

Original Article

The Mediating Role of Resilience on the Relationship Between Childhood Trauma Exposure and Narcissistic Traits of Transgender Individuals

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Abstract. This study explored the relationship between childhood trauma exposure, narcissistic traits, and resilience among Filipino transgender individuals. Although prior research has established the long-term psychological impact of childhood trauma, limited attention has been given to how resilience may influence this association within transgender populations, particularly in Southeast Asian contexts. Guided by Developmental Trauma Theory (2005) and the Transgender Resilience Intervention Model (2018), it examined whether resilience mediates the link between trauma and narcissistic traits. Using a quantitative correlational design, data were gathered from 334 transgender participants through standardized measures (CTQ, CD-RISC, and NPI-16). Results revealed a significant positive relationship between childhood trauma exposure and narcissistic traits. However, resilience did not mediate this Relationship. Despite high trauma exposure, many participants exhibited strong resilience, suggesting the presence of protective factors. These findings contribute to the literature on trauma and personality development in transgender individuals living in non-Western contexts. The study underscores the interplay of trauma and personality in psychological distress and emphasizes the necessity of culturally sensitive mental health support for Filipino transgender individuals.

Keywords: Childhood trauma exposure; Narcissistic traits; Quantitative correlational design; Resilience; Transgender.

The psychological experiences of transgender individuals have been gaining growing attention in research, particularly in relation to gender identity and mental health. Resilience, or the ability to adapt and recover from stress, has long been considered a key protective factor in coping with adversity (Southwick & Charney, 2012). Matsuno and Israel (2018) highlighted the psychological challenges faced by transgender individuals, showing that repeated exposure to rejection and discrimination increases the likelihood of internalized stigma and distress. Similarly, the Psychological Association of the Philippines (PAP, 2018) emphasized the lack of culturally responsive mental health services for LGBTQ+ people, underscoring a gap in supportive systems.

Several studies have stressed the role of resilience in mental health outcomes. Hatchel and Marx (2018) argued that resilience serves as a buffer against the adverse effects of discrimination, victimization, and exclusion, and called for greater attention to resilience as a moderator of well-being. Relatedly, Bernardi and Eidlin (2018) and Diamond et al. (2021) noted that narcissistic tendencies—such as grandiosity and sensitivity—can develop in invalidating contexts. These tendencies, while often misunderstood as pathological, may instead represent

defensive strategies against trauma. Extending this view, Sękowski et al. (2021) distinguished between grandiose and vulnerable narcissism, finding that grandiose narcissism relates positively to adaptive resilience while vulnerable narcissism is linked to poorer emotional regulation. Rothbaum et al. (2021) further explained that not all individuals exposed to trauma develop narcissistic defenses, but such traits may emerge under chronic invalidation.

In Southeast Asia, cultural and social structures also play a role in resilience and personality development. Chavada et al. (2021), in a study on transgender individuals in India, found that educational attainment significantly influenced resilience, demonstrating how societal structures shape coping strategies. In the Philippines, however, population estimates for transgender people remain difficult to establish due to methodological limits and stigma (Amido, 2023). Eustaquio et al. (2022) similarly reported the absence of a national system for tracking transgender demographics, though projections suggest a population exceeding 200,000. At the same time, reports from Human Rights Watch (2017) and the Philippine LGBT Chamber of Commerce (2018) highlighted persistent rejection and discrimination within Filipino families, schools, religious institutions, and health care systems, conditions that contribute to long-term psychological effects.

Recent global and local findings further establish links between trauma, narcissism, and resilience. Gao et al. (2023) demonstrated a significant connection between early abuse and the development of narcissistic traits, while Cates (2023) found that emotional neglect fosters narcissistic traits as compensatory mechanisms to mask insecurity. Collectively, these studies indicate that resilience may moderate the relationship between childhood trauma and the development of narcissistic traits, which has not been explored yet among Filipino transgender individuals. In the Philippine setting, Hechanova et al. (2023) stressed the need for trauma-informed and gender-sensitive mental health services, pointing to resilience as an under-researched trait among transgender Filipinos. Martinez et al. (2020) similarly reported that internal strengths such as resilience are poorly understood due to stigma and limited healthcare access. Raj and Dubey (2024) urged researchers to adopt intersectional and culturally responsive approaches, as Filipino transgender individuals remain underrepresented in global and local studies. Arnaldo (2024), in the first National LGBTQ+ Mental Health Survey, revealed alarming rates of depression, anxiety, and suicidality among Filipino transgender youth, with 62% experiencing depression and anxiety, 75% seriously considering suicide, around 50% attempting suicide, and 34% attempting suicide within the past year. Despite increasing visibility, most still reported institutional neglect, particularly in education and healthcare.

Cultural dynamics also shape how personality traits are expressed. Duarte et al. (2024) explained how Filipino values such as *hiya*, *pakikisama*, and *pakitang-tao* contribute to defensive self-presentation and validation-seeking behaviors, which can resemble narcissistic traits while masking deeper psychological struggles. Recent psychological models have been moving toward trauma-informed perspectives on narcissism, accepting some narcissistic traits as defense mechanisms rather than merely pathological traits. Earlier perspectives also provide context: Ronningstam (2016) and Kinney and Cosgrove (2022) reframed narcissistic traits not only as pathological but also as adaptive responses to invalidation and trauma. Together, these findings emphasize that while narcissism is often viewed negatively, certain traits may represent coping mechanisms shaped by cultural and traumatic experiences.

Despite this growing body of work, there remains a limited understanding of how childhood trauma, narcissistic traits, and resilience interact specifically among Filipino transgender individuals. The majority of theories and measures originate in Western, heteronormative contexts and do not account for culturally specific stressors in Southeast Asia. The current study fills this gap by exploring the mediating role of resilience on childhood trauma and narcissistic traits among Filipino transgender individuals. By situating the inquiry within culturally based and trauma-informed frameworks, the study seeks to expand knowledge on inclusive and clinically responsive mental health care in the Philippines. This research contributes to the field of Clinical Psychology by deepening the understanding of trauma, resilience, and personality among marginalized groups, and aligns with Sustainable Development Goals 3 (Good Health and Well-being), 5 (Gender Equality), and 10 (Reduced Inequalities), emphasizing the importance of equitable and affirming mental health systems.

Methodology

Research Design

This study employed a descriptive correlational research design with mediation analysis to examine the relationships between childhood trauma (independent variable), narcissistic traits (dependent variable), and resilience (mediating variable). This design was selected because it allowed the researchers to capture statistical associations without experimental intervention while also testing the underlying mechanisms that explain these associations. Data were analyzed using regression-based mediation analysis in the MEDMOD module of Jamovi under the General Linear Model framework. This approach estimated the direct, indirect, and total effects of childhood trauma on narcissistic traits through resilience. Regression-based mediation was selected for its power and reduced bias in testing indirect effects, aligning with current methodological recommendations (Li et al., 2023; Montoro et al., 2022; Ma et al., 2025). By using this design, the study moved beyond simple correlation. It provided a refined understanding of how resilience mediates the effect of childhood trauma on narcissistic traits, thereby expanding knowledge of complex psychosocial processes among Filipino transgender individuals.

Research Respondents

The population in this study was approximately 239,000 transgender individuals residing in the Philippines, estimated from secondary sources (Mag, 2025). Using the Raosoft sample size calculator with a 95% confidence level and a 5% margin of error, the minimum required sample size was 384. However, due to hesitancy and non-participation, only 334 respondents were included in the survey. A power analysis using the Giga Calculator confirmed that the achieved sample size still had over 99% statistical power, indicating that the data were sufficient for regression and mediation analyses. Because it was difficult to reach participants through probability sampling, the study employed purposive sampling, which is considered appropriate when working with marginalized populations with limited accessibility (Etikan et al., 2016). The generalization of findings was therefore limited to the study's respondents, maintaining internal validity but reducing external validity.

Participants were included if they were aged 18 years or older, self-identified as transgender, resided in the Philippines, and were willing to participate voluntarily. Individuals with no trauma exposure (zero scores) were excluded to ensure consistency with the study's focus on childhood trauma. The respondents were diverse in age, ranging from 16 to 73 years old, with categories defined as youth/young adulthood (16–25), early adulthood (26–35), mid-adulthood (36–45), late adulthood (46–55), and senior adulthood (56–73) (Becker, 2010). Previous research notes that transgender identification is more common among Boomers+ and Generation X (Puckett et al., 2021). Importantly, all participants reported some degree of childhood trauma, with many experiencing multiple overlapping forms: 53% reported severe to extreme physical neglect, 49.4% physical abuse, 43.7% sexual abuse, 34.8% emotional neglect, and 33.3% emotional abuse. These findings validate the inclusion criteria and highlight the significance of examining the psychological consequences of trauma, particularly the development of narcissistic traits and resilience in transgender populations.

Research Instruments

The study employed three valid and reliable instruments to collect data:

- (1) The Childhood Trauma Questionnaire Short Form (CTQ-SF)
- (2) The Narcissistic Personality Inventory (NPI-16)
- (3) The Connor-Davidson Resilience Scale (CD-RISC-10)

The CTQ-SF (Bruce, 2019) is a 28-item self-report scale measuring five subtypes of maltreatment – physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect – using a 5-point Likert scale. Scores are categorized into severity levels ranging from none to extreme, with specific subscales identifying different forms of trauma. The tool has strong psychometric properties, including high internal consistency ($\alpha = 0.70\text{--}0.96$), test-retest reliability (ICC = 0.70–0.90), and strong validity (Liebschutz et al., 2018). In this study, the Cronbach's alpha was 0.933, confirming excellent reliability.

Narcissistic traits were measured using the NPI-16 (Ames et al., 2006; Raskin & Terry, 1988), a non-clinical measure designed for non-clinical populations. The scale presents 16 statement pairs, with respondents selecting the one that best applies to them. The number of narcissistic responses is summed and converted into a percentage score between 0 and 1. While not a diagnostic tool for narcissistic personality disorder, the NPI-16 is a valid measure of subclinical narcissism, showing strong construct validity through its high correlation with the longer NPI-40 ($r = 0.90$, $p < .001$). Previous research reported $\alpha = 0.72$, whereas this study yielded $\alpha = 0.679$, indicating moderate

internal consistency.

Resilience was assessed with the Connor-Davidson Resilience Scale (CD-RISC-10), a 10-item measure developed to evaluate coping capacity under stress (Connor & Davidson, 2003; Campbell-Sills & Stein, 2007). Respondents rated each item on a 5-point Likert scale, yielding total scores ranging from 0 to 40, with higher scores indicating greater resilience. The CD-RISC-10 demonstrates high reliability, with α coefficients ranging from 0.85 to 0.91 and test-retest correlations ranging from 0.90 to 0.96. In this study, Cronbach's alpha was 0.809, showing good consistency. The scale is widely recognized as valid and reliable, with evidence supporting its distinction from psychological distress and its potential two-factor structure of "motivation" and "toughness" (Cheng et al., 2020; Wollny & Jacobs, 2021).

Data Gathering Procedure

This study used both online and in-person data collection methods to ensure inclusivity, ethical compliance, and adherence to inclusion criteria. Eight minors in Mindanao were included with guardian consent and received the forms personally, while eligibility for all participants was determined through screening questions about gender identity. Online data collection was conducted through Facebook LGBTQIA+ advocacy and ETEEAP groups, where a Google Form with consent statements, screening items, and questionnaires was shared after securing administrator approval. In-person data collection involved referrals validated by gatekeepers, such as HIV/AIDS advocates, nurses, and health officers, across Cotabato and Maguindanao, ensuring that only transgender respondents who met the inclusion criteria participated. A statistician later verified responses, filtered incomplete entries, and confirmed adherence to purposive sampling standards, with all data stored securely for research and educational purposes. Mediation analysis followed standard assumptions, including appropriate temporal sequencing and significant paths between variables, ensuring the robustness of resilience as a mediator between childhood trauma and narcissistic traits.

Data Analysis

This study analyzed data from 334 transgender respondents in the Philippines using IBM SPSS and the MEDMOD module of Jamovi to examine how childhood trauma, resilience, and narcissistic traits are linked. Prior to analysis, the dataset was cleaned of missing values, out-of-range responses, and outliers, and sensitivity and robustness tests confirmed its reliability for inferential testing. Descriptive statistics (frequencies, percentages, means, and standard deviations) were generated for the demographics, followed by Pearson correlations to assess relationships among key variables. Childhood trauma (CTQ) was found to significantly correlate with narcissistic traits (NPI), while resilience (CD-RISC) showed no significant correlation with NPI. Regression and mediation analyses were then conducted to test whether resilience mediated the relationship between trauma and narcissistic traits. Assumption checks confirmed the suitability of the regression model: the dependent variable (NPI) and independent variable (CTQ) were continuous, no missing data were found, and identified outliers were carefully reviewed for validity. Residuals were assessed for normality (with $p < .001$ in the Kolmogorov-Smirnov test but near-normal distribution justified by the Central Limit Theorem), independence (Durbin-Watson = 1.703), linearity (supported by scatterplots), and multicollinearity (VIF = 1.059, correlation = -0.236). These results established that the data met statistical requirements and confirmed the model's adequacy for testing total, direct, and indirect effects (Desiatco et al., 2024).

Ethical Considerations

Ethical considerations were central to this study, ensuring participant protection and research integrity. After the proposal defense, the researcher secured ethical clearance on November 6, 2024, by completing the required Ethics Review Application and obtaining approval through the institution's Ethics Review Approval and Recommendation Form. Prior to data collection, all procedures followed ethical principles, including informed consent, which required participants to be fully informed of the study's purpose, procedures, risks, and benefits, and to participate voluntarily with the option to withdraw at any time. Privacy, confidentiality, and secure data storage were prioritized, with anonymity maintained where possible. The research also upheld principles of beneficence by minimizing harm and maximizing benefits, fairness by ensuring equal access and consideration for vulnerable groups, and integrity by requiring accuracy, transparency, and disclosure of conflicts of interest. The questionnaires used (CTQ-SF, NPI-16, and CD-RISC-10) were publicly available and chosen to ensure methodological rigor and relevance to the study's aims. A total of 334 respondents participated, and additional safeguards were implemented for those reporting high levels of trauma or elevated narcissistic traits. The researcher offered online counseling sessions to provide a safe, accepting space for participants experiencing

emotional distress, along with coping strategies to manage psychological challenges. Where further care was required, referrals were made to licensed psychologists within the researcher's professional network, who provided free counseling. These measures demonstrated a strong commitment to participant well-being, while simultaneously ensuring the reliability, transparency, and ethical integrity of the research.

Results and Discussion

Distribution of Respondents

In Terms of Childhood Trauma Levels Across Five Abuse and Neglect Dimensions

Table 1 shows that many transgender respondents experienced multiple forms of childhood trauma, with physical neglect being the most common at an extreme level (53%), indicating deprivation of basic needs such as food, shelter, and healthcare, which often fostered feelings of worthlessness, isolation, and mistrust. Physical abuse followed at 49.4%, causing bodily harm and leading to aggression, emotional regulation issues, and fear of authority. Sexual abuse was reported by 43.7% of respondents, often linked to PTSD, emotional detachment, and boundary difficulties. Emotional neglect (34.8%) reflected unmet emotional needs that contributed to disconnection and poor self-image, while emotional abuse (33.3%) involved hurtful comments and humiliation, fostering self-criticism, perfectionism, and internalized shame.

Table 1. *Distribution of Respondents' Childhood Trauma Levels Across Five Abuse and Neglect Dimensions (N=334)*

Level	Physical Abuse		Emotional Abuse		Sexual abuse		Emotional Neglect		Physical Neglect	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Low	70	21.00%	106	31.70%	92	27.50%	114	34.10%	71	21.30%
Average	99	29.60%	117	35.00%	96	28.70%	104	31.10%	86	25.70%
Severe	97	29.00%	60	18.00%	110	32.90%	69	20.70%	115	34.40%
Extreme	68	20.40%	51	15.30%	36	10.80%	47	14.10%	62	18.60%
Total	334	100%	334	100%	334	100%	334	100%	334	100%

These findings align with Van der Kolk's (2005) developmental trauma framework and are consistent with empirical reports (Thoma et al., 2021; Feil et al., 2023; Schnarrs et al., 2019), which show that transgender individuals experience disproportionately high rates of neglect, abuse, and early relational trauma.

These parallels not only validate the results but also stress the importance of developing culturally and gender-specific interventions. When compared with UNICEF Philippines (2023) national data, which reports high levels of childhood violence among Filipino youth, the present findings suggest that transgender individuals endure more severe and multi-layered trauma. For instance, while UNICEF reports a 43% rate of sexual abuse among Filipino youth, the exact figure was observed exclusively within the transgender sample, reflecting how this marginalized group disproportionately bears such harm. Adding further nuance, Malone (2017) and Nicolas (2018) note that some transgender individuals may have experienced narcissistic parenting and emotional invalidation, which influence both identity formation and emotional well-being. These conceptual perspectives shed light on the study's reported 34.8% rate of emotional neglect and 33.3% emotional abuse, suggesting that early relational dynamics and invalidating environments may foster the trauma-related symptoms found among transgender respondents. This intersection of neglect, abuse, and invalidation highlights the urgent need for interventions that recognize the specific psychological vulnerabilities of transgender individuals.

In Terms of the Level of Narcissistic Traits

Table 2 reveals that most respondents displayed narcissistic traits within the low (38.6%) to average (47.3%) ranges, reflecting qualities such as humility, compassion, and balanced self-perception that can support healthy confidence and ambition. However, low scores may also suggest diminished self-worth. Only 14.1% scored high in narcissistic tendencies, indicating traits like grandiosity, entitlement, and reduced empathy, which, while resembling narcissistic personality disorder (NPD), would require clinical evaluation for diagnosis. These results challenge the assumption that childhood trauma directly leads to narcissistic pathology, instead showing that most survivors do not develop pronounced narcissistic traits (American Psychiatric Association, 2012; Van der Kolk, 2005).

Contrary to Van der Kolk's (2005) Developmental Trauma Theory, which posits that early trauma often results in maladaptive outcomes such as narcissistic traits, the findings of this study suggest a more nuanced relationship. Although many transgender participants reported childhood trauma, relatively few demonstrated elevated narcissistic traits, indicating that the connection between trauma exposure and narcissistic tendencies is not as

deterministic as theory might suggest. This complexity is further supported by Bertele et al. (2020), who found only moderate correlations between childhood maltreatment and vulnerable narcissism ($r = 0.35, p < .001$) and between childhood maltreatment and grandiose narcissism ($r = .20, p < .001$). Such results imply that trauma may contribute to narcissism, but does not necessarily lead to its heightened expression.

Table 2. *Distribution of Respondents by Level of Narcissistic Traits*

Level	Frequency	Percent (%)
Low	129	38.60%
Average	158	47.30%
High	47	14.10%
Total	334	100%

Montoro et al. (2022) add further nuance by showing that grandiose narcissism was associated mainly with adaptive emotional outcomes, except in cases of exploitativeness and entitlement, while negative correlations appeared between post-traumatic symptoms and self-sufficiency in narcissism, with affect and resilience as mediators. These findings highlight that narcissistic traits may also possess adaptive qualities in specific contexts. Similarly, Ross et al. (2024) emphasize that adverse childhood experiences (ACEs), such as neglect or overvaluation, can contribute to the emergence of narcissistic traits but are not definitive predictors. Consistent with the current study's results, Ross et al. (2024) note that only about 14% of individuals with trauma histories demonstrate high levels of narcissism, suggesting that a complex interplay of multiple factors beyond ACEs shapes their development. Collectively, these studies underscore the need to view trauma and narcissism not through a purely causal lens but as part of a multifaceted relationship shaped by both vulnerability and resilience.

In Terms of the Level of Resilience

As reflected in the table, despite significant trauma exposure, participants demonstrated remarkable resilience. 70.1% of respondents exhibited high resilience scores, characterized by strong coping skills, adaptability, and a positive outlook. These individuals are better equipped to handle stress, overcome hardships, and maintain well-being even during difficult times. 28.1% showed average resilience, reflecting moderate abilities to cope and adapt to changing circumstances. While generally capable of handling stress, they may benefit from further strengthening their resilience strategies.

Table 3. *Distribution of Respondents by Level of Resilience*

Level	Frequency	Percent (%)
Very Low	1	0.30%
Low	5	1.50%
Average	94	28.10%
High	234	70.10%
Total	334	100%

Only 1.8% of respondents demonstrated low or very low resilience, indicating greater difficulty coping with stress and a higher risk for emotional distress and mental health problems. Despite this, a small portion of participants thrived even in the face of severe hardship, highlighting the human capacity for perseverance. These findings align with Matsuno and Israel's (2018) TRIM model, which emphasizes that resilience is fostered through supportive social, familial, and community environments. As shown in Table 1, while many respondents reported exposure to childhood trauma, the majority also exhibited high resilience, suggesting that transgender individuals often develop effective coping strategies and psychological resources that promote well-being and motivation. This underscores the TRIM model's argument that both external and internal resources play a critical role in shaping resilience.

The observed resilience patterns suggest that many transgender individuals can adapt positively to challenging circumstances (Conde, 2021). Research on transgender and gender diverse (TGD) youth in the U.S. further demonstrates that, although these individuals frequently encounter identity-based trauma such as discrimination, rejection, and violence, resilience remains strong, particularly among those with supportive networks, access to affirming services, and practical coping skills (Ramos & Marr, 2023). Together, these findings highlight the centrality of resilience as a protective factor, showing how social support and adaptive strategies help transgender individuals navigate adversity and maintain psychological health.

The Relationship Between Childhood Trauma Exposure and Narcissistic Traits

Table 4 presents the association between childhood trauma exposure and narcissistic traits of 334 transgender individuals. Replicating a pattern of a weak positive correlation ($r = .24, p < .001$) indicates that, while higher trauma exposure is modestly associated with stronger narcissistic traits, the relationship is not strong enough to suggest a direct or consistent effect. This implies that other psychological or social variables likely mediate this link. Physical neglect (53.0%) and sexual abuse (43.7%) were the most common types of childhood trauma reported.

Table 4. Relationship Between Childhood Trauma Exposure and Narcissistic Traits

CTQ	NPI
Pearson Correlation	0.24**
Sig. (2-Tailed)	< .001
N	334

Note: **. Correlation is significant at the 0.01 level (2-tailed).

The subdomain analysis suggests that childhood trauma had a weaker psychological effect on narcissistic traits than expected, challenging Van der Kolk's (2005) Developmental Trauma Theory, which posits a direct link between trauma exposure and narcissistic characteristics. Participant responses indicated only a weak connection between the two variables, implying that other personal and social factors may exert stronger influences. This resonates with Şar and Türk-Kurtça's (2021) findings, which showed that sexual abuse and neglect were significantly associated with grandiose narcissism among transgender individuals, pointing to trauma, attachment fragmentation, and dissociation as potential bases for narcissistic defenses. Similarly, Starbird and Story (2020) found that transgender women exhibited more narcissistic personality traits than their counterparts, a pattern echoed in this study, where many participants were survivors of physical and sexual abuse. This suggests that trauma-specific experiences may shape gendered expressions of narcissism, with grandiosity serving as a defense against vulnerability.

The co-occurrence of multiple trauma types in participants also supports Pincus and Ménard's (2022) assertion that pathological narcissism may act as a moderator between child maltreatment and problematic interpersonal functioning. While such behaviors were not directly measured in this study, the association suggests that early trauma may foster maladaptive self-regulation. Consistently, Toof et al. (2020) highlighted how traumatic childhood environments damage emotional development and trust—core disruptions in narcissistic symptomology—while Malone (2017) noted that transgender individuals report more adverse childhood experiences (ACEs) than cisgender individuals, placing them at greater risk of developing trauma-based narcissistic traits. Importantly, not all trauma types were equally linked to narcissistic traits in this study. Physical and sexual abuse were more prevalent among participants scoring high on narcissistic measures, while emotional neglect and emotional abuse were less strongly associated. This indicates that aggregating trauma into a single measure may obscure significant patterns within subdomains, underscoring the need for more nuanced investigation into how specific forms of trauma shape narcissistic features.

Mediation Analysis of Resilience Between Childhood Trauma Exposure and Narcissistic Traits

The results revealed that resilience does not mediate the relationship between childhood trauma and narcissistic traits. Instead, trauma's effects are overwhelmingly direct (96.67%), with resilience playing a minimal and non-significant role (3.33%, $p = .521$).

Table 5. Mediation Estimates Effect

Estimates	Label	Estimate	SE	Z	p
Indirect	a × b	-9.41e-5	1.47e-4	-0.64	.521
Direct	C	0.00273	6.14e-4	4.46	< .001
Total	c + a × b	0.00264	5.97e-4	4.42	< .001

Matsuno and Israel's (2018) Transgender Resilience Intervention Model (TRIM) suggests that resilience mediates the relationship between trauma and adverse psychological outcomes, such as narcissism, by emphasizing the protective role of supportive environments and communities. However, the present study contradicts this framework, as resilience was not found to mediate the link between childhood trauma and narcissistic traits. Instead, the data revealed that trauma's effect on narcissism was essentially direct, with resilience contributing very little and proving statistically nonsignificant in the relationship. This suggests that, within this sample of participants, resilience does not seem to act as a protective factor for narcissistic traits, which contrasts with TRIM's

theoretical predictions.

The statistical analysis further confirms this pattern. Regression analysis showed that higher levels of childhood trauma significantly predicted higher narcissistic trait scores ($\beta = 0.00273$, $p < .001$), while the indirect path through resilience was nonsignificant ($\beta = -0.000094$, $p = .521$). Overall, 96.67% of the trauma–the direct path could explain the narcissism association, while the indirect contribution of resilience was only 3.33% and nonsignificant. These findings diverge from Montoro et al. (2022) and Määttä et al. (2020), who proposed that resilience may mitigate trauma’s psychological consequences, including the development of narcissistic traits. Such differences may reflect cultural or situational variations in how resilience is experienced and expressed within Filipino transgender communities. At the same time, the findings align with Şar and Türk-Kurtça (2021), who observed that specific traumas, such as sexual abuse and neglect, exert greater predictive power on narcissistic traits. While this study focused on general childhood trauma, future research examining trauma subdomains (e.g., emotional abuse, physical neglect) may uncover more nuanced patterns in how trauma contributes to narcissism.

Conclusion

The study concluded that physical neglect and multiple childhood traumas were common among transgender participants, highlighting the intersecting nature of trauma and gender identity, which must be considered in mental health interventions. Despite these challenges, narcissistic traits were generally low to average, indicating that trauma exposure does not necessarily lead to narcissism. Individual differences, protective factors, and social support all played vital roles in shaping personality outcomes. Findings further revealed that most respondents demonstrated high resilience, underscoring their psychological adaptability and the value of community support systems in coping with adversity. Although a weak positive correlation was found between childhood trauma and narcissistic traits, this relationship was not strong enough to imply a cause-and-effect nature. Resilience did not mediate this relationship, emphasizing the need for trauma-focused interventions that directly address severe early adversity rather than relying solely on resilience-building approaches. These results indicate the need for national and local mental health initiatives to incorporate trauma-informed and gender-affirming care practices specifically designed for transgender communities. However, future studies could investigate the effect of culturally specific factors on resilience in terms of narcissistic traits inflation and family dynamics or social stigmatization. Policymakers and practitioners should also focus on inclusive support systems and attainable trauma care to dismantle the combination of neglect and identity-based discrimination.

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