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Relationship between Trauma Exposure and Psychological Resilience among University Students in Ghana: A Quantitative Analysis

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Abstract

Purpose: This study aims to investigate the impact of trauma exposure on psychological resilience among university students in Ghana, highlighting the significance of coping strategies in mitigating the effects of trauma.

Methodology: A cross-sectional design was employed from August 2024 to March 2025, utilising a structured questionnaire distributed through social media platforms. Data were collected from 158 participants and analysed using SPSS to summarise demographic information, levels of trauma exposure, and resilience.

Findings: The results indicated a significant negative correlation between trauma exposure and psychological resilience ($r = -0.252$, $p = 0.001$), suggesting that higher levels of trauma exposure are associated with lower resilience. Gender did not significantly affect resilience outcomes, and age was not a predictive factor. However, coping strategies emerged as critical mediators, significantly enhancing resilience among participants.

Unique contribution to theory, practice and policy: This study confirms that trauma exposure adversely impacts psychological resilience in Ghanaian university students, emphasising the need for targeted mental health interventions. While demographic factors like gender and age were not influential, the role of effective coping strategies highlights the importance of developing adaptive mechanisms to bolster resilience. Future research should focus on identifying and implementing the most effective coping strategies to improve resilience in this vulnerable population.

Keywords: *Psychological Resilience, Trauma Exposure, University Students, Coping Strategies, Mental Health Interventions*

INTRODUCTION

Trauma exposure is a widespread phenomenon with profound implications for mental health and overall well-being. It encompasses experiences with a high potential for harm, such as actual or threatened death, serious injury, or sexual violation [1]. Often, trauma involves interpersonal violence, either through direct victimization or through witnessing such violence inflicted on others. These forms of trauma are particularly associated with heightened risks of psychological distress and other mental health challenges, highlighting the significant impact of trauma exposure on individuals [1].

University students are particularly vulnerable to trauma due to the combination of developmental, academic, and social pressures they face [2, 3]. Traumatic experiences, such as personal losses, accidents, exposure to violence, or natural disasters, can significantly contribute to psychological distress, including depression, anxiety, and post-traumatic stress disorder (PTSD) [2-4]. However, not everyone exposed to trauma develops negative psychological outcomes [4].

Psychological resilience, the ability to adapt and recover from adversity, plays a crucial role in mitigating the psychological impacts of trauma, such as depression, anxiety, and PTSD [3, 5]. Research highlights that many college students effectively adjust to potentially traumatic events by leveraging resilience factors like social support, emotional intelligence, and coping strategies [3, 5]. Resilient individuals often rely on supportive relationships and personal strengths to overcome trauma, with higher resilience levels linked to reduced negative emotions and improved mental health outcomes [3, 6, 7].

Research on trauma exposure and psychological resilience in Ghana has mainly focused on populations like refugees and domestic violence survivors [8-10], with little attention to university students. This study addresses this gap by examining the prevalence of trauma exposure, levels of resilience, and how resilience mitigates trauma's psychological impact among Ghanaian university students. The results are intended to guide interventions that support mental health and academic achievement among this group, thereby contributing to strategies that improve students' overall well-being [11].

MATERIALS AND METHODS

Study Design: This study was a cross-sectional conducted from January 2025 to March 2025 to examine the relationship between trauma exposure and psychological resilience among university students in Ghana.

Study Population and Sampling: The target population comprised of undergraduate and postgraduate students enrolled in Universities in Ghana.

The sample size was calculated using the *Raosoft sample size calculator* [12]. The minimum sample size required for this study was 95 participants at a 95% confidence level, 10.0% margin

of error, and a response distribution of 50%. To account for errors during sampling and to increase statistical power, the number of study participants was increased to 158.

Ethical Considerations: Measures were taken to ensure confidentiality and anonymity. Informed consents were obtained before participation.

Data Collection and Instrument: The data collection instrument for this study comprised a structured questionnaire divided into four sections. **Section A (Demographic Information)** captured participants' age, gender, year of study, and marital status. **Section B (Trauma Exposure)** assessed participants' experiences with traumatic events, including natural disasters, physical assault, emotional abuse or neglect, and the sudden loss of a loved one, with an optional field for describing specific experiences. **Section C (Psychological Resilience)** utilised the Connor-Davidson Resilience Scale (CD-RISC) to measure resilience, where participants rated their agreement with statements such as "I am able to adapt to change" on a 5-point Likert scale ranging from 0 (Not true at all) to 4 (True nearly all the time). **Section D (Coping Strategies)** employed the Brief COPE Inventory to evaluate coping strategies, with participants rating the frequency of actions like "I've been talking to someone about how I feel" on a 4-point Likert scale from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot).

A simple random sampling technique was employed, with participants invited to complete the Google form distributed through social media platforms like WhatsApp.

Data Analysis: Data was analysed using Statistical Package for Social Sciences (SPSS), version 26.

RESULTS

Hypothesis One

H1: There is a significant negative relationship between trauma exposure and psychological resilience among university students.

Table 1

Correlation Between Trauma Exposure and Psychological Resilience

	Trauma Exposure	Psychological Resilience
Trauma Exposure	1	–.252**
Psychological Resilience	–.252**	1
N	158	158
Sig. (2-tailed)	.001	.001

Note. N = 158. **. Correlation is significant at the 0.01 level (2-tailed).

The correlation analysis revealed the following findings:

- **Pearson's correlation coefficient (r) between trauma exposure and psychological resilience was -0.252,** indicating a significant negative relationship.
- **p-value = .001**, confirming statistical significance at the 0.01 level (2-tailed).
- The sample size (N) was 158, suggesting a moderately sized dataset suitable for robust statistical analysis.

Interpretation

The results support the hypothesis (H1) that there is a significant negative relationship between trauma exposure and psychological resilience among university students. Specifically, as trauma exposure increases, psychological resilience tends to decrease. This suggests that students who experience higher levels of trauma may have lower resilience, potentially making them more vulnerable to stress-related psychological challenges.

Hypothesis Two

Hypothesis (H2): Gender significantly influences the level of psychological resilience among university students exposed to trauma.

Data Analysis

T-Test Results

The independent samples t-test was conducted to assess the difference in psychological resilience between male and female students.

Table 2

Group Statistics for Psychological Resilience by Gender

Gender	N	Mean	Std. Deviation	Std. Error Mean
Male	76	6.0132	4.28484	.49150
Female	82	6.3293	4.44182	.49052

Table 3

Independent Samples Test for Psychological Resilience

Test	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% CI Lower	95% CI Upper
Equal variances assumed	.124	.726	-.455	156	.650	-.31611	.69535	-1.68963	**1.05740**
Equal variances not assumed			-.455	155.745	.650	-.31611	.69439	-1.68776	**1.05554**

Interpretation of T-Test Results

The analysis shows that the mean psychological resilience score for males (M = 6.0132) is lower than that for females (M = 6.3293). However, the t-test results indicate that this difference is not statistically significant (t (156) = -0.455, p = 0.650). Therefore, we fail to reject the null hypothesis, suggesting that gender does not significantly influence psychological resilience among university students exposed to trauma.

Regression Analysis

A regression analysis was performed to evaluate the relationship between age and psychological resilience.

Table 4

Model Summary Regression Analysis of Age and Psychological Resilience

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.012	.000	-.006	**4.36965**

Note. Predictors: (Constant), Age

Table 5

ANOVA for Regression Analysis on Psychological Resilience

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	.401	1	.401	.021	**.885**
Residual	2978.637	156	19.094		
Total	2979.038	157			

Note. Dependent Variable: Psychological Resilience, b. Predictors: (Constant), Age

Table 6

Coefficients for Regression Analysis on Psychological Resilience

Model	B	Std. Error	Beta	t	Sig.
(Constant)	5.990	1.341		4.468	**.000**
Age	.007	.046	.012	.145	**.885**

Note. a. Dependent Variable: Psychological Resilience

Interpretation of Regression Results

The regression analysis shows that age does not significantly predict psychological resilience ($F(1, 156) = 0.021$, $p = 0.885$). The R^2 value of 0.000 indicates that age explains virtually none of the variance in psychological resilience.

Hypothesis Three

H3: Coping strategies mediate the relationship between trauma exposure and psychological resilience, with adaptive coping strategies leading to higher resilience.

Data Analysis

Regression Analysis: Trauma Exposure on Psychological Resilience

The first regression analysis examined the direct effect of trauma exposure on psychological resilience.

Table 7

Model Summary for Regression Analysis on Psychological Resilience

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.252	.063	.057	**4.22896**

Note. Predictors: (Constant), Trauma Exposure

Table 8

ANOVA for Regression Analysis on Psychological Resilience

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	189.119	1	189.119	10.575	**.001**
Residual	2789.919	156	17.884		
Total	2979.038	157			

Note. Dependent Variable: Psychological Resilience, b. Predictors: (Constant), Trauma Exposure

Table 9

Coefficients for Regression Analysis on Psychological Resilience

Model	B	Std. Error	Beta	t	Sig.
(Constant)	7.385	.501		14.735	**.000**
Trauma Exposure	-.324	.099	-.252	-3.252	**.001**

Note. Dependent Variable: Psychological Resilience

Interpretation of Regression Analysis

The regression analysis indicates a significant negative relationship between trauma exposure and psychological resilience ($B = -0.324$, $p < 0.001$). This implies that increased trauma exposure is associated with lower levels of psychological resilience among university students. The R^2 value of 0.063 suggests that approximately 6.3% of the variance in psychological resilience can be explained by trauma exposure.

Regression Analysis: Trauma Exposure on Coping Strategies

The next analysis examined the effect of trauma exposure on coping strategies.

Table 10

Model Summary for Regression Analysis on Psychological Resilience

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.207	.043	.037	**2.47048**

Note. Predictors: (Constant), Trauma Exposure

Table 11

ANOVA for Regression Analysis on Coping Strategies

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	42.835	1	42.835	7.018	**.009**
Residual	952.108	156	6.103		
Total	994.943	157			

Note. Dependent Variable: Coping Strategies, Predictors: (Constant), Trauma Exposure

Table 12

Coefficients for Regression Analysis on Coping Strategies

Model	B	Std. Error	Beta	t	Sig.
(Constant)	7.594	.293		25.936	**.000**
Trauma Exposure	-.154	.058	-.207	-2.649	**.009**

Note. Dependent Variable: Coping Strategies

Interpretation of Coping Strategies Analysis

The regression results show a significant negative relationship between trauma exposure and coping strategies (B = -0.154, p = 0.009). This indicates that higher levels of trauma exposure correlate with less effective coping strategies, explaining 4.3% of the variance in coping.

Multiple Regression Analysis: Trauma Exposure and Coping Strategies on Psychological Resilience

The final analysis explored how both trauma exposure and coping strategies together influence psychological resilience.

Table 13

Model Summary for Regression Analysis on Psychological Well-Being

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.692	.479	.472	**3.16475**

Note. Predictors: (Constant), Coping Strategies, Trauma Exposure

Table 14

ANOVA for Regression Analysis on Psychological Resilience

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1426.615	2	713.308	71.219	**.000**
Residual	1552.423	155	10.016		
Total	2979.038	157			

Note. Dependent Variable: Psychological Resilience, Predictors: (Constant), Coping Strategies, Trauma Exposure

Table 15

Coefficients for Regression Analysis on Psychological Resilience

Model	B	Std. Error	Beta	t	Sig.
(Constant)	-1.272	.864		-1.472	**.143**
Trauma Exposure	-.148	.076	-.115	-1.944	**.054**
Coping Strategies	1.140	.103	.659	11.116	**.000**

Note. Dependent Variable: Psychological Resilience

Interpretation of Multiple Regression Analysis

The multiple regression analysis reveals that both trauma exposure and coping strategies significantly predict psychological resilience ($F(2, 155) = 71.219$, $p < 0.000$). The model explains 47.9% of the variance in psychological resilience, indicating a strong relationship.

- **Coping Strategies**: The coefficient for coping strategies ($B = 1.140$, $p < 0.000$) is highly significant, suggesting that effective coping strategies are associated with higher levels of psychological resilience.
- **Trauma Exposure**: The coefficient for trauma exposure ($B = -0.148$, $p = 0.054$) is marginally significant, indicating that increased trauma exposure is associated with lower resilience, though it is less impactful than coping strategies.

DISCUSSION

Hypothesis One

H1: There is a significant negative relationship between trauma exposure and psychological resilience among university students.

Discussion of Results

The results of this study reveal a significant negative relationship between trauma exposure and psychological resilience among university students, with a Pearson correlation coefficient of -0.252 ($p = 0.001$). This finding supports the hypothesis (H1) that increased trauma exposure correlates with decreased resilience, highlighting that students who have experienced higher levels of trauma may be more susceptible to psychological distress.

Alignment with Existing Literature

These findings resonate with previous research that has established a link between trauma exposure and adverse psychological outcomes. For instance, Cusack et al. (2019) noted that college students with traumatic backgrounds often exhibit elevated levels of PTSD, anxiety, and depression [2]. Similarly, Kleber (2019) emphasises that trauma can have profound effects on mental health, supporting the notion that individuals with traumatic experiences are at greater risk for psychological challenges [4].

Moreover, the role of resilience as a mitigating factor in the face of trauma has been well-documented. Studies indicate that resilient individuals are better equipped to cope with stress and adversity, often leveraging social support and effective coping strategies [3, 5]. Bulathwatta et al. (2017) found that emotional intelligence and resilience significantly influence trauma coping among university students, suggesting that fostering these qualities could buffer against the negative impacts of trauma [5].

Factors Influencing Resilience

While this study establishes a clear correlation, it is essential to consider the multifaceted nature of resilience. Various factors, including social support systems, emotional intelligence, and effective coping strategies, play critical roles in shaping resilience [3, 6]. For example, students who actively engage in social networks or utilise constructive coping mechanisms may experience less psychological distress despite high trauma exposure. Future research should investigate these mediating factors to gain a comprehensive understanding of how resilience can be fostered in vulnerable populations.

Hypothesis Two

Hypothesis (H2): Gender significantly influences the level of psychological resilience among university students exposed to trauma.

Discussion of Results

The investigation into the influence of demographic factors, specifically age and gender, on psychological resilience among university students exposed to trauma reveals some important insights. The findings suggest that neither gender nor age significantly impacts psychological resilience in this population.

Gender Influence on Psychological Resilience

T-Test Analysis

The independent samples t-test results indicated that male students had a mean psychological resilience score of M=6.0132M = 6.0132M=6.0132, whereas female students scored M=6.3293M = 6.3293M=6.3293. Despite the observed difference, the t-test results ($t(156) = -0.455$, $p = 0.650$) showed that this difference is not statistically significant. Therefore, we fail to reject the null hypothesis, suggesting that gender does not significantly influence psychological resilience among university students exposed to trauma.

Comparison with Literature

These findings align with previous studies that have explored gender differences in psychological resilience. For instance, while some research suggests that females may exhibit higher resilience due to stronger social support systems [3, 5], other studies indicate that the differences may not be substantial when controlling for trauma exposure and coping strategies. The lack of significant findings in this study implies that resilience may operate independently of gender in this context, potentially influenced more by individual coping mechanisms and personal experiences rather than demographic factors.

Age Influence on Psychological Resilience

Regression Analysis

The regression analysis revealed that age does not significantly predict psychological resilience ($F(1, 156) = 0.021$, $p = 0.885$), with an R2R^2R2 value of 0.000 indicating that age explains virtually none of the variance in psychological resilience. This finding suggests that age alone is not a determining factor for psychological resilience in the context of trauma exposure among university students.

Implications in Literature

The results regarding age are consistent with some literature indicating that resilience is a complex construct influenced more by environmental, social, and psychological factors than by age alone. For example, studies have shown that resilience can be developed and strengthened through experiences and supportive relationships rather than merely being a function of age [3, 6].

Hypothesis Three

H3: Coping strategies mediate the relationship between trauma exposure and psychological resilience, with adaptive coping strategies leading to higher resilience.

Discussion of Results

The results of this study provide valuable insights into the relationship between trauma exposure, psychological resilience, and coping strategies among university students. The findings reveal several important trends and align with existing literature, further contributing to the understanding of trauma and resilience in this population.

Trauma Exposure and Psychological Resilience

The regression analysis on trauma exposure and psychological resilience revealed a significant negative relationship ($B = -0.324$, $p < 0.001$), indicating that higher levels of trauma exposure are associated with lower psychological resilience. This finding is consistent with previous research showing that trauma exposure can deplete an individual's psychological resources, thus impairing their ability to cope with subsequent stressors [1], [3]. Trauma exposure, especially in the form of interpersonal violence or loss, often disrupts an individual's sense of safety and stability, which can result in diminished resilience [2], [4]. The small R^2 value (0.063) suggests that other factors beyond trauma exposure may also significantly influence psychological resilience, such as individual differences, social support, and coping mechanisms, which are explored further below.

Trauma Exposure and Coping Strategies

The regression analysis examining the relationship between trauma exposure and coping strategies revealed a significant negative association ($B = -0.154$, $p = 0.009$). This implies that individuals who experience higher levels of trauma are less likely to use adaptive coping strategies. Research

has consistently shown that trauma can disrupt coping mechanisms, leading individuals to rely on maladaptive strategies such as avoidance or substance use, which can exacerbate psychological distress [5], [6]. The relatively low R^2 value (0.043) further highlights the complex nature of coping and its reliance on various factors, including personal traits and external support systems.

Coping Strategies and Psychological Resilience

In the multiple regression analysis, both trauma exposure and coping strategies were found to significantly predict psychological resilience ($F(2, 155) = 71.219$, $p < 0.000$). Coping strategies ($B = 1.140$, $p < 0.000$) had a particularly strong positive effect on resilience, suggesting that individuals who use adaptive coping strategies—such as seeking support, engaging in problem-solving, or practicing mindfulness—are more likely to demonstrate higher levels of resilience in the face of trauma. This finding is in line with previous studies that emphasize the importance of effective coping mechanisms in promoting resilience following trauma [3], [5], [6]. Moreover, the significant role of coping strategies underscores the need for interventions that teach adaptive coping skills to university students, which could enhance their ability to withstand the psychological impacts of trauma.

Although trauma exposure ($B = -0.148$, $p = 0.054$) showed a marginally significant negative effect on resilience, the primary takeaway from this analysis is the strong mediating role of coping strategies. The overall R^2 of 0.479 suggests that the model accounted for a substantial portion of the variance in psychological resilience, emphasizing the importance of both trauma exposure and coping strategies in shaping resilience outcomes.

Comparison with Relevant Literature

These findings are consistent with several studies examining trauma, coping, and resilience. Research on trauma exposure has demonstrated that adverse experiences can diminish psychological well-being, but resilience factors—such as social support, emotional intelligence, and adaptive coping strategies—can buffer these effects [5], [7]. The negative relationship between trauma exposure and psychological resilience aligns with prior work, including studies on university students, where trauma exposure has been linked to increased vulnerability to mental health conditions such as depression, anxiety, and PTSD [2], [3].

Additionally, the significant role of coping strategies is supported by literature highlighting that individuals who employ adaptive strategies tend to experience lower levels of distress and better mental health outcomes after trauma [5], [6]. The emphasis on coping strategies also echoes findings from studies on post-traumatic growth, which suggest that individuals with effective coping strategies are more likely to experience positive psychological changes following trauma [7].

Implications in practice

The study's findings suggest several practical implications for promoting mental health and well-being among university students. Interventions aimed at enhancing psychological resilience should focus on strengthening coping mechanisms, particularly adaptive strategies. Programs that provide training in emotional regulation, stress management, and problem-solving skills could be particularly beneficial for students facing trauma or stress. Furthermore, fostering supportive relationships and increasing access to mental health resources could serve as protective factors against the psychological impact of trauma [5], [7].

Summary

This study investigated the relationships between trauma exposure, psychological resilience, and coping strategies among university students in Ghana. The findings revealed a significant negative correlation between trauma exposure and psychological resilience ($r = -0.252$, $p = 0.001$), confirming the hypothesis that increased trauma exposure is associated with decreased resilience. The analysis also indicated no significant influence of gender on resilience, while regression analyses demonstrated that higher levels of trauma exposure correlate with less effective coping strategies ($B = -0.154$, $p = 0.009$). Conversely, adaptive coping strategies were found to significantly enhance resilience ($B = 1.140$, $p < 0.000$). The overall model explained 47.9% of the variance in psychological resilience, highlighting the mediating role of coping strategies.

Recommendations

1. **Intervention Development**: Universities should develop programs that focus on enhancing adaptive coping strategies among students. These programs should include training in emotional regulation, stress management, and problem-solving skills.
2. **Mental Health Resources**: Increase accessibility to mental health resources and support services on campus, ensuring that students have the necessary tools to cope with trauma effectively.
3. **Peer Support Programs**: Establish peer support networks that encourage open discussions about trauma and coping, providing students with a safe space to share their experiences and strategies.

Practical Implications

The findings of this study have several practical implications for promoting mental health among university students:

1. **Training Programs**: Implement training programs that equip students with effective coping mechanisms, such as mindfulness practices, cognitive-behavioral strategies, and social support utilisation.

2. **Awareness Campaigns**: Conduct awareness campaigns to educate students about the impact of trauma on mental health and the importance of resilience and coping strategies.
3. **Supportive Environment**: Create a supportive campus environment that fosters strong social networks and encourages students to seek help when needed, thereby enhancing resilience and overall well-being.

Future Research Directions

Future research should explore the specific types of coping strategies that are most effective in enhancing resilience among university students. Additionally, studies could investigate the influence of other demographic factors, such as socioeconomic status and cultural background, on trauma exposure and resilience, providing a more comprehensive understanding of these dynamics in different contexts.

Conclusion

The findings confirm that trauma exposure significantly diminishes psychological resilience among university students in Ghana. While gender and age did not significantly influence resilience, coping strategies emerged as critical mediators. The study underscores the necessity for interventions aimed at enhancing adaptive coping mechanisms to bolster resilience and mitigate the adverse effects of trauma. Future research should investigate which specific coping strategies are most effective for fostering resilience in this context.

List of abbreviations

- **PTSD**: Post-Traumatic Stress Disorder
- **SPSS**: Statistical Package for the Social Sciences
- **CD-RISC**: Connor-Davidson Resilience Scale
- **COPE**: Coping Orientation to Problems Experienced
- **R^2**: R-Squared (Coefficient of Determination)
- **ANOVA**: Analysis of Variance
- **B**: Unstandardized Coefficient
- **p**: p-value (probability value)
- **F**: F-statistic (ANOVA statistic)
- **Sig.**: Significance
- **MHP**: Mental Health Professionals
- **HP**: Health Psychology
- **R**: Pearson Correlation Coefficient

- **L**: Likert Scale

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