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## Research Article

# EXPLORING THE CORRELATION OF DIFFERENT DOMAINS OF CHILDHOOD TRAUMA, LOCUS OF CONTROL AND LEARNED OPTIMISM IN YOUNG INDIAN ADULTS - A QUANTITATIVE STUDY

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### ABSTRACT

Childhood trauma is a widely prevalent issue which significantly affects the psychological well-being of young adults'. This study examines the correlation between childhood trauma (comprising Emotional Abuse, Physical Abuse, Emotional Neglect, Physical Neglect, and Sexual Abuse), Locus of Control, and Learned Optimism in Indian young adults. By addressing this gap in the literature, we aim to gain deeper insights into the psychological consequences of childhood trauma. A convenience sampling method was used to collect data using the Childhood Trauma Questionnaire-SR, Rotter's Locus of Control Scale, and the Learned Optimism Scale. The results suggest weak positive correlations between all childhood trauma domains and Locus of Control, while they exhibit negative correlations with Learned Optimism. These findings suggest that additional factors may contribute to the complex relationship between these variables, underscoring the need for further exploration.

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## INTRODUCTION

This study explores the correlation between various domains of Childhood Trauma, Learned Optimism, and Locus of Control to determine the influence each variable has on the other. While a child is experiencing negative effects arising from a traumatic event, their locus of control tends to be more external (Kushner *et al.*, 1992). A significant association between locus of control and childhood trauma is seen, that may function as an intermediary for the relationship between physical abuse, emotional abuse, psychological abuse and neglect that the child experiences. Learned Optimism is an explanatory approach that ascribes the causes of negative events to external and unstable factors, this simply means that issues are thought to be created by people or situational factors, the causes are viewed as temporary in nature and they are also limited to either one or a few other situations in one's life (APA, 2018). One of the studies advocated that there is a significant coefficient correspondence between learned optimism and the locus of control in relation with happiness. Those individuals with high levels of learned optimism as well as internal and external locus of control may also express high levels of happiness. (Chamua *et al.*, 2019). Therefore, the study intends to determine the correlation between Childhood Trauma, Learned Optimism and Locus of Control of young adults in India.

## REVIEW OF LITERATURE

The aim of this Literature Review was to collect, analyse and synthesise available research that pertains to Childhood Trauma, Learned Optimism and Locus of Control, as individual variables, and their impact on each other. To find the required papers that met with our criteria, The authors searched through online databases such as PubMed, APA, Frontiers and JSTOR. A search filter was used to include only papers that were written in English.

The authors came across a study by Gökmen Arslan conducted in 2022 that examined the link between childhood psychological maltreatment and psychological adjustment of young adults through aversion to happiness, optimism, and pessimism. The sample consisted of 511 college students (327 females and 184 males) with an age range of 18-39 years. The Brief Adjustment Scale, The Fear of Happiness Scale and The Optimism and Pessimism Questionnaire were used in the study. The study found that psychological maltreatment was not a significant predictor for psychological adjustment. Rather, the variables optimism, pessimism and aversion to happiness predicted psychological adjustment (Arslan, 2022).

In 2022, Mary Christina Wilson used a stepwise regression and multiple regression method to collect data on the predictors of

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Subjective Well-Being. The study's objective was to evaluate the determinants of Subjective Well-Being (SWB), including optimism, locus of control (LOC), age, gender, and ethnicity. The sample consisted of 163 English-speaking adults above the age of 18 that were recruited through social media (Facebook and Amazon Mechanical Turk). The following scales were used: The Flourishing Scale, The Life Orientation Test-Revised, and the Internal Control Index along with a Demographic Questionnaire. The results of the study indicated that optimism and LOC were significant predictors of Subjective Well-Being. The stepwise regression used also indicated that optimism and Locus of Control were strong predictors of Subjective Well-Being. Factors such as age, gender, and ethnicity were removed from the model as they did not statistically correlate with Subjective Well-Being (Wilson, 2022).

The authors reviewed a cross-sectional study by Olayinka Atilola and colleagues in 2021 which studied the mediating effect of external locus of control between cumulative trauma exposure and posttraumatic stress symptoms. The UCLA PTSD Response Index was used to measure posttraumatic stress symptoms, the Multi-Dimensional Locus of Control Scale measured LOC and the Life Events Checklist was used to measure other key negative life experiences. Among the 3826 teenagers who finished the trial, the self-reported cumulative traumatic event exposure and PTSD symptoms were significantly influenced by external LOC and explained 24% of the variation in PTSD symptoms. The study added to the scant evidence that external LOC modulates the link between cumulative trauma experience and PTSD symptoms in teenagers to some extent (Atilola *et al.*, 2021).

A correlational study by Güler Boyraza, YixunZhub and J. Brandon Waits conducted in 2019 explored avoidance managing and foreign locus of control (LOC) as an interceding variable between Post-Traumatic Pressure (PTS) and intellectual acquirement among undergraduate council scholars. The sample consisted of 280 first time scholars with a history of trauma. The grade point pars (GPAs) were obtained from the university after they perfected their first intellectual time. These actors' data were examined utilising path dissection. It was set up that there were two significant circular pathways from PTS to first-time GPA, indicating that foreign intellectual LOC told the benefits of PTS and avoidance managing on first-time GPA. It's concluded that curatives that concentrate on foreign intellectual LOC may support council scholars who have endured trauma to lessen the inhospitable impacts of PTS on their intellectual interpretation (Boyraza, 2019).

In 2019 a study by Aditya Chamuah and Dr. Sankar illustrated the role of tone - efficacy and learned sanguinity in the happiness of university scholars using retrogression analysis. The exploration was conducted on a sample of 60 scholars studying post-graduate courses. The scales used to assess the sample and collect data were LOC, LOS and happiness scale. The results suggested that the correlation measure for the locus of control and learned sanguinity was appreciatively significantly identified with happiness. It was concluded that locus of control and learned optimism are influential factors in the happiness of university scholars. The study further explained that people having a high internal and external locus of control and high situations of learned optimism may also have advanced situations of happiness (Chamuah, 2019).

Alexander (2019) explored how locus of control and quality of life interact to predict the relationship between childhood

trauma and psychological well-being. The study analysed 61 young people, ages 8 to 18, with diverse trauma histories. The tools exercised were "What Am I Like" Harter Scale of Self-Perception, Nowicki-Strickland Locus of Control Scale, Pediatric Quality of Life Inventory, The Child Youth Resilience Measure. Although locus of control alone did not predict well-being, the interaction of locus of control and resilience was significantly related to well-being. Additionally, quality of life and trauma type were found to directly predict well-being issues. Resilience also had a strong association with well-being. While an internal locus of control is ideal, developing a balance of internal and external control may be most adaptive for young people who have faced trauma (Alexander, 2019).

In 2015, Krastoft investigated whether locus of control and coping strategies predict the course of post-traumatic stress disorder (PTSD) over time. One, two and twenty years after the Lebanon War, 675 Israeli soldiers-both those who experienced CSR and those who did not-were evaluated. The pathways of resilience, recovery, delayed onset, and chronicity was then examined as factors of combat exposure, LOC, and coping style. Internal LOC (0.77-0.87), emotional coping style (0.28-0.34), and limited usage of problem-oriented coping were all substantially linked with symptomatic trajectories in the CSR and non-CSR groups, to various degrees (2.12-3.11)(Karstoft, 2015).. In conclusion, evaluation of LOC and coping can help in predicting the development of persistent PTSD after exposure to battle (Karstoft, 2015).

Moreover, a study by Asberg and Renk in 2012 investigated the claim that female convicts have a higher external LOC and can distinguish between females with and without a history of abuse. The study sought to understand the links between female prison inmates' experience of stress, their tendency to attribute outcomes to external forces outside their control, their perceived adequacy of social support, and various elements of their psychological well-being. The research aimed to determine how these different factors relate to and impact each other for this population. The sample consisted of 39 female convicts incarcerated in the county jail. Different general measures were used in this study; first, participants filled out the demographic questionnaire and the Child Sexual Abuse Checklist of Events Before Age 16. It included measures of dependent variables like the perceived stress scale (PSS), the Rotter locus of control (ROC), the multidimensional scale of perceived social support (MSPSS), and measures of dependent variables like the Beck depression inventory-II (BDI-II), the Beck anxiety inventory (BAI), the Beck hopelessness scale (BHS), the trauma symptom inventory (TSI), and the Rosenberg self-esteem scale (RSE). The results showed that the female inmates who had experienced sexual abuse did not differ significantly from their non-abused counterparts. It also revealed that female convicts' perceptions of increased stress, a high locus of control, and insufficient social support were associated with increased symptoms of sadness and hopelessness, as well as poorer self-esteem. This study indicated that female inmates who had been sexually abused did not perceive themselves to be significantly different from their non-abused peers. This disparity may be explained by convicts' participation in trauma survivors' and drug abusers' rehabilitation programmes hosted in the dormitories. The absence of changes is also likely to be explained by the distant nature of these female convicts' childhood trauma, which occurred two decades ago. The precise function of trauma-focused and other supportive groups in

alleviating the suffering of female convicts was not the subject of this study (Asberg *et al.*, 2012).

Additionally, Tanaka *et al.*, 2011 examined the relationship between childhood maltreatment and self-compassion. The sample was drawn from the Maltreatment and Adolescent Pathways (MAP) Longitudinal Study, which was carried out over two years by randomly choosing teenagers receiving child protective services (CPS). CPS-involved youth are more likely to have multiple types of child maltreatment due to the absence of the primary caretaker. It has also been documented that maltreated children and teens are more likely to be aggressive towards others and victimised. The following measures were used in this study: the CTQ used to assess childhood maltreatment, the self-compassion scale (SCS), the General Health Questionnaire (GHQ) and the Alcohol Use Disorders Identification Test (AUDIT). Results show that higher emotional abuse, emotional neglect, and physical abuse were significantly associated with lower self-compassion. It was also found that emotional abuse in childhood was uniquely linked with lower self-compassion in late adolescence. Youths with low self-compassion were more likely to have psychological distress, and problems with alcohol use, and report sudden urges to commit suicide as compared with those with high self-compassion (Tanaka *et al.*, 2011).

## METHOD

### Aim

To understand the correlation between the various domains of Childhood trauma (Emotional Abuse, Physical Abuse, Emotional Neglect, Physical Neglect and Sexual abuse) Locus of Control, and Learned Optimism of young adults in India.

### Hypothesis

- H0- There is no significant relationship between different domains of childhood trauma and locus of control of young adults
- H1- There is a significant relationship between different domains of childhood trauma and locus of control of young adults.
- H0- There is no significant relationship between different domains of childhood trauma and the learned optimism of young adults.
- H2- There is a significant relationship between different domains of childhood trauma and the learned optimism of young adults.
- H0- There is no significant relationship between the Locus of Control and the learned optimism of young adults.
- H3- There is a significant relationship between Locus of Control and the learned optimism of young adults.

### Rationale

Childhood trauma is a significant and prevalent problem that can have serious and long-lasting effects on an individual's psychological well-being (Felitti *et al.*, 1998). Trauma can impact an individual's personality and emotional development, leading to negative outcomes such as depression, anxiety, and low self-esteem (Beck, 1979). A key aspect of understanding the impact of childhood trauma on young adults is exploring how it affects their locus of control and learned optimism (Dweck, 1999). Hence, the authors wanted to explore the relationship between childhood trauma, Locus of Control and learned optimism in this study. To the best of our knowledge, these three variables have not been studied together extensively.

Therefore, understanding the relationship between these variables can provide a unique perspective on the psychological effects of childhood trauma on young adults.

Given the potential impact of childhood trauma on the locus of control and learned optimism, it is important to better understand the relationship between these variables. Childhood trauma experienced in the past can lead to feelings of powerlessness and hopelessness in future adults, which can contribute to a more external locus of control and lower levels of learned optimism (Lerner, 1980; Rotter, 1966). The study's hypothesis is that young adults who have experienced childhood trauma will have a more external locus of control and lower levels of learned optimism compared to the control group.

Further, to the best of our knowledge, the impact of childhood trauma has only been studied as a single construct. Childhood trauma is a multifaceted phenomenon, and it is hypothesised that different types of trauma may have distinct effects on an individual's sense of control over their life and their level of optimism. The study's findings can help provide a foundation for the development of various interventions that aim to improve the psychological well-being of young adults who have experienced childhood trauma.

### Objectives

- To assess the relationship between different domains of childhood trauma and Locus of Control among young adults.
- To understand the relationship between different domains of childhood trauma and learned optimism among young adults.
- To understand the relationship between the Locus of control and learned optimism among young adults.

### Sample

The study involved individuals aged between 18 and 26 years. The majority of the participants consisted of undergraduate and postgraduate students from different universities in India, while a portion of the sample included working professionals. A total of 325 participants completed all three tests, and after removing outliers, the final sample size used for analysis was 271. Convenience sampling was utilised to select participants from diverse geographical locations within India. Prior to their participation, all individuals were informed about the sensitive nature of the study, the participants gave their informed consent and were given the right to withdraw from the study at any time.

### Tools and tests

The Childhood Trauma Questionnaire (SF), Rotters Locus of Control Scale and The Learned Optimism Scale was used in this study.

### Design

The study followed a quantitative design. Three separate questionnaires were used to assess three variables namely childhood trauma, locus of control and optimism. Correlational method of statistical analysis was used to find correlation between various domains of variables under investigation. This route helped facilitate the examination of the presumed relationship amongst the variables.

**Sample and Sampling Technique**

**Sample**

The final sample size for the study is 271

**Sampling techniques**

The researchers employed Convenience Sampling, a version of non-probability sampling, to recruit participants based on easy accessibility and proximity to the researcher. This required the selection of subjects that were enthusiastic in contributing to the data collection of this study while omitting randomization or ensuring representation of the entire population of interest. Convenience sampling was employed for a variety of reasons including:

- Practicality- Given the sensitive and intricate nature of childhood trauma, it can be difficult to recruit participants for a study due to potential hesitance or challenges in accessing individuals who have undergone such traumatic experiences.
- Time and resource constraint- Convenience sampling is a more efficient approach to gather preliminary data due to time and resource barriers.

**Inclusion and Exclusion Criteria**

**Table 1-Inclusion and Exclusion Criteria**

Inclusion Criteria	Exclusion Criteria
Individuals between the ages of 18- 25 years	Individuals currently undergoing any Psychiatric treatments
Individuals who have been subjected to Traumatic experience as children	
Individuals belonging to all genders and sexual identities	
Individuals who can read and comprehend basic English	

**Procedure**

The motive of this research was to explore the correlation of different domains of childhood trauma on learned optimism and locus of control in young adults. Specifically, the study aimed to assess the correlation between these three variables in the context of physical, sexual, emotional, and mental abuse and neglect. For the achievement of this motive, the researchers used the Child Trauma Questionnaire (CTQ)-Short Form, Rotter's Locus of Control Scale (LOC), and the Learned Optimism Scale (LOS) as assessment tools. These tests were administered to individuals who met the inclusion criteria through a Google Form. Additionally, researchers obtained informed consent from participants, which informed them of the potential risks, benefits, and triggers associated with participation in the study. The researchers were also present during the test to provide support and resources to participants who may have experienced emotional discomfort as a result of filling out the questionnaire. The study had a sample size of 325, with participants recruited through convenience sampling via online social media platforms. The data collected were statistically analysed using SPSS. The correlation method was used to assess the strength of the relationship between different domains of childhood trauma, locus of control, and learned optimism. The study is expected to bestow a different outlook on our comprehension of the impact of the different domains of childhood trauma on young adults

and to the development of effective interventions and treatments for individuals who have experienced trauma.

**Ethical Considerations**

1. The participation of an individual was completely voluntary and they were allowed to leave the study at any time if they wish to do so without the obligation to continue. The participants did not need to provide any justification or reasoning for their decision to withdraw from the study.
2. Informed consent was given by all potential participants, The researchers provided information and assurance to the participants to help them understand the implications of the study and any potential triggers that they may experience., The researchers also provided all the necessary tools to the participant so that they could be fully informed to freely give a decision about their participation in the study.
3. The privacy of our participants was of utmost importance, The data collected in the study was completely confidential and any identifying information was excluded from the study, The data collected was used for academic and research purposes and was not shared with any other third party.
4. Our assessment tools were sensitive in nature and could bring up negative emotions from an individual's past. We informed our participants about possible triggers, and about the sensitive nature of our tools. A comprehensive list of mental health resources was also provided to the participants after the survey was completed.

**RESULTS**

The study aimed to understand the correlation between different domains of childhood trauma (emotional abuse, physical abuse, sexual abuse, physical neglect, and emotional neglect), learned optimism, and locus of control among young adults. The first section of this chapter discusses the results of Table 1, which presents descriptive statistics. This table includes various distributions and characteristics of the dataset. Additionally, Table 2 provides the results of tests of normality, including the Kolmogorov-Smirnov and Shapiro-Wilk statistics. Lastly, Table 3 presents the results of Spearman's two-tailed correlation analysis conducted to examine the correlation between the three variables in the young Indian population.

Table 6 represents the descriptive statistics for seven demographic variables namely gender, sexuality, age, occupation, educational qualification, income group and family structure. The sample consisted of 271 participants. The majority of participants identified as female (Mean = 0.61, SD = 0.572), while a smaller proportion identified as having a homosexual orientation (Mean = 0.34, SD = 0.776). The average age of the participants was 20.42 years (SD = 1.911). The representation of working individuals was rather low in the sample (Mean = 0.17, SD = 0.529) and predominantly possessed a high level of educational qualification (Mean = 0.92, SD = 0.692). In terms of income group, the participants reported an average value of 1.28 (SD = 0.762). The majority of participants came from a nuclear family structure (Mean = 0.47, SD = 0.980).

**Table 2 Descriptives Statistics**

	Gender	Sexuality	Age	Occupation	Educational Qualification	Income Group	Family Structure
N	271	271	271	271	271	271	271
Mean	0.61	0.34	20.42	0.17	0.92	1.28	0.47
Median	1	0	20	0	1	1	0
Mode	1	0	20	0	1	1	0
Standard Deviation	0.572	0.776	1.911	0.529	0.692	0.762	0.98
Skewness	0.746	2.12	0.973	3.786	0.778	0.592	2.678
Standard Errors of Skewness	0.148	0.148	0.148	0.148	0.148	0.148	0.148
Kurtosis	2.252	3.114	0.489	15.288	1.779	0.201	7.316
Standard Error of Kurtosis	0.295	0.295	0.295	0.295	0.295	0.295	0.295

It also shows the skewness and kurtosis values for each variable. Some variables displayed notable skewness, such as Occupation (Skewness = 3.786) and Family Structure (Skewness = 2.678), suggesting significant departures from a normal distribution. Kurtosis values also indicate deviations from normality, particularly in Occupation (Kurtosis = 15.288) and Family Structure (Kurtosis = 7.316).

Table 7 indicates the test of normality, conducted using the Kolmogorov-Smirnov and Shapiro-Wilk tests, suggests that the variables in the study do not follow a normal distribution pattern. For each variable, both the Kolmogorov-Smirnov and Shapiro-Wilk statistics provide evidence of non-normality. The significance level (Sig.) reported for each test is very small ( $p < .001$ ), indicating a highly significant deviation from normality. These results suggest that the distribution of the variables, such as Emotional Abuse, Physical Abuse, Sexual Abuse, Physical Neglect, Emotional Neglect, Locus of Control, and Learned

**Table 4 Spearman's Correlation**

Domains	Locus Of Control	Learned Optimism
Emotional Abuse	0.141*	-0.315
Physical Abuse	0.021	-0.1
Sexual Abuse	0.064	-0.189**
Physical Neglect	0.027	-0.282**
Emotional Neglect	0.111	-0.420**
Locus of Control	1	-0.215
Learned Optimism	-.215**	1

**Note.**\*\* Correlation is significant at 0.01 level (two-tailed).  
\* Correlation is significant at 0.05 level (two-tailed).

**Table 3 Test of Normality**

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Emotional Abuse	0.138	271	0	0.912	271	0
Physical Abuse	0.229	271	0	0.763	271	0
Sexual Abuse	0.412	271	0	0.479	271	0
Physical Neglect	0.257	271	0	0.735	271	0
Emotional Neglect	0.112	271	0	0.931	271	0
Locus of Control	0.081	271	0	0.985	271	0.007
Learned Optimism	0.059	271	0.022	0.977	271	0

Optimism, is not symmetrical and does not resemble a bell-shaped curve which is typical of a normal distribution.

Table. 8 displays the Spearman's correlation coefficients between the domains of childhood trauma, locus of control, and learned optimism. Emotional Abuse demonstrated a significant positive correlation with Locus of Control ( $r = .141, p < .05$ ). Although the results indicated that there was some correlation between the variables, the strengths of these correlations ranged from mild to moderate. Locus of Control showed a negative correlation with Learned Optimism ( $r = -.315, p < .01$ ). Other domains of childhood trauma, such as Physical Abuse, Sexual Abuse, Physical Neglect, and Emotional Neglect, exhibited non-significant correlations with Locus of Control and Learned Optimism. Additionally, Locus of Control and Learned Optimism were negatively correlated ( $r = -.215, p < .01$ ).

**DISCUSSION**

The study aimed to analyse the correlation between different domains of Childhood trauma (Emotional Abuse, Physical Abuse, Sexual Abuse, Physical Neglect, Emotional Neglect) Locus of Control, and Learned Optimism in young adults in India. The Childhood Trauma Questionnaire - Short Version, Rotter's Locus of Control Scale (LOC) and Learned Optimism Scale (LOS) were used in this study. Convenience sampling method was employed to collect data. Spearman's correlation was used to find the correlation between various domains of childhood trauma, Locus of control and Learned Optimism.

The study included various socio-demographic variables such as age, sex, gender, occupation, income group, and family structure. The study final sample included 325 participants; after removing the outliers, the final sample was 271. The analysis

revealed relatively small correlation coefficients, indicating weak relationships between the constructs of locus of control, learned optimism, and childhood trauma domains, including physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. The sample consisted of females (56.8%), males (41.7%) and non-binary individuals (1.5%). Among the sample, 224 individuals identified as heterosexual, 30 as bisexual, 10 as homosexual, and 7 as asexual. Most participants fell between the age range of 20 and 26, with the majority (88.6%) being college students and only a small fraction employed (1.8%) and unemployed (1.5%). In terms of income group, (58.7%) of participants reported belonging to the middle-income group, (22.5%) to the lower-income group, (10.7%) to the higher-income group, and (8.1%) to the low-income level. In regards to family structure, the majority lived in nuclear families (72.7%), while (17.7%) lived in extended families, and (9.6%) reported other family structures. All the demographics were carefully chosen after due consideration to account for the sensitive nature of the topic.

After running Shapiro-Wilk and Kolmogorov-Smirnov tests for normality, it was discovered that the data were not normally distributed. All the variables in the study have a significance level of 0.000 providing evidence for the null hypothesis of normality to be rejected with a high degree of confidence. Hence, the non-parametric test called Spearman's correlation was conducted to find the correlation between various domains of childhood trauma, Locus of control and Learned Optimism.

The findings suggest that there was a weak positive correlation between physical abuse and external locus of control ( $r = 0.021$ ). Contrary to this finding, the existing literature proposes that adolescents who experienced physical abuse as a child had a more external locus of control (Dumont *et al.*, 1999). This is because when individuals experience a traumatic event, their belief in their own ability to control their environment is suddenly challenged making them feel powerless and vulnerable, leading to development of external locus of control (Kushner *et al.*, 1992). However, a study on African-American women validates the result of this study concluding that trauma history was not related to locus of control (Hood, 2008). The current finding suggests a lower tendency for individuals who have experienced physical abuse to exhibit a slightly higher external locus of control. However, the correlation coefficient is close to zero, indicating a significantly weak relationship. Hence, the practical significance and real-life implications of this correlation may be limited. This implies that while there may be some association between physical abuse and external locus of control, other factors are likely to exert a stronger influence on an individual's sense of control over their life.

A weak negative correlation was also observed between physical abuse and learned optimism ( $r = 0.100$ ). This implies that when a person's experiences with physical abuse increases, they tend to develop weaker optimism. However, the finding is not statistically significant which holds that the connection between these variables is not dependable. However, research indicates that a history of trauma was associated with lower levels of optimism and higher levels of pessimism (Collins *et al.*, 2010). Additional research should be conducted to explore the possibility of other moderating variables that influence this relationship.

Additionally, a weak positive correlation between sexual abuse and external locus of control ( $r = 0.064$ ) was also observed. This implies that individuals who have gone through sexual abuse may be slightly more likely to have an external locus of control,

meaning they tend to believe that external forces, rather than their own actions, determine the outcomes of their lives. However, due to the weak correlation, the relationship between these variables is not strong or definitive. The correlation between sexual abuse and locus of control has been investigated in various studies, yielding inconsistent outcomes. Some research has identified a significant correlation between the two factors, while other findings have demonstrated a weaker link or no relationship at all. One study on adult non-clinical sample (Briere, 1988) concluded that there is a significant association between sexual abuse and external locus of control, however the size or intensity of that effect was very small. According to Finkelhor and Browne (1985), experiencing child sexual abuse might result in feelings of helplessness, potentially leading to the formation of an external locus of control and in turn have a long-lasting influence on a person's beliefs regarding their capacity to control their life circumstances (Finkelhor & Browne, 1985).

Another finding revealed weak negative correlation between sexual abuse and learned optimism ( $r = 0.189$ ,  $p = 0.01$ ). This implies that individuals who have undergone sexual abuse are less likely to have higher levels of optimism. However, the correlation ( $r = 0.189$ ,  $p = 0.01$ ) is not statistically significant which means that other variables could play a factor in influencing this relationship. Studies have found that individuals with history of sexual abuse exhibited lower levels of resilience which is often linked to learned optimism (Collishaw, 2007). It is crucial to consider the existing gap in the literature that pertains to researchers that have explored these variables together.

On the other hand, results suggest that there is a weak positive correlation between emotional abuse and the locus of control ( $r = 0.141$ ,  $p = 0.05$ ). The results indicate that individuals who experience high levels of emotional abuse are more likely to have an external locus of control. This research suggests that the ones who suffer from emotional abuse tend to have a diminished sense of autonomy over their lives. They are more likely to assume that external factors such as luck or chance determine their life results rather than their own activities and talents. A study found that individuals who have an external locus of control tend to exhibit maladaptive aggressive behaviour (Perlow & Latham., 1933). The possible factor that could affect the relationship is that emotional abuse undermines an individual's sense of agency and self-efficacy, leading to a diminished sense of control over one's life. Emotional abuse is often associated with feelings of helplessness and vulnerability, which can further reinforce an external locus of control. This is consistent with another study that shows that the infliction of child abuse, including emotional, sexual, and physical abuse, has a significant influence on an individual's locus of control. As the severity of abuse increases, the more externally controlled the individual becomes. This external locus of control can lead to a sense of helplessness regarding life (Ajake, 2013; Papanikolaou *et al.*, 2013).

The result of our study also suggests that there is a negative correlation between emotional abuse and learned optimism ( $r = -.315$ ). This means that individuals who experience high levels of emotional abuse are likely to have lower optimism i.e., less likely to have a positive outlook on life. The results are consistent with the existing literature, as a study found that individuals with traumatic experiences have low optimism, which can lead to psychological distress (Broadhagen & Wise.,

2008). Emotional abuse can make it harder for people to develop a positive and resilient mindset when facing challenges. However, a different study suggests that individuals who have a higher level of happiness tend to exhibit a greater sense of optimism and a sense of autonomy over their lives. As a result, individuals are likely to approach difficult situations with a positive outlook, rather than feeling overwhelmed or defeated (Aditya Chamuah&Dr.R.Sankar., 2019).

We also found a weak positive correlation between physical neglect and locus of control ( $r = 0.027$ ). This implies that individuals that have been subjected to physical neglect tend to have an external locus of control, However, this correlation is not statistically significant and other extraneous factors that influence this correlation should be explored. However, a study notes that children who have been subjected to ill treatment tend to develop negative mental conditions and attribution styles, they tend to perceive events to be beyond their control and external (Roazzi., 2016).

Additionally, a moderate negative correlation between physical neglect and learned optimism was discovered ( $r = -0.282$ ,  $p = 0.01$ ). This implies that individuals that have been subjected to physical neglect tend to have lower levels of optimism. Individuals with history of childhood maltreatment have lower levels of optimism which is also associated with more severe PTSD symptoms, and this negative effect of childhood maltreatment on an individual's mental health can be partially mediated by the decrease in optimism (Chen *et al.*, 2021).

Moreover, a weak positive correlation was found between emotional neglect and locus of control ( $r = 0.11$ ). However, this correlation is not statistically significant, this finding indicates that there is no significant association between emotional neglect and locus of control. This contradicts pre-existing studies that have varied results with some implying a positive correlation between neglect and locus of control (Roazzi *et al.*, 2016). Victims of neglect are said to have higher levels of external locus of control followed by victims of physical abuse and sexual abuse (Roazzi *et al.*, 2016). The absence of a statistically significant correlation implies that the relationship between Locus of Control and Emotional Neglect observed in our study is not robust and these discrepancies can be accounted for by a non-representational sample. This warrants the need for a more heterogeneous and larger sample to investigate possible moderating factors that influence the correlations between Emotional Neglect and Locus of control.

Additionally, a moderate negative correlation was observed between emotional neglect and learned optimism ( $r = -0.42$ ,  $p = 0.01$ ) This implies that there is a detrimental influence of emotional neglect on the positive outlook of individuals i.e, in individuals who have been subjected to emotional neglect as children tend to have a negative outlook on life. This is consistent with pre-existing studies.

A moderate negative correlation was observed between the Locus of control and Learned Optimism of Individuals ( $r = -0.215$ ). This suggests that individuals with higher external locus of control tend to have lower levels of optimism. This is in congruence with other studies. A significant positive correlation was observed between an individual's optimism and internal locus of control along with strong positive correlations between pessimism and external locus of control in individuals (Abduhllah, 2018). However, the weak negative correlation in

our studies implies that there are other factors that influence learned optimism in individuals.

### Limitations

- Weak to Moderate Correlations between the variables: Although some of the null hypotheses of the studies were rejected, the correlations between the variables were weak or moderately strong. This could be accounted for by the lack of a representative sample, because although our study had an adequate sample size due to time constraints and the quantitative nature of the study, the data collected was from a sample where the majority of the participants belonged to a middle class or higher socio demographic.
- Limitations of the Instruments: Since all our instruments were self-measures, the probability for dishonesty and lack of self-awareness from individuals that make up our sample. The Instruments were also rather long when filled in collectively which could have caused test fatigue in the test takers.
- Lack of Culturally fair instruments: Only the Learned Optimism scale which was one of three instruments that were used in our study was adapted to fit the Indian context.
  - a. The Childhood Trauma Questionnaire has been translated and altered to be employed across various cultural contexts but due to the complex nature of cultural fairness and cultural relevance the suitability of an instrument cannot be established singularly because of its accessibility across various languages. The manifestation of childhood trauma and the possible cultural differences should be considered while interpreting the scores to ensure fairness. A short version of CTQ also has extreme measures of trauma, which leaves out individual traumatic experiences that could potentially have a relationship with the other variables being studied.
  - b. The Rotter's Locus of Control Scale aims to measure the generic beliefs of an individual in regards to the amount of control they possess over their lives but due to the fact that it was developed keeping a western cultural context it may fail to accurately measure concepts that are relevant or salient to the Indian context. Both these tests cannot accurately capture the nuances and specificities of Indian culture which in turn limits our study.
- Quantitative Nature of the study: Another Limitation of this study is its quantitative nature that fails to account for the individual needs, feelings, and emotions of the sample population. As Researchers we cannot control the environment where the participants fill out our instruments which could have an impact on the responses that we received for the study. Quantitative studies also pay no heed to individual differences and feelings and specific contexts. It is also important to note that Trauma is differently perceived, processed by individuals, the biological predispositions and the environments individuals grow up in also cannot be accounted for on a quantitative level. The lack of resources needed to collect data such as monetary incentive for respondents was also a limitation we faced.

- **Gap in Existing Literature:** On the other hand, there was a huge literature gap in our research field, and to the best of our knowledge there were very limited studies to go off on in order to avoid some of the limitations or strengthen our own study.

## **Implications**

The study's title, "Exploring the Correlation of different domains of Childhood Trauma, Locus of Control, and Learned Optimism in Young Indian Adults - A Quantitative study" presents implications for researchers and practitioners in the academic field of psychology.

1. **Establishing and understanding the correlation between childhood trauma, locus of control, and learned optimism:** By studying the correlation between childhood trauma, locus of control, and learned optimism in young Indian adults, the present research contributes to the existing literature and establishes foundations for theoretical frameworks. The results offer insight on how these variables interact and have an impact on one another.
2. **Customising therapies and interventions for young Indian adults:** Based on the study's findings, new clinical interventions and group sessions at educational settings can be developed for young Indian people who have experienced childhood trauma and their possible risk factors, as well as the effects on learned optimism and locus of control. Interventions based on wellness, teaching coping mechanisms, recognising risk factors, developing programmes to improve resilience, etc., can be developed. Interventions can be created to address the unique challenges of the representative sample and to foster resilience, self-efficacy, and optimism by considering their individual characteristics and specific cultural context. Interventions can support a person's general well-being by assisting them to build coping mechanisms, increase their sense of control over their lives, and nurture a positive outlook.
3. **Advocacy for awareness around Childhood Trauma:** The results of this study can support advocacy campaigns and policy debates about childhood trauma and its long-term impacts. Policymakers and advocates can work towards establishing trauma-informed legislation, raising mental health awareness, and allocating resources for effective interventions by emphasising the correlation between childhood trauma, locus of control, and learned optimism.
4. **Providing guidance to educational institutions and parenting styles:** The study's findings may assist to create safe environmental conditions for children who have experienced childhood trauma as children and foster positive psychological attributes for the children.
5. **Enhancing mental health evaluation and treatment:** The study emphasises the importance to assess learned optimism, locus of control, and childhood trauma in assessments of mental health. These measurements may assist clinicians and psychologists develop an in-depth understanding of an individual's experiences and beliefs, which may influence treatment planning and intervention strategies.

## **FUTURE SUGGESTION**

The present study had limitations due to the correlation study design. As indicated before, the study had a few drawbacks that

can be addressed and taken into consideration while conducting further research.

1. **Employing a Qualitative or Mixed approach to study:** The researchers must employ an appropriate data collection method. Employing techniques like interviews, observations, and surveys completed in the researchers' presence to improve the quality of the research. Additionally, a Qualitative or mixed approach would help account for the factors that influence the correlation between the variables.
2. **Adopting a longitudinal qualitative study design:** Researchers could adopt a longitudinal qualitative study design, which has the advantage of enabling deeper qualitative comprehension of participants from a range of age groups, socioeconomic status, demographics, and individual characteristics across time. This would further address the cause-and-effect relationship that is necessary to comprehend the relationship between the three variables namely, Locus of Control, Childhood Trauma and Learned Optimism.
3. **Accounting for the demographics of the sample population:** Future researchers must take into consideration the demographics of the representative sample population such as age, gender, sexuality, etc. Given the continued modification in definition, gender is becoming viewed as fluid therefore future studies must take this into consideration. Future researchers must take this into account because gender is perceived as fluid due to the definition's constant modification. As each domain of trauma has a substantial impact on demographics, the researcher must additionally conduct in-depth research on these domains.
4. **Utilising Culture fair scales/Tests:** Culturally appropriate tests must be used in the study To ensure that the cultures unique thoughts, beliefs and ideologies are taken into account to ensure that the context of the construct is congruent to the context of the Construct in the particular culture.
5. **Minimising Test Fatigue:** The tests in form of shorter questionnaires reduce the individuals' biases, test fatigue, socially desirable responses while increasing the accessibility and concentration.

## **CONCLUSION**

To conclude, this study investigated the complex relationships between emotional neglect, locus of control, and learned optimism among young adults in India. Our findings revealed weak to moderate correlations between these variables, emphasising the potential influence of socio-demographic factors, cultural context, and individual differences. Future research should aim to address these concerns by using longitudinal designs, diverse samples, culturally appropriate instruments, and qualitative methods to better understand the factors contributing to the development of locus of control and learned optimism in individuals who have experienced childhood trauma.

The study's limitations, including its cross-sectional design, reliance on self-report measures, and potential biases in the sample, should be considered when interpreting the results. Despite its limitations, our study sheds light on the intricate interplay between emotional neglect, locus of control, and learned optimism, highlighting the need for further research to better understand these relationships and improve the well-being



of individuals who have experienced emotional neglect. This knowledge can inform the design of targeted interventions to promote adaptive coping strategies, enhance resilience, and foster a sense of personal control and optimism in those affected by childhood adversity.

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