
ADVERSE CHILDHOOD EXPERIENCES AND EMOTIONAL INTELLIGENCE AMONG SELECTED TEMPORARY PROFESSED WOMEN RELIGIOUS IN NIGERIA

***Antoinette Nneka Opara**

India.

Article Received: 10 November 2025

*Corresponding Author: Antoinette Nneka Opara

Article Revised: 30 November 2025

India.

Published on: 20 December 2025

DOI: <https://doi-doi.org/101555/ijrpa.6793>

ABSTRACT

Adverse Childhood Experiences (ACEs) are known to exert long-term effects on emotional, psychological, and relational functioning. Emotional functioning is critical for personal well-being and interpersonal effectiveness, especially within religious life, where emotional maturity supports spiritual growth and community living. This study investigates the prevalence of ACEs and how it shapes emotional intelligence among selected temporary professed women religious in Nigeria. Using a mixed methods embedded design, data were collected through simple random sampling (quantitative) and a convenient snowball sampling (qualitative) from 28 participants. The standardized ACE and EI questionnaires and personal interviews generated data. Descriptive statistics assessed ACE prevalence and levels of emotional well-being, while correlational analyses explored associations between ACE scores and EI dimensions. Findings revealed that a significant proportion of participants reported exposure to at least one ACE, with emotional neglect and parental separation being the most common. There was no significant relationship between the two variables in this population and participants indicated that prayer and community are critical strategies for improving their emotional functioning. The study underscores the prevalence of ACEs and also the enduring influence of spirituality on ACES and highlights the need for expanded professional support systems to complement the strong reliance on prayer and community life.

KEYWORDS: ACEs, emotional intelligence, Spiritual practices, Women Religious, Nigeria.

Background to the Problem

Adverse Childhood Experiences (ACEs) are a critical global public health concern, profoundly impacting emotional, psychological, and social well-being. These traumatic events, including abuse, neglect, and household dysfunction, disrupt normative emotional development, leading to impaired emotional regulation and reduced emotional intelligence (CDC, 2023; Schiraldi, 2021).

Studies in the United States and Europe consistently show that multiple ACEs correlate with diminished emotional awareness, empathy, and interpersonal skills, though emotional intelligence can serve as a protective factor (Romero & Panganiban, 2022) and that over 319 million people have experienced at least one ACE, with 142 million experiencing multiple, leading to diminished educational attainment, mental health challenges, and reduced social functioning (WHO & Public Health Wales, 2023). Across Africa, ACEs are exacerbated by systemic challenges like poverty and insecurity, with studies in South Africa linking additional ACEs to increased risks of depression and anxiety (Byansi et al., 2023; Chenube, 2023). In Nigeria, high prevalence of ACEs such as abuse, neglect, and violence, are often compounded by economic instability and weak child protection systems (Oladejo, 2025). Nigerian empirical evidence suggests ACEs correlate with lower self-esteem, impaired emotional regulation, and weakened social support, all vital components of emotional intelligence (Chenube, 2023; Ugwu et al., 2024).

In Nigeria, adaptive coping strategies for ACEs are deeply rooted in cultural and social contexts. Faith-based coping, including prayer, fasting, and spiritual direction, is a primary resource for emotional regulation and resilience for both laypersons and women religious (Onyekwelu et al., 2024; Udechukwu et al., 2024). Resilience through community is fostered by communal living, shared rituals, and storytelling, providing vital social support and a sense of belonging. Educational empowerment through access to education and vocational training offers economic independence and breaks cycles of adversity. In addition, mentorship and positive role models from trusted adults like clergy and teachers provide crucial guidance, emotional safety, and counter relational disruptions caused by early trauma.

This study is guided by a theoretical framework encompassing Attachment Theory and Emotional Intelligence (EI) Theory. Attachment Theory, developed by John Bowlby (1969), posits that early caregiver interactions shape emotional development and relational capacity, with ACEs potentially disrupting secure attachment and impairing emotional regulation. EI

Theory, defined by Salovey and Mayer (1990) as the ability to perceive, understand, regulate, and use emotions effectively, and expanded by Goleman (1995) to include self-awareness, self-regulation, motivation, empathy, and social skills, offers a framework for evaluating how women religious manage their emotional and social contexts in light of past adversities.

Statement of the Problem

Despite growing global awareness of the profound impact of Adverse Childhood Experiences (ACEs) on adult psychological functioning, a significant gap persists in understanding how these experiences shape emotional intelligence (EI), particularly among women religious in Nigeria. Women Religious often hold emotionally demanding roles requiring high EI, yet many carry unresolved childhood trauma, compounded by cultural silence and limited mental health support. While ACEs are linked to diminished EI globally, the unique context of Nigerian women religious life, with its vows and communal living, may mask or complicate trauma's expression. Recognizing and addressing this gap is crucial for their holistic well-being and enhanced effectiveness as spiritual and community leaders.

Purpose

The general objective of the study is to examine how Adverse Childhood Experiences shapes Emotional Intelligence among the selected temporary professed women religious in Nigeria.

Methodology

This study utilized a mixed methods embedded design to explore the relationship between Adverse Childhood Experiences (ACEs) and Emotional Intelligence (EI) among selected temporary professed women religious. This approach integrated quantitative and qualitative methods for comprehensive data triangulation (Anguera et al., 2020). The population comprised all the temporary professed women religious. Questionnaires were distributed to sample size of 110 but only 27 participants completed the standardized ACE Questionnaire and Goleman's Self-Report Emotional Intelligence Test via Google Forms. Three participants volunteered for the personal interviews to gain rich insights into resilience.

Quantitative data were analyzed using descriptive statistics and Pearson's r correlation to assess relationships between ACE scores and EI dimensions. Qualitative data were transcribed and analyzed thematically to identify emotional patterns and coping narratives. Finally, the qualitative data was integrated into the quantitative data.

Trauma-sensitive protocols were rigorously followed, and psychological support was provided. Acknowledging self-report limitations for ACEs and EI (recall and social desirability bias), trustworthiness was enhanced through triangulation with qualitative data and maintaining reflexivity throughout.

RESULTS

Most participants were aged 31 - 40, possess diverse educational qualifications, primarily First Degrees with some Master's holders and are relatively new to religious life, typically with 3 - 4 years of experience. Their ministries span education, students-in-formation, pastoral, and health services, reflecting a well-educated, mid-career group whose evolving emotional and spiritual identities make them ideal for exploring connections between early life experiences (ACEs) and emotional intelligence (EI).

Prevalence of ACEs

Table 1 Statistics of ACE scores among Temporary Professed Women Religious.

ACE Item Description	Mean	"Yes" Responses	Percentage (%)
Emotional abuse by parent/adult (1st item)	1.63	17	63.0%
Emotional abuse by parent/adult (2nd item)	1.59	16	59.3%
Sexual abuse by older person	1.63	17	63.0%
Felt unloved or unsupported (1st item)	1.89	24	88.9%
Felt unloved or unsupported (2nd item)	1.96	26	96.3%
Parental separation or loss	1.78	21	77.8%
Physical abuse by mother/stepmother	1.89	24	88.9%
Household substance abuse	1.78	21	77.8%
Household mental illness or suicide	1.89	24	88.9%
Household incarceration	1.85	23	85.2%

The percentages in the dataset are very high across the board, indicating that this group of respondents faced multiple overlapping adversities in childhood, with items related to feeling unloved or unsupported and experiences of emotional, physical, and sexual abuse being especially prevalent, pointing to deep emotional and psychological impacts. Household dysfunction, including substance abuse, mental illness, and incarceration, was also widespread, compounding the risks. High ACE scores are strongly associated with long-term health challenges such as mental health struggles, chronic disease, and difficulties in relationships, suggesting that this population endured extremely high exposure to trauma and would likely require significant support and intervention.

From the interviews, participants described emotional withdrawal, misunderstanding, and witnessed abuse, experiences of bullying and teacher hostility added layers of distress. Participant (PF1 1) shared how early trauma continues to affect emotional responses and triggers in adulthood:

The negative experience I had growing up was physical abuse in the house, which really also frightens me and makes me feel bad. I got to realize that when I watch a movie, and at some point, whenever there is this kind of violence in that movie, I start crying. (Interview, 18th of July, 2025).

Table 2: Statistics of EI levels among Selected Temporary Professed Women Religious.

Number of Respondents	Mean	Standard Deviation	Frequency of High EI (≥ 4)	Frequency of Moderate to Low EI (< 4)
27	3.94	0.81	~60–65%	~35–40%

For Emotional Intelligence, the mean score being close to 4, combined with the moderate spread (standard deviation of 0.81), indicates that while many participants are emotionally skilled, there remains a notable portion who may benefit from further development in areas such as self-awareness, empathy, or emotional regulation. From the interviews, participants effectively control anger, avoid impulsive reactions, acknowledge personality differences and strive for balance in communication. They have learned to manage emotions and promote harmony within their religious community.

Relationship between ACEs and EIs

Table 3: ACEs and Emotional Intelligence.

		EI	ACE
EI	Pearson Correlation	1	.063
	Sig. (2-tailed)		.754
	N	27	27
ACE	Pearson Correlation	.063	1
	Sig. (2-tailed)	.754	
	N	27	27

The observed high p-value ($p = .754$) from Table 3 indicates that there is no reliable evidence of a meaningful association among these women religious. This implies that other factors, may exert a more substantial influence on EI than ACEs alone.

Coping with ACEs

Table 4: Strategies for Coping with ACEs.

		Experience of Counselling	Experience of Spiritual Direction	Does prayer support your emotional wellbeing	Does community life support your emotional well-being
N	Valid	27	27	27	27
	Missing	0	0	0	0
Mean		1.37	1.19	1.00	1.04
Std. Deviation		.492	.396	.000	.192
Minimum		1	1	1	1
Maximum		2	2	1	2

This data suggests that while relatively few respondents had experience with counselling or spiritual direction, prayer and community life were overwhelmingly endorsed as sources of emotional wellbeing. Counselling and spiritual direction seem less commonly used, but prayer and community life was valued in its perceived support. From the interviews, participants indicated several ways of coping: silence and solitude, counselling, spiritual direction, music and movies for distraction, long walks, prayers, visit to the Blessed Sacrament, Scripture reading for consolation and challenging one's thoughts. According to PF1 1:

The first time we had a program that had to do with grief management, that was when I realized that I didn't mourn my mom, so I had to start everything all over from the beginning, you know, to share the experiences of it, whatever that surrounded her death also. So counselling and spiritual direction were what really helped me at that point in time to come out of these two moments of grief. (Interview, 18th July 2025)

DISCUSSION

The findings of this study reveal an intersection between statistical trends and lived experiences of early childhood adversity. Quantitative data indicated exposure to ACEs. The high scores on neglect and household dysfunction are echoed in the emotional withdrawal and fear responses (Kumari, 2020). The results indicate a population with extremely high exposure to childhood trauma where most respondents reported experiences of emotional, physical, and sexual abuse, feelings of being unloved, and household dysfunction such as substance abuse, mental illness, and incarceration. Parental separation and unstable

caregiving, as reported quantitatively, align with qualitative themes of loss and misunderstanding (Karhina et al., 2023). The lasting emotional impact (Xu et al., 2023), such as crying during violent movie scenes, exemplifies how ACEs manifest in current emotional regulation difficulties. This aligns with existing research showing that emotional neglect significantly disrupts the development of adaptive coping mechanisms and heightens vulnerability to emotional dysregulation (Aggarwal, 2023). Despite this, the Emotional Intelligence (EI) results show that a majority (about 60–65%) of respondents demonstrate relatively high EI, though a significant minority (35–40%) fall into the moderate-to-low range, suggesting resilience among participants. When it comes to sources of emotional support, prayer and community life were significantly endorsed as supportive, with prayer unanimously seen as beneficial and community life nearly universal in its perceived value.

CONCLUSION

These findings suggest that while trauma exposure was widespread and severe, many respondents draw strength and emotional wellbeing from spiritual practices and communal belonging, which may help buffer the long-term risks associated with high ACE scores. However, the variability in EI and limited access to formal counselling highlight the need for expanded professional support systems to complement the strong reliance on prayer and community life. This study suggests that Superiors and Formators provide the young professed women religious more psycho-spiritual support programs that enhance interpersonal EI skills (empathy, connection) and peer or group-based interventions to strengthen social bonds and healing. In addition, the young religious continue to seek counselling and spiritual direction for sustained healing.

REFERENCES

1. Aggarwal, A. (2023). Emotional neglect and its impact on emotional regulation among adolescents. *International Journal of Interdisciplinary Approaches in Psychology*, 3(1), 45–58. <https://psychopediajournals.com/index.php/ijiap/article/view/108>.
2. Anguera, M. T., Blanco-Villaseñor, Á., Jonsson, G. K., & Losada, J. L. (2020). Editorial: Best practice approaches for mixed methods research in psychological science. *Frontiers in Psychology*, 11, 590131. <https://doi.org/10.3389/fpsyg.2020.590131>.
3. Bowlby, J. (1969/1982). *Attachment and Loss*, Vol. 1: Attachment (2nd ed.). Basic Books.

4. Byansi, W., Galvin, M., Chiwaye, L., Luvuno, Z., Kim, A. W., Sundararajan, R., Tsai, A. C., & Moolla, A. (2023). Adverse childhood experiences, traumatic events, and mental health among adults at two outpatient psychiatric facilities in Johannesburg, South Africa: A cross-sectional analysis. *BMC Psychiatry*, 23, Article 581. <https://doi.org/10.1186/s12888-023-05085-0>.
5. CDC. (2019). *Adverse Childhood Experiences (ACEs): Preventing early trauma to improve adult health*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/index.html>.
6. Chenube, O. (2023). Adverse Childhood Experiences: Causes And Impact On Behavioral Issues And Emotional Wellbeing Of Children In Nigeria. *Zamfara International Journal of Humanities*, 2(01), 145-160.
7. Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.
8. Karhina, K., Ng, N., & Eriksson, M. (2023). Parental separation and adolescent mental health: A cross-sectional study in Norway. *BMC Public Health*, 23, Article 17307. <https://doi.org/10.1186/s12889-023-17307-x>.
9. Kumari, V. (2020). Emotional abuse and neglect: Time to focus on prevention and mental health consequences. *The British Journal of Psychiatry*, 217(6), 679–681. <https://doi.org/10.1192/bjp.2020.154>.
10. Mayer, J. D., & Salovey, P. (1990). *What is emotional intelligence?* In P. Salovey & D. Sluyter (Eds.), *Emotional development and emotional intelligence: Implications for educators* (pp. 3–31). Basic Books.
11. Oladejo, P. (2025). *Adverse Childhood Experiences in Nigeria: Causes, Effects and Solutions*. *DatelineHealth Africa*. <https://www.datelinehealthafrica.org/adverse-childhood-experiences-in-nigeria-causes-effects-and-solutions>.
12. Onyekwelu, S. U., Egunjobi, J.P. & Gichimu, E. W. (2024). Prayer addiction and psycho-spiritual wellbeing among the selected female religious congregation in Nigeria. *International Journal of Research Publication and Reviews*, 5(5), 12698–12709. <https://doi.org/10.55248/gengpi.5.0524.1442>.
13. Romero, A., & Panganiban, S. (2022). *Adverse Childhood Experiences (ACEs): Role of Emotional Intelligence on Psychological Distress* (Master's thesis, California State University, San Bernardino). CSUSB ScholarWorks. <https://scholarworks.lib.csusb.edu/etd/1463>.

14. Schiraldi, G. R. (2021). *The Adverse Childhood Experiences Recovery Workbook: Heal the Hidden Wounds from Childhood Affecting Your Adult Mental and Physical Health*. New Harbinger Publications. ISBN: 9781684036646.
15. Udechukwu, P. U., Ehusani, R. F. D., & Gichimu, E. W. (2024). Relationship Between Emotional Intelligence and Psychological Wellbeing among Women Religious in Nigeria. *International Journal of Research Publication and Reviews*, 5(4), 4257–4264. <https://doi.org/10.55248/gengpi.5.0424.1025>.
16. Ugwu, L. E., Idemudia, E. S., Akokuwebe, M. E., & Onyedibe, M. C. (2024). Beyond the shadows of trauma: Exploring the synergy of emotional intelligence and distress disclosure in Nigerian adolescents' trauma journey. *South African Journal of Psychology*, 54(1), 35–50. <https://doi.org/10.1177/00812463241227515>.
17. World Health Organization Regional Office for Europe, Public Health Wales, & Liverpool John Moores University. (2023). *Tackling Adverse Childhood Experiences (ACEs): State of the Art and Options for Action*. WHO Collaborating Centre on Investment for Health and Well-being. <https://phw.nhs.wales/news/burden-of-aces-and-evidence-for-action-across-europe-brought-together-for-first-time/>.
18. Xu, Y., Zhang, L., & Wang, J. (2023). Childhood emotional neglect and emotion regulation in adulthood: A neurobehavioral perspective. *Frontiers in Behavioral Neuroscience*, 17, Article 927389. <https://doi.org/10.3389/fnbeh.2023.927389>.