that 24.4% of trauma-exposed adolescents in India met criteria for clinical PTSD 4. Psychological trauma includes experiencing violence, abuse, or neglect whether triggered by physical or sexual assault, displacement, abuse, bereavement, or a natural catastrophe 5. Exposure to trauma can profoundly affect a person's psychological well-being, often reshaping how they think, feel and relate to the world. 6 The most common psychological effects of trauma include several psychological disorders such as avoidance Behaviours, interpersonal dysfunctions and personality disorders, anxiety, substance abuse etc. Individuals who experience trauma are at higher risk for a wide range of significant psychological and health issues, including affect dysregulation, aggression, somatization, negative self-image and problems with impulse control, dissociation and also substance abuse 7.

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People could react to stressful events in different ways, these ways of addressing the stressors are called as coping mechanisms 8. In other words, coping mechanisms are strategies people use to manage stress and emotional pain. No matter the circumstance, people depend on coping mechanisms to reduce stress and regulate emotions. According to 9, coping styles are task, emotion, or avoidance-oriented. Overall, coping enables an individual to deal with stressful and anxiety-provoking situations 10. They can be adaptive like seeking support, self-control and acceptance, or maladaptive such as self-harm, avoidance and confrontation 11.

One psychological skill that may help people become more resilient in the face of traumatic experiences is emotional intelligence (EI) which is the capacity to recognise, understand, and control one's own emotions 12 and to effectively use those emotions 13. Emotional intelligence has been more acknowledged in recent years as an important factor in psychological resilience and adaptive functioning, particularly in groups who have experienced stress or trauma in the past it helps to fight stressors and sets them in positive directions that help increase their performances both academically and psychosocially 14.

2. REVIEW OF LITERATURE:

Anxiety, stress and post-traumatic stress disorder (PTSD) are just a few of the mental health issues that may develop in adolescence as a consequence of exposure to physically or mentally harmful events. 15 Many researchers observed that individuals with high levels of emotional intelligence are more likely to have good mental health outcomes. Researches clearly showed that, the higher the level of emotional intelligence; the lesser will be the level of stress and anxiety along with higher satisfaction in life. Research done by 16 also established the similar results that emotional intelligence was negatively associated with depression, stress and anxiety and also found that this relationship was mediated by coping mechanisms to some extent.

Researchers found a positive correlation between coping strategies and mental health. Higher the usage of coping strategy, lower is the mental instability 17. Coping mechanisms are two types namely Behavioural and emotional, behavioural coping mechanisms are where we change our behaviour to overcome and becoming resilient of the stressful situation whereas in emotional coping, balancing stress by making enough changes in life is the main objective 18. They also said that coping strategies plays a key role in the psychological and physiological well-being of an individual 19. Many studies in the field of psychology have laid grounds as effective coping mechanisms have been significantly associated with mental health of good quality outcomes, while maladaptive or negative coping mechanisms have been significantly correlated with poor mental health outcomes 20. Consistent with these studies, another study showed that individuals with high emotional intelligence use more normal or adaptive coping strategies and those with low emotional intelligence use more avoidance-oriented coping strategies 21.

To be more Specific, 22 done research on 300 Sri Lankan University students and the results clearly showcased that adolescents with higher emotional intelligence were found to use more problem-focused coping mechanisms (e.g. seeking social support, problem-solving) and rather than maladaptive coping mechanisms (e.g. avoidance, denial), Similar results were also found in the research conducted on perceived stress, coping strategies and emotional intelligence among college going students and recruited social workers found that higher emotional intelligence associated with lower perceived stress and higher levels of emotional intelligence was associated with greater use of coping strategies 23.

3. OBJECTIVES:

- To study the relationship between coping strategies and emotional intelligence in traumatised adolescents.
- To assess the relationship between emotional intelligence and the adoption of adaptive vs maladaptive coping mechanisms.

4. METHODOLOGY:

Sampling Procedure:

Adolescent girls with ages ranging from 16-18 who are studying in four residential Intermediate and degree colleges in Nizamabad district, Telangana. A total of 270 undergraduate girl students out of which 155 Intermediate and 115 Degree students were participated in the research. This sample were selected with help of simple random technique.

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Scales used:

1) The Primary Care PTSD Screen (2015): The Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5) is a 5-item screen that was developed by Prins, A., Bovin, M. J., et.al, in 2015 (National Centre for PTSD) to identify individuals with probable PTSD in primary care settings. The measure begins with an item which assesses lifetime exposure to traumatic events. If a respondent denies exposure, the PC-PTSD-5 is complete with a score of 0. However, if a respondent indicates that they have had any lifetime exposure to trauma, the respondent is instructed to respond to 5 additional yes/no questions about how that trauma exposure has affected them over the past month. The first of five questions were used to assess the possible presence of PTSD by whether or not a person has experienced a traumatic incident. The test was terminated immediately upon receiving a negative response.
2) The Ways of Coping Checklist (WCCL): It is a measure of coping developed on the basis of the theory by Lazarus and Folkman's (1984) stress and coping theory. The WCCL contains 66 items that describe thoughts and acts that people use to deal with the internal and/or external demands of specific stressful encounters.
3) Hall Emotional Intelligence Test: This test was designed on the basis of N. Hall Theory, the test measures a person's capacity to identify, understand, and articulate their emotional state. This test consists of 30 statements and contains 5 sub scales namely Emotional awareness, Self-regulation, Empathy, Motivation, and social competence are the five components that make up emotional intelligence.

Firstly, participants' free and informed consent to be part of the study was taken. The purpose of this was to ensure the confidentiality of the collected data. Furthermore, participants were apprised of the study's aims and explained that they might discontinue their involvement at any moment if they feel to. The collected data were analysed with the help of SPSS, version 25. Descriptive statistics, one-way analysis of variance, and Pearson's linear correlation coefficient and regression analysis were considered for the aim of processing the study data.

5. RESULTS AND DISCUSSION:

Table-1 shows the results that the entire sample of N= 270 adolescents can be divided as two different groups based on the presence of the PTSD. The adolescents who reported that they do not expose to any traumatic incident (PC-PTSD score=0) was considered as N1 with 104 participants and those who reported the exposure of traumatic incident was group N2 with 166.

Table-1: Description of participants in the study

	PTSD Score	**Frequency**
N1=104	0	104
N2= 166	1	43
	2	34
	3	46
	4	19
	5	24

The adolescent girls who were assessed as exposed to traumatic experience has exhibited signs of psychological trauma, as shown by the findings of the survey (Table 1 and Figure 1). The findings of this study shows that out of the entire sample, 61 percent of the adolescent girls were reported the exposure to trauma exposed girls are experiencing some level of psycho-traumatic stress, whereas only 39% of adolescent girls has reported no exposure to trauma, which shows higher risk of victimization of trauma among adolescent girls. Studies show that globally about 15% to 43% of girls go through at least one trauma 24. Key contributing factors for this include low social support, feelings of entrapment, and experiencing bereavement 25. Along with these, girls are more prone to experience certain types of traumas, such as sexual abuse and harassment 26. In a Swiss study, 40.2% of adolescent girls reported victimizing at least one incident of sexual abuse 27. A very recent Indian study done in the year 2023 reported that **over** 50% of adolescent girls had experienced adverse childhood experiences (ACEs), which includes abuse, neglect and family dysfunction 28.

Additionally, females may be more likely to internalize their emotions, leading to a higher incidence of PTSD symptoms and significant mental health concerns.

Table 2. Subjective emotional intelligence indicators (N=270)

Indicators of Emotional Intelligence	**N1(104)**		**N2(166)**	
	Mean	**SD**	**Mean**	**SD**
Emotional awareness	11.96	2.36	6.36	3.21
Self-regulation	15.35	3.67	6.54	3.43
Self-motivation	13.70	3.19	6.39	3.49
Empathy	12.47	3.95	6.62	3.32
Social skill	13.07	3.58	6.39	3.71
Average	**13.30**	**5.58**	**6.46**	**5.72**

Table-2 explains the difference in emotional intelligence between the trauma exposed girls and girls with no trauma exposure. Trauma exposed girls were showing comparatively lesser degrees of emotional Intelligence than non-traumatized adolescent girls. The average of Emotional intelligence scale of N1 is quite higher (M=13.30) with the highest mean of M=15.35 on self-regulation sub scale of the test and a lowest mean of M=11.96 on Emotional awareness subscale. whereas the average score of emotional intelligence of N1 group was substantially lower (M=6.46) with the highest score on subscale Empathy which is M= 6.62, and lowest on the sub-scale of Emotional awareness. Emotional Intelligence helps adolescents recognize, understand and regulate emotions; such skills are crucial and critical when coping with trauma. In other hand, whether from abuse, neglect, violence, or loss, trauma exposure can deeply affect mental health and it influences the way of shaping of emotional development 25. This can be accounted by number of studies that the fact trauma victims have massive difficulty in regulating their emotions such as anger, anxiety, sadness, guilt and shame, when the trauma occurred at a young age 29. Exposure to trauma tends to evoke two emotional extremes: feeling either too much (overwhelmed) or too little (numb) emotion 30 which further leads to complex emotional dysregulation. In some cases, Self-harm is associated with past encounter with various forms of trauma.

Most importantly, important factors in making up the EI such as self-control and self-regulation gets disrupted to the highest extent cause of exposure to psychological trauma. Self-destructive behaviours such as substance abuse, over restrictive or binge eating and high-risk impulsive behaviours also can be seen in clients with a history of trauma 31. Research in neuroscience has shown that trauma can have a profound effect on the brain, such as changes in motivation and behaviour. Trauma can significantly impact self-motivation which is one of the core components of Emotional Intelligence, often leading to decreased drive and difficulty initiating and maintaining the continuous engagement in activities 32. This can manifest as feelings of helplessness, avoidance behaviours and lack of energy and enthusiasm. Researchers have argued that helplessness has the greatest impact on motivational deficits 33. In cases of traumatic experience, individuals tend to respond with intense fear and helplessness, and they perceive the stressor as uncontrollable or unpredictable 34. Experiencing such overpowering adversities can lead to develop learned helplessness 35 and consequently, they start doubting their self-efficacy and feel lack of locus of control.

Table-3: means and Standard Deviations of Coping Mechanism Scale

Coping Strategy	**N1**		**N2**	
	Mean	**SD**	**Mean**	**SD**
Confrontation	5.21	2.99	12.68	4.08
Distancing	6.78	3.41	12.74	4.62
Self-control	12.61	4.57	7.56	3.68
Seeking social support	7.62	2.29	7.31	1.62

Acceptance of responsibility	12.97	4.03	6.29	3.14
Avoidance	6.14	4.23	13.85	4.97
Problem solving	13.92	4.71	5.80	3.67
Positive reassessment	7.95	2.98	6.74	2.92

Table-3 showing the results of the difference between the two groups of adolescent girls in terms of the type of coping strategy they have developed to deal with the life situations. Group n1(104) which was not having any exposure to trauma have scored high on sub-scales which denotes the positive coping technique such as Self-control (12.61), Acceptance of responsibility (12.97), Problem solving (13.92) and Positive reassessment (7.95). when it comes to the second group n2 (166), which reported the exposure of some kind of trauma have high scores on the sub-scales which assesses and denotes the negative coping techniques such as Confrontation (12.68), Distancing (12.74) and Avoidance (13.85). These findings of the present study are consistent with handful of cross-sectional works carried out on approach and avoidance coping and gives baseline to the notion that those with trauma histories tend to have poorer coping abilities when compared to the non-traumatized peers 36.,37.,38. Present study results regarding the sub-scale seeking social support showing no difference between both the groups and this is consistent with prior research results showing increased efforts to seek out social support by those with trauma 39. Taken together, findings from baseline associations suggest that individuals with a history of trauma show a distinct pattern of coping that differs from those without such a history.

Table-4: Results of linear regression analysis with emotional intelligence

Coping Strategy	**β**	**Std. error**	**t**	**p**	**R^2**
Confrontation	-1.926	0.296	-6.516	**0.000*** **	0.859
Distancing	-1.198	0.386	-3.104	**0.002*** **	—
Self-control	0.247	0.164	1.506	0.134	—
Seeking social support	0.472	0.367	1.287	0.200	—
Acceptance of responsibility	0.174	0.305	0.570	0.569	—
Avoidance	0.608	0.289	2.102	**0.037***	—
Problem solving	1.277	0.298	4.279	**0.000*** **	—
Positive reassessment	-0.770	0.217	-3.547	**0.001*** **	—
*P< 0.05, **p<0.01, ***p<0.005					

Table-4 shows the regression results and establishing that the non-trauma exposed group, which was showing high scores on Emotional Intelligence were also exhibiting a strong significant adaptive coping mechanisms and these differences between both the groups N1 and N2 on majority (five out of eight) of the sub-scales that were used to assess the most prevalent coping techniques used by respondents who presented with symptoms of post-traumatic stress disorder (PTSD) and those who did not exhibit such symptoms are shown was statistically significant at 0.05 level. These sub-scales were Confrontation, Distancing, Avoidance, Problem solving and Positive reassessment. Trauma can significantly impact an individual's ability to cope, often leading to both adaptive and maladaptive coping mechanisms. Many researches revealed that there is a strong positive association between drug addiction and exposure to chronic psychological trauma. This highlights people who have gone through traumatic situations during childhood may develop substance dependency which is a negative or maladaptive coping mechanism 40. 41was another study proposes that there is no significant relationship between emotional intelligence and avoidance coping strategies.

Coping mechanisms include those procedures that the ability of the individuals in managing their emotions in an organized way, conduct and organize their behaviours accordingly to reducing stressors 42. On the other hand, 43

believed that high level of emotional intelligence and regulating skills are related with high level of coping. 44 considered the emotional intelligence not only as a predictor of adaptive mechanism but EI itself as a coping mechanism that leads to useful self-regulation in order to achieve the desired goals. Many research findings are disclosing the positive relationship of emotional intelligence elements such as problem-solving, cognitive appraisal, social support and the negative relationship of emotional intelligence with non-effective or maladaptive coping strategies 24.,45.,46.

6. CONCLUSION

To conclude, keeping in view the growing concern in this field of interest, the present study examined how trauma exposure can affect emotional intelligence, which is considered to be a life line to combat with trauma. The negative relationship between PTSD and emotional intelligence as higher the EI, lower will be the PTSD is a well-established fact. On the other hand, this study tried to throw some light on the reverse cause and effect of this phenomenon that how exposure to trauma impacts the Emotional Intelligence. This study has further found that trauma will have impact on the styles of coping mechanisms adolescents choose. Traumatised youth have varied amounts of psychological harm, and emotional intelligence is a significant predictor of how they adapt. Trauma can adversely affect the emotional intelligence and coping mechanisms of the adolescents. In other words, trauma exposure leads to decrement in Emotional Intelligence which further lead the victims to use harmful coping mechanisms including anger, isolation, avoidance and substance abuse. Hence, these findings have implications for local and state public health agencies. Public health agencies could provide other resources including trainings to prevent and manage stress and trauma, encourage the seeking of professional support may further reduce symptoms of adverse mental health outcomes.

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