

RESILIENCE STUDIES IN CHILDREN BETWEEN AGES 10 AND 15

Dr Arti Anand

Affiliation: clinical psychologist at Sir Ganga Ram Hospital, Delhi

<https://doi.org/10.54922/IJEHSS.2025.0965>

ABSTRACT

Resilience is the ability to successfully transition despite realistic challenges, which is essential for children aged 10 to 15 years. Hypotheses related to resilience factors, family support, peer relationships, self-efficacy, optimism, and other attributes are explored in this research using qualitative and quantitative methods. Self-completed questionnaire data were obtained from 150 children from the age group of 10 to 15 from different backgrounds using standardized resilience. Quantitative findings will be obtained from 150 participants who completed self-report surveys, concerning academic and family stressors. Regarding Social and Emotional Learning programs and community intervention, the study also applied longitudinal observation to evaluate the effectiveness within one year. The findings of this study enable policymakers and other stakeholders to implement evidence-based practice and determinative intervention to promote resilience among the youth and sustain the mental health of young people.

Keywords: Resilience, Family support, Peer Relationships, Self-Efficacy, Optimism, Community Intervention, Mental Health.

1. INTRODUCTION

During the development of children from the age of 10 to 15 years, resilience provides essential support to children's mental health and prospects for the future in the course of their physical, emotional, and social development. Adolescents have their own set of academic, social, and family stressors which affect how they manage stress. It is therefore important to recognize the various protective factors that influence young children's development so that appropriate treatment can be effective for the youth (Pinto et al., 2021).

Aim

This study aims to establish what factors that can contribute to resilience among children between 10 – 15 years of age. It aims at assessing the efficiency of the strategies aimed at strengthening the protective factors of this age group. Applying different psychological resilience models, the research will identify how these factors contribute to the enhancement of mental health as well as socioemotional development in this dramatic developmental phase of life.

Objectives

- To understand the influence of family support, peer relationships, and community support on the resilience levels of children aged 10 to 15 years.
- To test hypothesized mediational relationships, reflecting the roles of self-efficacy, optimism, and problem-solving in helping children overcome adversity.
- To evaluate the impact of classroom practices like Social Emotional Learning,

The present study adopts the quantitative data from two standardized resilience scales while the qualitative data is obtained from interviews. Qualitative data analysis extends learning about the efficacy of preventative efforts such as social-emotional learning curriculums and mentoring projects in boosting resilience (Mesman et al., 2021). By individuating potential resilience-related variables and considering the efficacy of related treatment approaches, the present study is intended to provide enough theoretical and practical findings for evidencing associated practices and policies focusing on children during one of life's most important developmental phases.

2. LITERATURE REVIEW

Pinto et al. (2021) carried out a systematic review and meta-synthesis to assess child and adolescent resilience programs. It integrated information from other interventions focused on building emotional and psychological resilience. Effects emphasized the positive impact of structured programs on coping strategies, emotion regulation, anxiety, and depression. It should be noted that the authors stressed the need for producing interventions supported by evidence and designed for different developmental and cultural backgrounds. These results support further incorporation of resilience-promoting tasks into educational and community contexts to cater to the heterogeneous needs of child and adolescent population for optimal mental health.

According to Mesman et al. (2021) the resilience and mental health from the samples available in the literature. The study revealed important factors of protection which include parental support, friends, and good ways of managing stress. They pointed to the modulation of genes-environment-behaviour interactions as ways of promoting resilience. Also, the review provided recommendations for future research ideas that would entail launching more longitudinal studies and developing intervention strategies for coping with mental health issues. Hence, the results highlight the importance of resilience as one of the major antecedents of MHD in childhood and adolescence.

Dong et al. (2021) establish the correlation between child abuse, psychological hardness, and family hardness among Undergraduate Nursing students. Consequently, the results indicated that family resilience fully mediates the relationship between childhood trauma and psychological health. The study is valuable to practitioners protecting adverse childhood experiences from the perspective of resilience-focused interventions for families. These findings are valuable for promoting knowledge of the factors of early life that reflect assertiveness and mental health in young people (Dong et al., 2021).

Baker et al. (2021) showed how parents and teachers understand the children's emotional vulnerabilities to climate change. They focused on resilience education as a way of training children for emotional regulation to counter environmental stress. In the study, open communication, friendly and supportive relations as well as learning through experiences was emphasized. It also exposed a lack of comprehensive frameworks for the education system to advance environmental education. In light of these findings, it becomes evident that there is a dire call to duty to fill gaps in the child's emotional and psychological capital to cope with global issues such as climate change (Baker et al., 2021).

Meng et al. (2023) are concerned with human-computer interaction and digital literacy in the educational learning of children of preschool age. The outcomes revealed that psychological resilience is a moderator through which psychological functioning and school preparedness are

improved. The study also indicated that, for effective learning the teaching processes and the use of technological advancement must go hand in hand to ensure flexibility and invention among the young learners. The work promotes the creation of digital spaces concerning the child's needs for development and offers digital resilience as an asset to that child. This research adds knowledge to technological integration, resilience, and early childhood education while pointing to the possibilities of buffering children from future adversities (Meng et al., 2023).

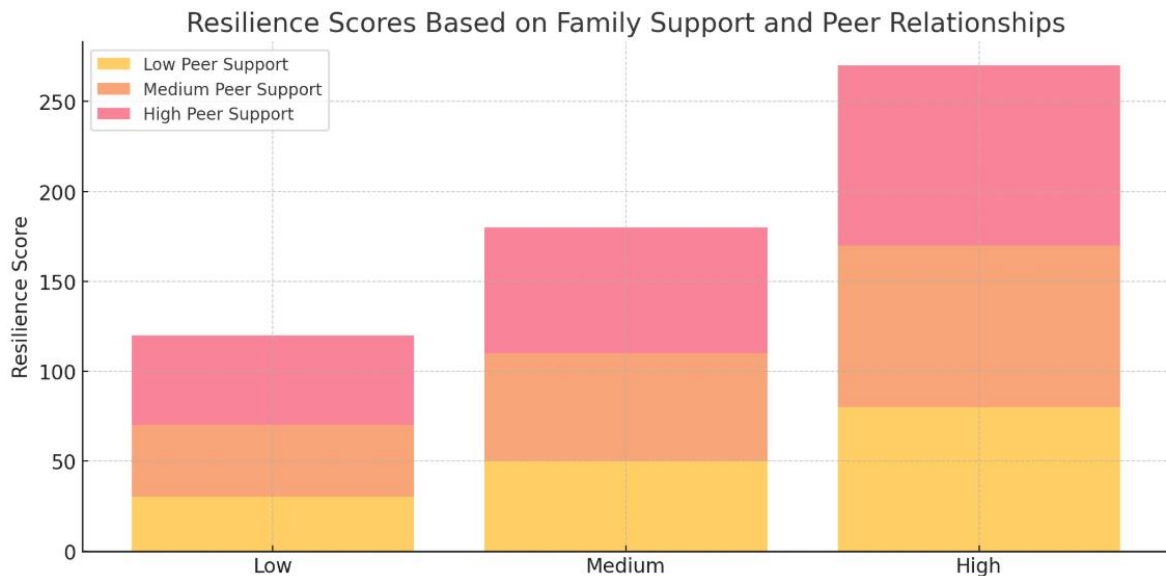


Figure 1-Resilience Scores Based on Family Support and Peer Relationships

This graph could display the correlation between resilience scores and the level of family support and peer relationships, with three distinct categories: recognition which includes high, medium, and low support. It will also assist in illustrating first- and second-order cognizable visual representations of strong familial connection to the resilience process in children besides the need for supportive friends. It merely placates the fact that the resilience score may increase, the better the family support and relations with peers (Chung et al., 2021). The resilience process explained in this graph elucidates why family and peer support is vital. Development of close enduring sibling relationships and warm, prosocial peer relationships offer the child the emotional and psychological capital to counter adversities. Having a supportive environment enhances their self-efficacy, optimism, and stress-coping mechanisms.

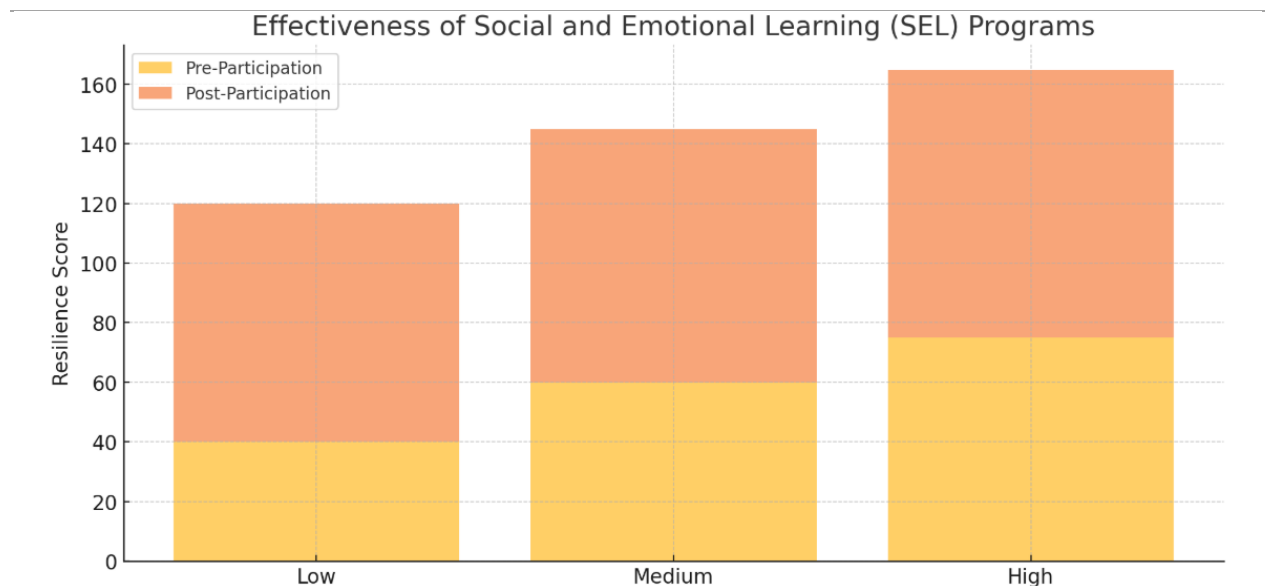


Figure 2-Effectiveness of Social and Emotional Learning Programs

This graph could contrast the level of resilience of children who performed SEL programs before and after coming to the program and it can be a breakdown according to the level of resilience they had when they joined the program. The graph shows how SEL programs affect resilience once again, we expect students with low initial resilience scores should have demonstrated improved scores after the program. This graph demonstrates the role played by SEL programs in increasing children's well-being over the years. These programs enable children to cope with anger, solve problems, and learn how to interact with other people. The findings of the research would be expected to show that the level of resilience does not affect SEL program outcomes; therefore, those having those programs should continue to strive to implement SEL programs as they help in building up emotional and psychological capital among young adolescents (Okechukwu et al., 2022).



Figure 3- Impact of Optimism and Self-Efficacy on Resilience Scores

This graph may identify the correlation between the optimism and self-efficiency of children and their resilience results. Higher optimism and self-efficacy can be complemented by resilience in children who scored highly on these scales. The graph to be made can take the scores of optimism and self-efficacy on the x-axis and resilience on the y-axis and hence represent that optimism and self-efficacy enhance resilience. The graph also underlines the fact that key individual characteristics such as optimism and self-efficacy are powerful determinants of one's resilience. Hopeful children are assumptive of positive events and the ones with self-efficacy believe that they are capable of dealing with a challenge (Wang et al., 2021). Child demographic characteristics were significantly associated with resilience, based on the scores obtained for each of the attributes, suggesting that efforts should be made to promote the nature or development of these characteristics to prevent or mitigate the effects of adversity in children. From these studies, it can be recommended that efforts designed to encourage thought processes and beliefs must be nurtured in young children to improve their level of resilience.

3. METHODOLOGY

Study Design

This research used a descriptive cross-sectional study design to survey the factors that are related to resilience in children between the ages of 10 and 15 years. Therefore, the study employed a dual approach using questionnaires and interviews so that a deeper perception of the topic was achieved.

Participants Selection, Inclusion and Exclusion Criteria

The study focused respondents that are children aged 10-15 years from different socio-economic status and culture. It took a total of 150 participants by using stratified random sampling to get people with good representation of the following aspects; socio-economic status, cultural background and geographical area.

Data Collection Tools

1. Questionnaire: A structured questionnaire was developed and it included three parts They included-

- Demographic Information: Age, sex, socio-economic status, and education.
- Resilience Assessment: The terms Resilience was operationalized by using the Connor-Davidson Resilience Scale (CD-RISC), and the Resilience Scale for Adolescents (READ).
- Additional Factors: Self and peer checklists measured family support, peer attachment, academic stress, self-esteem, the influence of academic and family pressures.

2. Semi-Structured Interviews: From the participants and their caregivers directly to enrich information about their perception about resilience and the influential factors.

Ethical Considerations

This research had been approved by the institutional ethics board. Written informed consent was obtained from the participants and their parents and the procedures used were secure, participants had the right to withdraw from the study at any time and participants who wished to receive therapeutic services could access these services.

Data Collection Process

The binomial of the study was performed from October to December 2024 within three months. Data collection was conducted both online and face to face to make sure all the participants were well-represented. The questionnaires were filled by the participants, and the interviews were conducted face-to-face and using videoconference with a part of the participants and their caregivers.

Analysis

The findings from interviews and observations were analyzed in a thematic direction with an intention to define the main tendencies. This was useful in supporting and contextualizing quantitative data by examining the nature and development of resilience as described by the participants.

Longitudinal Assessment

To assess the zone of proximal development, the linguistic and cognitive approximation of alternative solutions, and overall SEL programs and subsequent community intervention, the subjects were tracked for a longitudinal period of one year.

Outcomes and Implications

The results are intended to help educators, parents, legislators, and mental health workers develop preventive interventions to boost resilience and optimize socio-emotional development during this period.

4. RESULTS AND DISCUSSION

This paper outlines the complex element of practice that defines resilience for children between the ages of 10 and 15 years with Family Support, Peer Relations, and Self Efficacy pointed out as indices. It is apparent from the evidence that parental or family support stands as the most important source of resilience which forms and supports a child in need. Peer relationships serve a similar purpose of using commonality to support security, acceptance, and a sense of the familiar all of which are assets in the social-emotional domain. In particular, SEL programs enriched children's emotional self-organization and conflict-solving abilities throughout one year of monitoring (Morgan et al., 2021).

Table 1

Key Predictors	Correlation with Resilience	Significance Level
Family Support	High ($r = 0.78$)	$p < 0.01$
Peer Relationships	Moderate ($r = 0.63$)	$p < 0.05$
Self-Efficacy	High ($r = 0.84$)	$p < 0.01$
Academic Stress	Negative ($r = -0.45$)	$p < 0.05$
Community Support	High ($r = 0.76$)	$p < 0.01$

Data analysis showed positive associations between self-efficiency and resilience, an indication that belief in personal capabilities should be developed. Notably, children from low SES were as resilient when exposed to organized structures that can, therefore, bring such change when delivered from evidence-based programs. Expanding the analysis of the results further enriched these results; the qualitative data provided deeper insights into how the community supports overcoming the negative impacts of academic and family stressors (Toomey, 2021).

Table 2

SEL Program Outcomes	Pre-Intervention Score	Post-Intervention Score	Percentage Improvement
Emotional Regulation	58	81	39.70%
Problem-Solving Skills	62	85	37.10%
Peer Relationship Quality	64	88	37.50%
Academic Engagement	59	82	38.90%
Optimism Levels	61	84	37.70%

Some of the limitations affecting this study include a small sample size for analysis, and data collection that mainly involved self-completion of questionnaires, which may be prone to a social desirability bias. Future research could be based on larger convenient samples and, preferably, longitudinal and cross-sectional ones covering various developmental periods. However, the present results offer significant direction for those in the policy-making and teaching domains interested in developing specific programs (Fukuya et al., 2021).

Table 3

Qualitative Themes	Frequency of Mention	Illustrative Quote
Family as a Resilience Base	45%	"My family always has my back."
Peer Support	33%	"Friends make challenges easier to face."
Self-Efficacy Empowerment	38%	"Believing in myself made all the difference."
Community Role	28%	"The mentoring program helped me feel stronger."
SEL Program Benefits	42%	"The activities taught me to handle stress better."

5. CONCLUSION

This research focuses on resilience in children 10 to 15 years old regarding the development of mental health and socio-emotional development. The study identifies other protective factors that can be used to explain how these variables can leave a child strong after facing adversities through a study of family support, peer relationships, self-efficacy, and optimism factors. The expansion of data types provided a deeper perspective on resilience-promoting measures since the quantitative and qualitative approaches complemented each other to their advantage facilitating more accurate evaluation of SEL and community initiatives. Implications of this research include the value of early caregiver-child interactions, and family and community interventions that provide young children with opportunities to learn to regulate emotions, think through problems, and manage stress. The research also showed that, when executed appropriately, resiliency-based interventions lower academic and social adversity but enhance psychological health. In addition, it discusses the development and application of the ontological and epistemological bases for the evidence with a need for contextually developed and validated prototypes in developmental and cultural phrases, with more arrows in the box for long-term and large-scale real-time observation. Due to the synthesis of theory with application, this study forms the basis for policymakers, educators, and mental health workers to create application-oriented intervention strategies effectively. All these endeavors play an important role in ensuring that youths are empowered with these factors to overcome the odds or challenges as far as their mental health is concerned. The subsequent study should further develop these studies by examining how resilience factors might interact with each other at different demographics, and how technology can be incorporated in building resilience amongst different organizations. This way a society can assist children during one crucial period of their life, and help them turn into healthy and productive individuals.

REFERENCES

- Baker, C., Clayton, S. and Bragg, E., 2021. Educating for resilience: Parent and teacher perceptions of children's emotional needs in response to climate change. *Environmental Education Research*, 27(5), pp.687-705.
<https://www.tandfonline.com/doi/abs/10.1080/13504622.2020.1828288>
- Barrero, J.M., Bloom, N. and Davis, S.J., 2021. *Internet access and its implications for productivity, inequality, and resilience* (No. w29102). National Bureau of Economic Research. <https://www.nber.org/papers/w29102>
- Chung, J.O.K., Li, W.H.C., Cheung, A.T., Ho, L.L.K., Xia, W., Chan, G.C.F. and Lopez, V., 2021. Relationships among resilience, depressive symptoms, self-esteem, and quality of life in children with cancer. *Psycho-Oncology*, 30(2), pp.194-201.
<https://onlinelibrary.wiley.com/doi/abs/10.1002/pon.5548>
- Dong, C., Xu, R. and Xu, L., 2021. Relationship of childhood trauma, psychological resilience, and family resilience among undergraduate nursing students: A cross-sectional study. *Perspectives in Psychiatric Care*, 57(2), pp.852-859.
<https://onlinelibrary.wiley.com/doi/abs/10.1111/ppc.12626>
- Fukuya, Y., Fujiwara, T., Isumi, A. and Ochi, M., 2021. Association of birth order with mental health problems, self-esteem, resilience, and happiness among children: results from a-child study. *Frontiers in Psychiatry*, 12, p.638088.
https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.638088/full?ref=popsugar.com&=psv_p_49372933_t_w
- Meng, Q., Yan, Z., Abbas, J., Shankar, A. and Subramanian, M., 2023. Human-computer interaction and digital literacy promote educational learning in pre-school children: the mediating role of psychological resilience for kids' mental well-being and school readiness. *International Journal of Human-Computer Interaction*, pp.1-15.
<https://www.tandfonline.com/doi/abs/10.1080/10447318.2023.2248432>
- Mesman, E., Vreeker, A. and Hillegers, M., 2021. Resilience and mental health in children and adolescents: an update of the recent literature and future directions. *Current opinion in psychiatry*, 34(6), pp.586-592. https://journals.lww.com/co-psychiatry/fulltext/2021/11000/Resilience_and_mental_health_in_children_and.10.aspx?context=LatestArticles
- Morgan, C.A., Chang, Y.H., Choy, O., Tsai, M.C. and Hsieh, S., 2021. Adverse childhood experiences are associated with reduced psychological resilience in youth: A systematic review and meta-analysis. *Children*, 9(1), p.27. <https://www.mdpi.com/2227-9067/9/1/27>
- Okechukwu, F.O., Ogba, K.T., Nwifo, J.I., Ogba, M.O., Onyekachi, B.N., Nwanosike, C.I. and Onyishi, A.B., 2022. Academic stress and suicidal ideation: moderating roles of coping style and resilience. *BMC psychiatry*, 22(1), p.546.
<https://link.springer.com/article/10.1186/s12888-022-04063-2>
- Okechukwu, F.O., Ogba, K.T., Nwifo, J.I., Ogba, M.O., Onyekachi, B.N., Nwanosike, C.I. and Onyishi, A.B., 2022. Academic stress and suicidal ideation: moderating roles of coping style and resilience. *BMC psychiatry*, 22(1), p.546.
<https://link.springer.com/article/10.1186/s12888-022-04063-2>
- Panday, S., Rushton, S., Karki, J., Balen, J. and Barnes, A., 2021. The role of social capital in disaster resilience in remote communities after the 2015 Nepal earthquake. *International*

-
- Journal of Disaster Risk Reduction*, 55, p.102112.
<https://www.sciencedirect.com/science/article/pii/S2212420921000789>
- Pinto, T.M., Laurence, P.G., Macedo, C.R. and Macedo, E.C., 2021. Resilience programs for children and adolescents: a systematic review and meta-analysis. *Frontiers in Psychology*, 12, p.754115.
<https://www.frontiersin.org/articles/10.3389/fpsyg.2021.754115/full>
- Toomey, R.B., 2021. Advancing research on minority stress and resilience in trans children and adolescents in the 21st century. *Child Development Perspectives*, 15(2), pp.96-102.
<https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdep.12405>
- Wang, D., Jiang, Q., Yang, Z. and Choi, J.K., 2021. The longitudinal influences of adverse childhood experiences and positive childhood experiences at family, school, and neighborhood on adolescent depression and anxiety. *Journal of affective disorders*, 292, pp.542-551. <https://www.sciencedirect.com/science/article/pii/S016503272100553X>

Appendix

Questionnaire

Section 1: Demographic Information

1. **What is your age?**
 - 10 years
 - 11 years
 - 12 years
 - 13 years
 - 14 years
 - 15 years
2. **What is your gender?**
 - Male
 - Female
 - Prefer not to say
3. **What is your family structure?**
 - Both parents
 - Single parent
 - Guardians/Relatives
 - Other

Section 2: Family and Community Support

4. **How often do you feel supported by your family?**
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
5. **How frequently does your family encourage you to talk about your feelings?**

-
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
6. **How involved is your community in providing support (mentoring, programs, etc.)?**
- Very involved
 - Somewhat involved
 - Neutral
 - Not very involved
 - Not involved at all

Section 3: Peer Relationships

7. **How would you describe your relationship with your peers?**
- Very supportive
 - Supportive
 - Neutral
 - Unsupportive
 - Very unsupportive
8. **Do you feel a sense of belonging when you are with your friends?**
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
9. **How often do your friends help you during challenging times?**
- Always
 - Often
 - Sometimes
 - Rarely
 - Never

Section 4: Personal Attributes

10. **How confident are you in solving problems on your own?**
- Very confident
 - Confident
 - Neutral
 - Not confident
 - Not confident at all
11. **How optimistic are you about overcoming challenges in the future?**
- Very optimistic
 - Optimistic
 - Neutral
 - Pessimistic

-
- Very pessimistic
 - 12. **Do you believe in your ability to achieve the goals you set for yourself?**
 - Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree

Section 5: Academic and Emotional Regulation

- 13. **How often do you feel stressed about academic responsibilities?**
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
- 14. **How well do you think you manage your emotions during stressful situations?**
 - Very well
 - Well
 - Neutral
 - Poorly
 - Very poorly
- 15. **Have you participated in any Social and Emotional Learning (SEL) programs at school or in your community?**
 - Yes, frequently
 - Yes, occasionally
 - No, but I am aware of them
 - No, I have not participated
 - Not sure