

Association of Adverse Childhood Experiences with Resilience and Work Engagement among Working Adults in India

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Abstract: Background: While there is broad agreement that Adverse Childhood Experiences (ACEs) are a significant contributor to long-term psychological and occupational challenges, many studies have focused on the negative consequences and not discussed what occurs following this traumatic development, within Indian contexts especially. There is little empirical evidence regarding resilience and work engagement along with its association with ACE among working adults in India and this indicates that strengths-based adaptation after exposure to adversity is under-researched. This lack is significant for Organizations to practice well-being and in a trauma-informed way. Methods: The purpose of the present study was to explore the associations among ACEs, resilience and work engagement in working adult population in India. The ACE-IQ, Brief Resilience Scale (BRS-6) and the Utrecht Work Engagement Scale (UWES-9) were completed by 310 working professionals (aged 25–35 years and with at least two years' experience) via a purposive sampling strategy, utilizing a correlational research design. Results: The findings revealed that there were positive correlations between ACEs with resilience, as well as between resilience with work engagement, where the correlation was modest, but significant in both cases. These findings indicate that, individuals with higher childhood adversity can be associated with greater resilience and more vigour, commitment and absorption in their job. Conclusion: Finally, in the context of the current study, a strengths-based perspective is validated in that ACEs are not always correlated with worse occupational functioning, and, in some circumstances, can be correlated with strong and vibrant professional functioning. For further study, longitudinal and mediation/moderation designs are recommended, as well as adding other protective factors (social support, meaning in life, organizational climate) and testing further trauma-informed and resilience-building interventions in a variety of occupational and cultural settings.

Keywords: Correlational Research design, Adverse Childhood Experiences, Resilience, Work engagement

1. Introduction

Experiences in early life may influence someone's ways of dealing with emotions, relationships, coping with stress, feeling safe, and asking for help (Nurius et al., 2015; Sheffler et al., 2019). These developmental experiences can have a continued impact on an individual's psychological health, relational-style, health and ability to successfully cope with adversity in various life situations as they become adults (Felitti et al., 1998; Hughes et al., 2017; Petrucci et al., 2019).



The majority of the studies on adverse childhood events (ACEs) have been on adverse outcomes in adulthood (Merrick et al., 2017; Petruccelli et al., 2019). Childhood adversity has been correlated to psychological distress, mental health issues, health risks, unhealthy coping, relationship problems, substance abuse and impaired functioning (Felitti et al., 1998; Hughes et al., 2017; Merrick et al., 2017). The research on adverse childhood events has played a crucial role in building the development of enduring impacts of adverse childhood events (Nurius et al., 2015; Petruccelli et al., 2019). Dysfunction emphasized approach doesn't comprehend the holistic outcomes following adversity (Banyard et al., 2017; Hamby et al., 2017).

Not necessarily all ACEs survivors have same long-term outcomes in adulthood (Pasteuning et al., 2024). Their adaptation can differ on the basis of type, intensity and timing of traumatic events that have happened, their subsequent family and social environment, resources made available to them, coping resources they may have developed, their experiences and positive relationships, and their own psychological resilience (Banyard et al., 2017; Longhi et al., 2021). Some may find it challenging however some might rise from the hardships as they seem to have been resilient (Hamby et al., 2017). This variation emphasizes the requirement to explore both risk and protective factors connected with the impact of ACEs across adulthood, specifically digging the supportive factors which helps a person to adapt to hardships.

An adult's job makes up a significant portion of their life and can support their financial and social security, sense of identity, of achievement, feeling of autonomy and feeling of purpose (De Vries et al., 2023; Schaufeli et al., 2006). Meanwhile, people are also expected to deal with role expectations, uncertainty, feedback, interpersonal interactions, and setbacks in a work environment (Sampasa-Kanyinga et al., 2017). Meanwhile, people are expected to manage performance demands, interpersonal interactions, role expectations, uncertainty, feedback and setbacks in a work environment (Hashimoto et al., 2022). Current organizational factors can therefore influence not only their current experiences but also their developmental experiences and develop psychological resources that may, in turn, influence their current experiences.

Past literature evidences on ACEs and professional efficiency highlighted mainly on the negative side like for example absenteeism, presenteeism, low productivity, job dissatisfaction, low work performance, stress, burnout and turnover intention (De Venter et al., 2020; Graham, 2021; Hashimoto et al., 2022; Nibuya et al., 2022). These are the outcomes essential but not a complete reflection on whether and how employees' have an investment, commitment and energy in their work. Considering work engagement is an extension of the literature because it doesn't just focus on a deficiency conception of occupational functioning, but also adds to the more balanced picture of adults and their roles in relation to their childhood constituency (Schaufeli et al., 2006; Wang et al., 2016).

From this point of view, too, resilience becomes a pertinent focus for the investigation of adult work life. The dimension of resiliency is relevant to understanding how people with a history of childhood adversity experience stress, how they bounce back from stress, how they persevere through difficult times, and how they hold on to and commit to engaging in meaningful activities (Smith et al., 2008; Southwick et al., 2014). It cannot be viewed as a safe result of hardship or an sign that childhood hardship is beneficial (Jayawickreme et al., 2020; Southwick et al., 2014). Instead, resilience can play role of a buffering thing for adaptation nurtured via protective relationships, supportive environments, opportunities to cope, individual strengths, and later life experiences (Banyard et al., 2017; Pasteuning et al., 2024; Southwick et al., 2014).

This is especially valuable where a strengths-based, trauma-informed approach are helpful. Others, however, may find that by coping with highly challenging experiences, they have a revision of priorities, an increased sense of personal strength, a new appreciation for relationships, or a renewed purpose of some kind that is found within the broad context of the positive meaning making and the post traumatic growth perspective (Park, 2010, 2013; Tedeschi & Calhoun, 2004). This way of thinking does not ignore the challenges posed by childhood trauma and does not mean that everyone who goes through it will grow (Jayawickreme et al., 2020; Tan & Barlas, 2025). Rather, it advocates for contemplation around both 'vulnerability' and 'adaptive capacity' (Caetano & Pereira, 2024; Widyorini et al., 2022).

Contemporary research in India focuses on the literature scarcity on the adaptive factors which can reduce the worsening impact of ACEs across lifespan (Trivedi et al., 2020; Trivedi, 2026). Meanwhile it is extremely important to explore the protective resources of ACEs in Indian context as there are existing varied stressors in an Indian adult professionals' life pertaining to the diversity in family systems, cultural expectations and organizational climate (Srivastav et al., 2019). An understanding of developmental experiences and adaptive psychological resources and their association in the Indian context could be more nuanced with regard to adult work functioning (Malik & Garg, 2017; Trivedi, 2026).

Hence, the present study aims to explore the relationship between the adverse childhood events, resilience and level of work engagement among working professionals in India. The study seeks to bring a holistic approach to understanding employee engagement, one that is strength-based, trauma-informed and accounts for the possible long-term consequences of ACEs along with the role adaptive resources play in adult functioning.

2. Theoretical Framework and Hypotheses Development

Adverse childhood experiences (ACEs) were identified as a well-established source of child developmental stressors with potential life span consequences (Felitti et al., 1998; Petruccelli et al., 2019). Research suggests that early adverse conditions could play a role in psychological, physical, social and occupational challenges as adults (Hughes et al., 2017; De Venter et al., 2020). Examples of stressors for children may involve family violence, exposure to violence, parental mental health issues, substance abuse or a lack of emotional connection with the parents prior to 18 years of age (World Health Organization, 2018; Pace et al., 2022). Experiences can impact developmental outcomes influencing emotional regulation, interpersonal trust, coping, stress reactivity, self-perception, and help-seeking (Nurius et al., 2015; Sheffler et al., 2019).

This is because the relevance of ACEs reaches well beyond clinical and public health issues, as there are multiple interconnected aspects of life for adults that are shaped by ACEs (Felitti et al., 1998; Petruccelli et al., 2019). Prior studies have linked ACEs to poorer mental health, physical health, social function, educational and economic outcomes and diminished function as adults (Hughes et al., 2017; Merrick et al., 2017; De Vries et al., 2023). These long-term effects can also manifest themselves in marital relationships, parenthood, personal development and work (Nurius et al., 2015; Longhi et al., 2021). Therefore, the study of ACEs in the workplace is significant as adults are working within one of the most significant environments in which they deal with demands, build relationships, seek to achieve their goals, and find meaning in their work (De Venter et al., 2020; De Vries et al., 2023).

The working environment could play a special role in working out the long-term effects of childhood problems. Staff with past ACEs experiences might find it challenging to deal with stress, trust with others, emotional reactions, job-related pressure, and work-related relationships (Sampasa-Kanyinga et al., 2017; Hashimoto et al., 2022). Our previous research has been associated with compromised employee attitude, reduced organizational commitment, employee burnout, turnover intentions, presenteeism, and decreased functioning at work, due to childhood adversity (Graham, 2021; Hashimoto et al., 2022; Nibuya et al., 2022). The results indicate that such early adverse experiences could still be important for the occupation even in adulthood when the person is already working within a job (De Vries et al., 2023; Milne et al., 2024).

ACEs should not, however, be seen as having a one-size fits all or predictable effect on adults. People who have shared childhood lived experience may have varying adult responses to similar types or intensities of adversity (Pasteuning et al., 2024; Hamby et al., 2017). The differences can be affected by realization of social support, coping abilities, psychological resources, meaningful relationships, opportunities and interpretation of experiences after birth (Banyard et al., 2017; Sheffler et al., 2019; Longhi et al., 2021). Thus, understanding of ACEs should go beyond threats inherent to adverse childhood experiences alone to include protective elements that can influence adult functioning (Hamby et al., 2017; Pasteuning et al., 2024).

In the context of investigating how childhood adverse events and experiences relate to their adult adaptation, resilience holds special significance. While the ACEs could correlate with problems coping, regulating emotions and

functioning psychologically, some may experience a different reaction to problems, be able to recover from setbacks, experience a recovery, or sustain their functioning in adulthood (Chen et al., 2021; Southwick et al., 2014). Resilience can thus be considered as a significant adaptive asset that can be used to comprehend the long-term effects of the adversity (Smith et al., 2008; Southwick et al., 2014).

One way to view this process is through the meaning making model. This model suggests that a traumatizing and/or very stressful event can upset a person's current beliefs about himself, others, and the world (Park, 2010). Part of the psychological adjustment could involve some effort to making sense of the event, to integrating it with the overarching beliefs of one's life, and to making some sense on the individual level of the importance of the event (Park, 2013; Steger & Park, 2012). As part of ACEs, variations are how a person responds to and retrieves an adverse childhood experience might exist (Sheffler et al., 2019; Caetano & Pereira, 2024). These meaning making processes can impact on their future ways of coping, identity development, relationships, and psychological adjustment (Park, 2010; Steger & Park, 2012).

There's also a relevant but cautious perspective from the stress inoculation theory. The theory suggests a positive effect of stress experiences that can be managed, coupled with suitable coping skills and supports, on the ability for an individual to cope with later challenges (Meichenbaum, 1985; Lyons & Parker, 2007). Importantly, this view should not imply that the experience of harsh childhood conditions is an advantage or that children's exposure to ACEs necessarily leads to resilience (Southwick et al., 2014; Pasteuning et al., 2024). Instead, it can be understood as how to account for recovery and adaptive capacities that can emerge in some people in the presence of protective supports, coping resources, and opportunities for recovery (Banyard et al., 2017; Longhi et al., 2021).

The work that has already been done indicates that resilience is a protective resource for childhood-adversity-exposed children and youth (Munoz, 2022; Trivedi, 2026). Supportive relationships, optimism, adaptive coping, psychological flexibility, social support, and meaningful roles may impact resilient adaptation (Hamby et al., 2017; Sparks et al., 2021; Langelotti & Langelotti, 2024). These resources might be useful for people to use in response to distress, as a way of reestablishing a sense of control, and to return to regular functioning despite previous adverse events (Sheffler et al., 2019; Southwick et al., 2014). Therefore, the relationship between ACEs and resilience needs to be explored empirically, especially among working adults who may have to continuously cope, adjust, and psychologically engage with a work task.

Following this line of thought, the first hypothesis is formulated:

H1: There will be a significant association between Adverse Childhood Experiences (ACEs) and resilience.

While past studies have associated adverse occupational outcomes with the experience of childhood adversity, there has been less emphasis on positive occupational outcomes (Graham, 2021; De Venter et al., 2020). Most research areas have been; burnout, job stress, absenteeism, presenteeism, decreased productivity, intention to leave the job, and decreased job satisfaction (Sampasa-Kanyinga et al., 2017; Hashimoto et al., 2022; Nibuya et al., 2022). These findings are significant, but they don't tell the whole story about what attains for people who continue to feel invested, committed, energetic, and involved in their work despite having challenging early-life experiences.

The added value of work engagement is that it provides a good example of positive outcomes associated with employment that embody employees' active and productive participation in their jobs (Schaufeli et al., 2002; Schaufeli et al., 2006). Working conditions in the organization, including workload, access to resources, co-worker support, leadership, autonomy and job demands may all impact on employees' engagement (Malik & Garg, 2017; Wang et al., 2016). But workers also carry their developmental experiences, mental strengths and weaknesses, coping styles and interpersonal expectations into work. However, work involvement can be shaped by longer term experiences and capacities inadvertently acquired throughout life as well as by current organizational environments (De Venter et al., 2020; De Vries et al., 2023).

Work engagement processes are potentially mediated by several factors related to ACEs. Childhood adversity could impact one's appraisal of stress, struggle with emotional demands, affected ability to trust professional relationships, lost trust in professional relationships, need for support, coping with setbacks, and perception of personal effectiveness (Sampasa-Kanyinga et al., 2017; Hashimoto et al., 2022). Those processes might be relevant for any employee's commitment and involvement in their work (Graham, 2021; Milne et al., 2024). It should simultaneously not be assumed that the relationship between ACEs and work engagement is direct and deterministic. Others may exhibit ongoing vulnerabilities that impact on their working life, while others may have a stronger occupational functioning despite experiencing challenges but within the context of strong relationship support, coping, resilience and supportive organizational conditions (Banyard et al., 2017; Longhi et al., 2021; Pasteuning et al., 2024).

This strengths-based approach is relevant to the view of post-traumatic growth. The term post traumatic growth is used to describe the positive psychological transformation that can happen as a result of a highly challenging life experience (Tedeschi & Calhoun, 2004; Jayawickreme et al., 2020). The change can be a change in priorities, a strengthening of individual powers, a new understanding of the value of personal relationships or a change in purpose (Tedeschi & Calhoun, 2004; Tan & Barlas, 2025). Post-traumatic growth is not to say that adverse experiences are good, that all those who have suffered trauma will grow, nor that the negative impact of ACEs will go away (Jayawickreme et al., 2020; Caetano & Pereira, 2024). It is instead an indication that certain people might adopt adaptive attitudes and resources by adapting their challenging circumstances (Widyorini et al., 2022; Coyte et al., 2023).

An adaptation process in occupational settings could be applicable to persistence, involvement, commitment and meaning of work (Cantante-Rodrigues et al., 2021; Wang et al., 2016). However, the direct relationship of ACEs and work engagement is not fully explored especially for working professionals in India (Trivedi et al., 2020; Trivedi, 2026). Therefore, the relationship between ACEs and adverse work outcomes is not the only one that can be examined, and the study of ACEs can help shape a more nuanced view of adult occupational functioning.

The second hypothesis is proposed, therefore, that:

H2: There will be a significant association between Adverse Childhood Experiences (ACEs) and work engagement.

Resilience may also be relevant to work engagement as staff face continuous demands and setbacks in their work, interpersonal work difficulties, pressures on their roles and different expectations of the organization. More resilient individuals might recover from stressful experiences more easily, be able to control their emotions, maintain effort, seek help as needed, and maintain focus on work related goals (Southwick et al., 2014; Smith et al., 2008). These abilities can help maintain a mental connection to the job, especially when facing uncertainty or stress (Cabrera-Aguilar et al., 2023; Ibrahim & Hussein, 2024).

Few studies have been conducted on the relationship between resilience and work engagement, but previous research has found positive correlations (Ibrahim & Hussein, 2024; Malik & Garg, 2017; Tampombebu et al., 2025). Resilient workers might be more likely to be energetic, committed and engaged in their work tasks even in the face of challenging conditions (Cabrera-Aguilar et al., 2023; Wang et al., 2016). Resilience can thus be seen as a personal psychological strength that could facilitate good functioning in the work domain (Cantante-Rodrigues et al., 2021; Malik & Garg, 2017). But resilience must be seen in relation to organizational conditions. The relationship between resilience and engagement can be enhanced or hindered by supportive leadership, relationship with colleagues, autonomy, workload, organizational justice, or employee well-being programs (Wang et al., 2016; Malik & Garg, 2017; Tampombebu et al., 2025).

The link between resilience and work engagement is especially important for the current study, as it links adaptive psychological functioning with a positive organizational outcome. The understanding of this relationship can aid in understanding why some professionals continue with their profession despite potential setbacks early in their

careers and current requirements of the workplace. It can also serve as ideas for organizations looking to provide trauma-informed, resilience-focused and resource-based practices for workers (Milne et al., 2024; Coyte et al., 2023).

So, the third hypothesis is that:

H3: There will be a significant association between resilience and work engagement.

Attention has largely been paid to negative outcomes of work, such as work disengagement, and less attention has been paid to positive outcomes of work, like work engagement, and to resilience as an adaptive resource in working professionals (Graham, 2021; De Venter et al., 2020). The current study seeks to contribute to the understanding of how ACEs, resilience and work engagement interact, by examining the two concepts together, thus acknowledging the potential for the long-term impact of childhood adversity and the importance of adaptive psychological resources. This study could be relevant to employee-assistance programs, workplace counselling, resilience-building programs, supportive leadership practices and organizational policies that are informed by trauma in the workplace (Longhi et al., 2021; Milne et al., 2024). However, in addition to this, the study does not only look at the impairment side of the ACEs, but also takes the interaction between the events and their impact, as well as how they adapt and function positively in their role into consideration. In reference to the theoretical background and hypotheses formulated, the study has following conceptual framework.

Research Objectives

1. To examine the association between Adverse Childhood Experiences (ACEs) and resilience among working adults.
2. To examine the association between Adverse Childhood Experiences (ACEs) and work engagement among working adults.
3. To examine the association between resilience and work engagement among working adults.

3. Methodology

The current study was of the correlational research design which was used in the study to examine the relationship between working adults Adverse Childhood Experiences (ACEs) to their resilience and work engagement. A correlational design was chosen as the type of design suitable for the study since the main purpose of the study was to investigate the degree and direction of association of the study variables without manipulation of any of the independent variables and formation of causal relationship. The data was collected from the Indian working professionals from all sectors. Both males and females from age 25 to 35 years with minimum 2 years of work experience, who are fluent in English were included in study. Exclusion criteria for the study were working from home, any sensorimotor difficulty, and any chronic/terminal illness. Purposive Sampling was used to include individuals of every sector in a similar manner in corporate sector based on the ease of access and inclusion and exclusion criteria (Kothari, 2004). Self-administered questionnaires along with informed consent were distributed to 310 participants and their responses were collected. Completed questionnaires were then checked to ensure they were complete and have been added to the final dataset for statistical analysis. The data collected were coded and entered IBM Statistical Package for the Social Sciences (SPSS), Version 25 for analysis. Descriptive statistics were calculated in order to describe the participants' variables and the variables of the study. Pearson's Product-Moment Correlation analysis was used to explore the relationships between Adverse Childhood Experiences, Resilience and Work Engagement.

Measures

Adverse Childhood Experiences International Questionnaire (World Health Organization., 2018) is an instrument with 39 items measuring 13 types of ACEs (Independent variable) an individual goes through in 0 to 18 years of age. The ACEs subtypes include emotional neglect, physical neglect, emotional abuse, sexual abuse, domestic violence, living with a household member who abuses drugs/alcohol, living with a household member who is mentally

ill or suicidal, witnessing community violence and exposure to war/collective violence. The test is standardized with good test-retest reliability (ICC= 0.88) (Chen et al., 2021) and high content validity (S-CVI= 0.89). Responses are on Likert Scale and dichotomous in nature ruling out the Common method bias in statistical analysis (Kock et. al, 2021). Resilience is measured using Brief Resilience Scale (Smith et al., 2008) is a 6- item self-report scale assessing resilience. The responses are in 5-point Likert scale ranging from strongly disagree to strongly agree. Internal Consistency was good with Cronbach's alpha ranging from 0.80-0.91, $p < 0.001$ (Smith et al., 2008). *Utrecht Work Engagement Scale* (Schaufeli et al., 2006) measures sub-dimensions of work engagement as vigor, dedication and absorption which have three items each. It is a seven-point scale ranging from '0' to '6'.

Data Analysis and Results

IBM SPSS Statistics Version 25 was used to analyze the data. Descriptive statistics were performed to summarize the distribution of the study variables followed by Pearson's Product-Moment correlation analysis to explore the relationships between Adverse Childhood Experiences (ACEs), resilience and work engagement.

Descriptive statistics were computed to explore the central tendency, variance and distribution of the study variables. These results are displayed in Table 1.

Table 1. Descriptive Statistics						
Variable	Mean	S.D.	Minimum	Maximum	Skewness	Kurtosis
ACEs	4.71	2.63	0.00	11.00	0.31	-0.82
WE	4.13	1.24	1.11	6.00	-0.61	-0.48
BRS	3.38	0.67	1.83	5.00	0.18	-0.39
Note. M = Mean; SD = Standard Deviation; N = 310.						

The scores of the participants on the ACE questionnaire as seen in Table 1 shows on average the sample reported having experienced about five adverse childhood experiences before age 18. The range of scores that were observed beneath this scale going from 0-11, and the sample of participants was very variable in terms of childhood adversity.

Participants had a mean score of 4.13 (SD = 1.24) on a seven-point scale for work engagement, indicating moderate to relatively high levels of work engagement. The mean resilience score, on the other hand, was 3.38 (SD = 0.67) on a five-point scale, representing a moderate degree of psychological resilience of the respondents.

The distribution suggests the skewness value of ACEs, WE and BRS as 0.31, -0.61, and 0.18 respectively. And the kurtosis values of ACEs, WE, and BRS were -0.82, -0.48 and -0.39 respectively. The skewness is well within the range of -2.0 to +2.0 and the kurtosis is also acceptable as it is within -7 to +7 range. None of these values fell outside the generally accepted ranges of normality suggesting that there were no significant deviations between the distributions of the study variables and normality. These data were thus deemed suitable for Pearson's Product Moment Correlation analysis.

Pearson's Product-Moment Correlation was performed to examine the associations among Adverse Childhood Experiences (ACEs), resilience, and work engagement. The results are presented in Table 2.

Table 2: Pearson Correlation Analysis			
Variables	ACEs	BRS	WE
ACEs	1		
BRS	.236**	1	
WE	.323**	.325**	1

Note: $p < .01$ ** $p < 0.05$ *

The initial hypothesis was that there would be a strong correlation between ACE and resilience. The findings showed ACEs and resilience were highly correlated and positive, $r(308) = .236$, $p < .001$. Overall, the relationship between childhood adversity and resilience was positive indicating that as participants reported higher levels of childhood adversity, they were also more likely to report higher levels of qualities of resilience; however, the direction and strength of the relationships was relatively small. Thus, Hypothesis 1 was confirmed.

The second hypothesis suggested that the relationships between ACEs and work engagement would be significant. A significant positive correlation was found between ACEs and work engagement, $r(308) = .323$, $p < .001$, for the analysis. This was a small to moderate relationship, and points to those with a more difficult upbringing reporting a relative higher rate of work involvement. As such, Hypothesis 2 was confirmed.

According to the third hypothesis, there was a strong correlation between resilience and work engagement. There was a significant positive correlation between resilience and work engagement, $r(308) = .325$, and $p < .001$ was obtained from Pearson's correlation analysis. The results also suggest that as people's resilience level increases, they were more likely to experience more vigour, dedication and absorption in their jobs, meaning that there is a positive relationship between resilience and employees' vigor, dedication and absorption in work. Thus, Hypothesis 3 was supported.

All the three study variables were found to be significantly related with each other on the basis of correlation analysis. Adverse Childhood Experiences was found to have a positive relationship with both Resilience and Work Engagement, and there was a positive relationship between Resilience and Work Engagement. The relationships were small but all correlation coefficients were statistically significant ($p < .01$) suggesting that there was higher childhood adversity related to increased resilience and increased work engagement among participants. In addition, resilient individuals also had higher scores of work engagement. The present study's findings suggest that resilience could be a key psychological resource linked to adaptive occupational function of people with histories of childhood adversity.

4. Discussion

The present study was designed to explore the relationships between Adverse Childhood Experiences (ACEs), Resilience and Work Engagement among working adults of India. The results indicated that there were positive associations among ACEs and resilience, and a positive association between resilience and work engagement. Modest correlations among observed variables, though, were statistically significant and indicate that the negative outcomes that children may experience are not always the result of childhood adversity. Instead, some resilient children and youth may develop psychological resources as a result of early adverse events that would help them to adapt to adult life, especially in the workplace (Longhi et al., 2021).

This study aimed to explore the relationship between ACEs and resilience first. The results showed a strong positive correlation of these variables, consistent with higher levels of childhood adversity being associated with increased levels of resilience. This is in contrast to the predominant literature on ACEs, which is known for linking childhood adverse experiences with poor psychological functioning and lower functioning levels. It does recognize, however, that each person will react to adversity in a different manner and that some will be able to turn the adverse experience into a positive event that will yield psychological growth and change (Trivedi, 2026).

Repeated exposure to stressful life situations could contribute to development of adaptive coping responses, emotional regulation, and psychological flexibility, which could account for this finding. People who "survive" and get through the rough times can learn to cope more successfully with future stressors and gradually develop more positive self-confidence in their ability to handle challenging situations. This is supported by a study by Sheffler et al., (2019) that indicated that experiences in childhood leave people better equipped to deal with adverse situations later in life.

The results are also in line with the post-traumatic growth concept which suggests that positive psychological transformations can occur after successful challenges and coping with extremely stressful experiences (Tedeschi & Calhoun, 2004). People will not simply get better, they may become stronger in their personalities, more emotionally grown, better problem solvers, more independent and find meaning in life (Park, 2013). The study by Widyorini et al. (2022) found that people who report increased resilience are more likely to report increased resilience in multiple life areas, thus suggesting that hardship also can be a vehicle of long-term psychological development (Caetano & Pereira, 2024). In this view the positive correlation between ACEs and resiliency could be considered a growth process whereby individuals adapted to adversity experiences, and emerged with psychological strengths that were enduring (Tan & Barlas, 2025).

The second goal was to explore the correlation between ACE and Work engagement. In both cases, results demonstrated that there was a strong positive relationship between childhood adversity and work engagement: those with higher exposure to adverse childhood experiences felt more energized, more passionate and absorbed in the work. This result is significant, given the widely held view that childhood trauma is always negatively associated with later occupation functioning (Sampasa-Kanyinga et al., 2017; De Vries et al., 2023). Although a large literature has shown that childhood adversity negatively affects employment outcomes, performance at work, and psychological wellbeing, the present findings indicate that adverse childhood experiences can in some cases affect behaviors that lead to adaptive functioning in the world of work (De Venter et al., 2020).

There is a strong possibility that it is because work provides an important source of meaning, purpose, identity and psychological stability to people who have suffered adverse experiences (Park, 2013). These people have faced a lot of obstacles early in their life, and may really be driven to succeed in their personal life and to achieve some level of financial security as well as developing a stable career identity. They likely are able to expend more psychological effort into their work and show higher occupational commitment. Post-traumatic individuals may be more driven to thrive and have a desire to find purpose and stability in their careers (Coyte et al., 2023). Likewise, Jayawickreme et al. (2020) argued that after a challenge, workers can use work to help them reform and reshape positive life stories and bolster their identity.

The present results also build on Graham's (2021) emphasis on examining these supportive psychological processes that could explain why adverse childhood experiences impact professional functioning in adulthood. The current study addresses this limitation by studying both factors in relation to each other - that is, simultaneously considering the effects of stress on the child as well as the child's reactions of resilience and engagement when working. The results confirmed the hypothesis that there are some relationships between ACEs and both resilience and work engagement, which mean that resilience may be considered as a protective process coping with childhood adversity to maintain positive occupational functioning.

The third aim explored the link between resilience and work engagement. The results indicated that there was a significant positive correlation between these variables, demonstrating that the higher the level of resilience, the higher the level of work engagement (Wang et al., 2016). This is consistent with the previous organizational psychology literature which has largely been connected with the idea that resilience is a key personal resource and contributor to employee wellbeing and occupational effectiveness (Cabrera-Aguilar et al., 2023).

Resilient individuals are better able to keep their emotions in check, bounce back from failure, be happy amidst the challenges, and remain engaged in what they do. These fitters enable staff to maintain high levels of energy, enthusiasm and commitment in facing challenging work environments. Another study conducted by Ibrahim and Hussein (2024) revealed that resilience has a significant impact on engaging in the workplace by increasing employees' ability to manage work stressors and foster their productive work behavior. Resilience has also been seen as a useful psychological trait that helps them enhance their ability to perform in the workplace and to cope with stress both in a healthy way and by continuing to strive for occupational objectives (Tampombebu et al., 2025).

Results of the present study indicated that together it appears as though resilience is a vital psychological asset in the relationship between childhood adversity and adaptively functioning at work (Cantante-Rodrigues et al., 2021).

While mediation was not a focus of the current study, the pattern of associations in this study suggests that resilience may be part of one pathway that individuals with childhood adversity stay engaged and committed to in the workplace. This perspective is consistent with strength-based interpretations in positive psychology, suggesting the individual's potential to adapt, grow and flourish in the face of encountering high levels of adversity.

However, it is important to keep the following pointers in mind when considering these results. The main studies in the field further support associations of adverse childhood events with depression, anxiety, substance abuse, chronic diseases and poor psychosocial development or functioning (Trivedi et al., 2020).

As such, the positive correlations reported in the current study should not be taken to mean that childhood adversity is 'good' by itself. Instead, they point to the fact that human beings are often heterogeneous and that for some, adverse experiences may lead to lifelong psychological challenges (Pasteuning et al., 2024), but the same adverse events may lead to the development of coping and recovery and sometimes to the development of new strengths that compensate for the trauma (Nurius et al., 2015).

Overall, this research study confirmed all three proposed hypotheses and adds to the existing literature that reinforces the importance of strengths-based coping with childhood adversity (Tan & Barlas, 2025). The results are the product of a combination of clinical psychology, positive psychology and organizational psychology research, which suggest that negative childhood experiences aren't necessarily connected to poor occupational functioning in adults. On the other hand, exposure to adversity at an early age in some people can lead to resilience, a factor that can enhance participation in the workplace (Milne et al., 2024). This research highlights the need to respond to children's trauma in ways that demonstrate Strengths Based practices in organizations that acknowledge children's vulnerabilities as well as their capacity to be resilient, to grow and to be meaningfully engaged throughout their adult life.

5. Practical Implications

The current research study has theoretical, practical and organizational implications. On a theoretical level, the results add to the growing body of literature that takes a strengths-based approach to understanding childhood adversity, and show that while ACEs can relate to psychological dysfunction, they may also relate to resiliency which in turn can make one adapt to have professional wellbeing and engagement. The study mirrors the modern resilience-based, transdisciplinary approach to childhood trauma than looking at deficits and impairments as a result of childhood adversity, but illuminates individual differences in functional strengths and potential for growth. It throws light upon future scope to study role of individual strengths, interests, activities, and hope, that helps one to cope from childhood trauma with success.

The findings highlight the need for trauma-informed and strengths-based workplace interventions from a practical perspective. It is important for organizations to understand that employees can bring with them a range of childhood history that could impact them professionally as well as recognize a worker's resilience and ability to develop from the situation. Enhancing coping, emotional regulation, psychological flexibility and resiliency through intervention could result in improved employee engagement, wellbeing and their occupational functioning. Resilience-building programs, mentoring, peer support groups, employee assistance services, and effective leadership behaviors within the workplace can also boost employees' resilience to occupational stress.

The results also have implications for the organizational policy and the well-being of the employees. Organizations can benefit from a psychologically safe and supportive work culture that fosters a sense of autonomy, recognition, belongingness and meaningful work. The presence of other protective factors along with risk factors may contribute to a positive mental health culture for employees and continued engagement.

Longitudinal research designs should be used in future studies to determine causal connections between childhood adversity, resilience and work engagement. The intervening role of resilience as a mediator or a moderator can be studied that how it influences the relationship between ACEs and occupational functioning. Other protective factors, such as social support, coping strategies, psychological capital, emotional intelligence, as well as organizational support and meaning in life should also be added to future research to better understand adaptive

functioning after childhood adversity. Finally, research should include more diverse and larger samples of occupations, culture groups and geographic areas, to provide more generalizable insights and to better identify patterns of resilience development and nurturing across different contexts and populations.

6. Conclusion

Resilience has been identified as an important psychological strength in the way in which some people respond to adverse childhood experiences and continue to positively engage in their work. For some, childhood adversity can be linked to better functioning in adulthood, as ACEs are linked to resilience and positive experiences of life, such as meaning-making and possibly post-traumatic growth, which lead to sustained energy, commitment, and involvement at work. The study takes a positive, rather than deficit, perspective on ACEs and makes a meaningful contribution to clinical, positive, and organizational psychology by acknowledging that vulnerability is not separate from adaptive capacities in the context of employee well-being. Nevertheless, the results need to be considered with caution as this is a correlational research design, a self-report questionnaire does not imply causation, and it can suffer from recall, social-desirability, and common-method biases. Secondly, the purposive sample in the metro area restricts generalizability and future studies should include social support, coping, emotional regulation, organizational climate, job demands, psychological capital, and meaning in life as important intervening factors in explaining these relationships.

References

1. Banyard, V., Hamby, S., & Grych, J. (2017). Health effects of adverse childhood events: Identifying promising protective factors at the intersection of mental and physical well-being. *Child Abuse & Neglect*, 65, 88–98. <https://doi.org/10.1016/j.chiabu.2017.01.011>
2. Cabrera-Aguilar, E., Zevallos-Francia, M., Morales-García, M., Ramírez-Coronel, A. A., Morales-García, S. B., Sairitupa-Sanchez, L. Z., & Morales-García, W. C. (2023). Resilience and stress as predictors of work engagement: the mediating role of self-efficacy in nurses. *Frontiers in Psychiatry*, 14, 1202048. <https://doi.org/10.3389/fpsy.2023.1202048>
3. Caetano, S., & Pereira, H. (2024). The Mediating Effect of Post-Traumatic Growth on the Relationship between Adverse Childhood Experiences and Psychological Distress in Adults. *Social Sciences*, 13(5), 262. <https://doi.org/10.3390/socsci13050262>
4. Cantante-Rodrigues, F., Lopes, S., Sabino, A., Pimentel, L., & Dias, P. C. (2021). The Association Between Resilience and Performance: the Mediating Role of Workers' Well-being. *Psychological Studies*, 66(1), 36–48. <https://doi.org/10.1007/s12646-020-00583-7>
5. Chen, S., He, Y., Xie, G., Chen, L., Zhang, T., Yuan, M., Li, Y., Chang, J., & Su, P. (2021). Relationships among adverse childhood experience patterns, psychological resilience, self-esteem and depressive symptoms in Chinese adolescents: A serial multiple mediation model. *Preventive Medicine*, 154, 106902. <https://doi.org/10.1016/j.ypmed.2021.106902>
6. Coyte, B., Betihavas, V., Devenish, S., & Foster, K. (2023). Resilience, posttraumatic growth and psychological wellbeing of paramedicine clinicians: An integrative review. *Paramedicine*, 21(1), 16–35. <https://doi.org/10.1177/27536386231206501>
7. De Venter, M., Elzinga, B. M., Van Den Eede, F., Wouters, K., Van Hal, G. F., Veltman, D. J., Sabbe, B. G. C., & Penninx, B. W. J. H. (2020). The associations between childhood trauma and work functioning in adult workers with and without depressive and anxiety disorders. *European Psychiatry*, 63(1), e76. <https://doi.org/10.1192/j.eurpsy.2020.70>
8. De Vries, T. R., Arends, I., Oldehinkel, A. J., & Bültmann, U. (2023). Associations between type of childhood adversities and labour market participation and employment conditions in young adults. *Journal of Epidemiology & Community Health*, 77(4), 230–236. <https://doi.org/10.1136/jech-2022-219574>
9. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
10. Graham, B. (2021). Off to a poor start: the role of childhood adversity in employee burnout, turnover, commitment, and counterproductive behavior. [MA Thesis, Clemson University]. https://tigerprints.clemson.edu/all_theses/3540
11. Hamby, S., Grych, J., & Banyard, V. (2017). Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity. *Psychology of Violence*, 8(2), 172–183. <https://doi.org/10.1037/vio0000135>
12. Hashimoto, S., Ichiki, M., Ishii, Y., Morishita, C., Shimura, A., Kusumi, I., Inoue, T., & Masuya, J. (2022). Victimization in childhood influences presenteeism in adulthood via mediation by neuroticism and perceived job stressors. *Neuropsychiatric Disease and Treatment*, Volume 18, 265–274. <https://doi.org/10.2147/ndt.s343844>
13. Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356–e366. [https://doi.org/10.1016/s2468-2667\(17\)30118-4](https://doi.org/10.1016/s2468-2667(17)30118-4)

14. Ibrahim, B. A., & Hussein, S. M. (2024). Relationship between resilience at work, work engagement and job satisfaction among engineers: a cross-sectional study. *BMC Public Health*, 24(1), 1077. <https://doi.org/10.1186/s12889-024-18507-9>
15. Jayawickreme, E., Infurna, F. J., Alajak, K., Blackie, L. E. R., Chopik, W. J., Chung, J. M., Dorfman, A., Fleeson, W., Forgeard, M. J. C., Frazier, P., Furr, R. M., Grossmann, I., Heller, A. S., Laceulle, O. M., Lucas, R. E., Luhmann, M., Luong, G., Meijer, L., McLean, K. C., . . . Zonneveld, R. (2020). Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. *Journal of Personality*, 89(1), 145–165. <https://doi.org/10.1111/jopy.12591>
16. Kock, F., Berbekova, A., & Assaf, A. G. (2021). Understanding and managing the threat of common method bias: Detection, prevention and control. *Tourism Management*, 86, 104330. <https://doi.org/10.1016/j.tourman.2021.104330>
17. Kothari, C. R. (2004). *Research methodology: Methods and Techniques*. New Age International.
18. Longhi, D., Brown, M., & Reed, S. F. (2021). Community-wide resilience mitigates adverse childhood experiences on adult and youth health, school/work, and problem behaviors. *American Psychologist*, 76(2), 216–229. <https://doi.org/10.1037/amp0000773>
19. Lyons, D. M., & Parker, K. J. (2007). Stress inoculation-induced indications of resilience in monkeys. *Journal of Traumatic Stress*, 20(4), 423–433. <https://doi.org/10.1002/jts.20265>
20. Malik, P., & Garg, P. (2017). Learning organization and work engagement: the mediating role of employee resilience. *The International Journal of Human Resource Management*, 31(8), 1071–1094. <https://doi.org/10.1080/09585192.2017.1396549>
21. Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10–19. <https://doi.org/10.1016/j.chiabu.2017.03.016>
22. Milne, L., Ratuszniak, A., & Nguyen, H. (2024). How adverse childhood experiences impact the professional quality of life of residential care workers: resilience as a mediator for burnout, secondary traumatic stress, and compassion satisfaction. *Frontiers in Child and Adolescent Psychiatry*, 3, 1423451. <https://doi.org/10.3389/frcha.2024.1423451>
23. Nibuya, R., Shimura, A., Masuya, J., Iwata, Y., Deguchi, A., Ishii, Y., Tamada, Y., Fujimura, Y., Tanabe, H., & Inoue, T. (2022). Complex effects of childhood abuse, subjective social status, and trait anxiety on presenteeism in adult volunteers from the community. *Frontiers in Psychology*, 13(4), 1063637. <https://doi.org/10.3389/fpsyg.2022.1063637>
24. Nurius, P. S., Green, S., Logan-Greene, P., & Borja, S. (2015). Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis. *Child Abuse & Neglect*, 45, 143–153. <https://doi.org/10.1016/j.chiabu.2015.03.008>
25. Pace, C. S., Muzi, S., Rogier, G., Meinerio, L. L., & Marcenaro, S. (2022). The Adverse Childhood Experiences – International Questionnaire (ACE-IQ) in community samples around the world: A systematic review (part I). *Child Abuse & Neglect*, 129, 105640. <https://doi.org/10.1016/j.chiabu.2022.105640>
26. Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257–301. <https://doi.org/10.1037/a0018301>
27. Park, C. L. (2013). The Meaning Making Model: A framework for understanding meaning, spirituality, and stress-related growth in health psychology. *European Health Psychologist*, 15(2), 40–47. <https://www.ehps.net/ehp/index.php/contents/article/download/ehp.v15.i2.p40/1041>
28. Pasteuning, J. M., Gathier, A. W., Vinkers, C. H., & Sep, M. S. (2024). Resilience following childhood adversity: The need for a heuristic multilevel dynamic framework. *Neuroscience Applied*, 3, 104069. <https://doi.org/10.1016/j.nsa.2024.104069>
29. Petruccelli, K., Davis, J., & Berman, T. (2019). Adverse childhood experiences and associated health outcomes: A systematic review and meta-analysis. *Child Abuse & Neglect*, 97, 104127. <https://doi.org/10.1016/j.chiabu.2019.104127>
30. Sampasa-Kanyinga, H., Nilsen, W., & Colman, I. (2017). Child abuse and work stress in adulthood: Evidence from a population-based study. *Preventive Medicine*, 108, 60–66. <https://doi.org/10.1016/j.ypmed.2017.12.029>
31. Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire. *Educational and Psychological Measurement*, 66(4), 701–716. <https://doi.org/10.1177/0013164405282471>
32. Schaufeli, W. B., Salanova, M., González-Romá, V., & Bakker, A. B. (2002). Utrecht Work Engagement Scale-17 [Dataset]. In *PsyctESTS Dataset*. <https://doi.org/10.1037/t07164-000>
33. Sheffler, J. L., Piazza, J. R., Quinn, J. M., Sachs-Ericsson, N. J., & Stanley, I. H. (2019). Adverse childhood experiences and coping strategies: identifying pathways to resiliency in adulthood. *Anxiety Stress & Coping*, 32(5), 594–609. <https://doi.org/10.1080/10615806.2019.1638699>
34. Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
35. Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(1). <https://doi.org/10.3402/ejpt.v5.25338>

36. Srivastav, A., Strompolis, M., Moseley, A., & Daniels, K. (2019). The Empower Action Model: a framework for preventing adverse childhood experiences by promoting Health, Equity, and Well-Being across the life span. *Health Promotion Practice*, 21(4), 525–534. <https://doi.org/10.1177/1524839919889355>
37. Steger, M. F., & Park, C. L. (2012). The creation of meaning following trauma: Meaning making and trajectories of distress and recovery. In *American Psychological Association eBooks* (pp. 171–191). <https://doi.org/10.1037/13746-008>
38. Stress inoculation training : Meichenbaum, Donald : Free Download, Borrow, and Streaming : Internet Archive. (1985). Internet Archive. <https://archive.org/details/stressinoculation0000meic>
39. Tampombebu, A. T. V., T., Wijono, S., Setya Murti, H. A., & Universitas Kristen Sattya Wacana Salatiga. (2025). Resilience and social support as predictors of work engagement in employees at PT. X. In *Eduvest – Journal of Universal Studies* (Vol. 5, Issue 8, pp. 9620–9621). Eduvest. <http://eduvest.greenvest.co.id>
40. Tan, Q. Y. J., & Barlas, J. (2025). Transforming pain into growth: A meta-synthesis of posttraumatic growth following adverse childhood experiences. *Traumatology an International Journal*. <https://doi.org/10.1037/trm0000591>
41. Tedeschi, R. G., & Calhoun, L. G. (2004). TARGET ARTICLE: “Posttraumatic Growth: Conceptual foundations and Empirical Evidence.” *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01
42. Trivedi, G. Y. (2026). Positive childhood experiences are independently associated with adult resilience after accounting for adverse childhood experiences: A cross-sectional study in India. *Acta Psychologica*, 267, 107028. <https://doi.org/10.1016/j.actpsy.2026.107028>
43. Trivedi, G. Y., Pillai, N., & Trivedi, R. G. (2020). Adverse Childhood Experiences & mental health – the urgent need for public health intervention in India. *PubMed*, 62(3), E728–E735. <https://doi.org/10.15167/2421-4248/jpmh2021.62.3.1785>
44. Wang, Z., Li, C., & Li, X. (2016). Resilience, leadership and work engagement: the mediating role of positive affect. *Social Indicators Research*, 132(2), 699–708. <https://doi.org/10.1007/s11205-016-1306-5>
45. Widyorini, E., Roswita, M. Y., Primastuti, E., & Wijaya, D. A. (2022). The Role of Resilience towards the Correlation between Adverse Childhood Experiences and Post-Traumatic Growth. *The Open Psychology Journal*, 15(1). <https://doi.org/10.2174/18743501-v15-e2203280>
46. World Health Organization. Adverse Childhood Experiences International Questionnaire. In Adverse Childhood Experiences International Questionnaire (ACE-IQ). [website]: Geneva: WHO, 2018.