

# Perceived Injustice and Low Resilience as Predictors of Passive Coping in Trauma Survivors

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## ABSTRACT

**Objective:** This study aimed to investigate the predictive roles of perceived injustice and resilience in explaining passive coping behaviors among trauma survivors.

**Methods and Materials:** A correlational descriptive design was employed with a sample of 409 trauma-exposed participants from Ecuador, selected based on the Krejcie and Morgan sample size determination table. Participants completed standardized self-report measures, including the Coping Strategies Inventory (CSI) for passive coping, the Injustice Experience Questionnaire (IEQ) for perceived injustice, and the Connor-Davidson Resilience Scale (CD-RISC) for resilience. Data were analyzed using SPSS-27. Pearson correlation coefficients were calculated to examine the bivariate relationships between variables, and a standard linear regression analysis was conducted to assess the combined predictive power of perceived injustice and resilience on passive coping.

**Findings:** Perceived injustice was significantly and positively correlated with passive coping ( $r = .51, p < .01$ ), while resilience was significantly and negatively correlated with passive coping ( $r = -.47, p < .01$ ). A significant negative correlation was also found between perceived injustice and resilience ( $r = -.44, p < .01$ ). Linear regression analysis showed that perceived injustice ( $B = 0.82, \beta = .39, p < .001$ ) positively predicted passive coping, while resilience ( $B = -0.58, \beta = -.33, p < .001$ ) negatively predicted passive coping. The overall model was significant ( $F(2, 406) = 119.45, p < .001$ ) with an  $R^2$  of .37, indicating that the two predictors explained 37% of the variance in passive coping.

**Conclusion:** These results highlight the importance of addressing injustice perceptions and enhancing resilience in trauma-informed interventions to promote adaptive coping among survivors.

**Keywords:** Perceived injustice, resilience, passive coping, trauma survivors.

## 1. Introduction

Traumatic experiences can leave enduring psychological imprints, shaping not only how individuals interpret their suffering but also how they respond to stress and adversity in the aftermath. Among trauma survivors, coping strategies significantly determine psychological adaptation and long-term well-being. Passive coping—characterized by avoidance, withdrawal, and emotional disengagement—is particularly concerning as it is associated with heightened psychological distress, reduced functional recovery, and poorer mental health outcomes (Baca et al., 2022; Marta de las Heras et al., 2022). Understanding the factors that contribute to passive coping in trauma survivors is therefore essential for identifying vulnerable individuals and tailoring early interventions. Two psychological constructs—perceived injustice and resilience—have emerged as pivotal yet underexplored predictors of how trauma survivors engage with adversity and recovery.

Perceived injustice, defined as the cognitive appraisal of an event as unfair, irreversible, and caused by someone or something responsible, has gained increasing attention in trauma and pain literature. It encompasses emotions such as anger, blame, and a sense of irreparability, which often intensify psychological suffering and fuel maladaptive coping strategies (Nijs et al., 2021). In trauma contexts, perceived injustice may be rooted in a variety of sources, including abuse, assault, systemic inequality, or medical negligence, leading to ruminative thought patterns and resistance to emotional healing (Gregory & Edmonds, 2023; Pv, 2025). Emerging evidence indicates that perceived injustice is not only a predictor of emotional distress but also contributes to behaviors such as disengagement, emotional numbing, and avoidance—hallmarks of passive coping (Nijs et al., 2021). This cognitive-emotional framework disrupts recovery trajectories by fostering a victim identity and impeding the development of agency, which is essential for adaptive coping.

In parallel, resilience—a dynamic process reflecting an individual's ability to bounce back from adversity—has been identified as a protective factor against a range of psychological dysfunctions following trauma exposure. Resilience does not merely entail innate traits but involves learned behaviors, social supports, and cognitive flexibility that collectively buffer the impact of trauma (Geschke et al., 2024; Zhou et al., 2022). The literature increasingly supports resilience as a mediator or moderator in the relationship

between trauma and outcomes such as emotional regulation, well-being, and coping strategy selection (Hou et al., 2023; Zapater-Fajari et al., 2021). Individuals with higher resilience tend to engage in active, problem-focused coping, while those with lower resilience are more likely to retreat into passive coping patterns, particularly under sustained stress (Klingenberg & Süß, 2022; Lee et al., 2019). This divergence suggests that resilience plays a critical role in determining whether individuals confront or avoid the psychological demands of trauma recovery.

The relationship between resilience and coping has been substantiated across diverse populations and stressors. For example, a study among autistic adults identified coping-resilience profiles that corresponded with differences in stress experiences and functional outcomes (Muniandy et al., 2022). Similarly, research among nurses and caregivers during COVID-19 revealed that resilience significantly influenced coping strategy use and psychological well-being, particularly in high-pressure environments (Geschke et al., 2024; Hay & Kalantidou, 2022). These findings reinforce the notion that resilience is an essential determinant of adaptive functioning in contexts of chronic strain or trauma. Moreover, resilience has been shown to be malleable, making it a valuable target for psychosocial interventions aimed at trauma-exposed populations (Bucknell et al., 2024; Pv, 2025).

While perceived injustice and resilience have been individually associated with trauma responses, few studies have investigated their combined predictive capacity for passive coping strategies. One plausible explanation is that high perceived injustice and low resilience may synergistically limit one's ability to cognitively reframe adversity, thereby increasing susceptibility to passive coping. This hypothesis is consistent with theories of stress appraisal and response, which suggest that individuals who perceive events as unjust and lack internal resources are more likely to engage in avoidance behaviors to manage emotional overwhelm (Lemée et al., 2019; Pearson-Leary et al., 2024). Moreover, individuals who struggle with cognitive and emotional flexibility, which are core elements of resilience, may be less equipped to shift their focus from injustice to recovery, reinforcing a cycle of passivity and disempowerment (Mai et al., 2021; Zheng et al., 2024).

Several psychosocial and contextual variables may further influence this dynamic. Sociocultural factors, such as community norms around emotional expression or justice, can shape how individuals interpret trauma and choose coping strategies. In Ecuador, where this study was

conducted, sociocultural expectations regarding emotional stoicism and systemic inequality may intensify perceptions of injustice and discourage active help-seeking or assertive coping (Arslan & Tuncay, 2023; Gregory & Edmonds, 2023). Additionally, trauma survivors in under-resourced settings may lack access to resilience-enhancing resources such as social support, mental health services, or educational opportunities (Namasaba et al., 2022; Scott et al., 2020). These barriers can reinforce both the sense of powerlessness inherent in perceived injustice and the emotional depletion that undermines resilience, collectively predisposing individuals to passive coping.

Recent research also supports the relevance of perceived injustice and resilience in understanding emotional and behavioral patterns following trauma. For instance, among individuals with chronic pain—a condition frequently rooted in traumatic injury or systemic neglect—perceived injustice was strongly correlated with emotional disengagement and passive health behaviors (Nijs et al., 2021). Similarly, studies in post-COVID recovery contexts have underscored how disrupted access to social and institutional support systems elevated perceptions of injustice and reduced resilience, leading to heightened emotional withdrawal and disengagement (Heloísa Monteiro do Amaral et al., 2020; Karaosman et al., 2023). These findings suggest that the psychological terrain of trauma recovery is shaped by how individuals interpret their suffering and the internal resources they bring to bear on that interpretation.

Furthermore, the adaptive or maladaptive nature of coping strategies is not inherently fixed but emerges through the interaction of personal appraisal and environmental feedback. Passive coping, though often labeled as maladaptive, may serve a short-term regulatory function by minimizing confrontation with painful memories or emotional overload (Baca et al., 2022; Marta de las Heras et al., 2022). However, when maintained over time, passive coping becomes a barrier to psychological integration and healing. This underscores the urgency of identifying predictors of passive coping to facilitate early intervention, especially among individuals vulnerable to chronic distress or impaired functioning.

Given the limitations in existing research, the present study aims to address the gap by examining the predictive role of perceived injustice and resilience on passive coping among trauma survivors in Ecuador.

## 2. Methodology

### 2.1. Study Design and Participants

This study employed a correlational descriptive design to examine the predictive role of perceived injustice and resilience on passive coping among trauma survivors. A total of 409 participants were recruited from various community centers and counseling clinics across Ecuador. The sample size was determined using the Krejcie and Morgan (1970) sample size determination table, ensuring adequate statistical power for correlational and regression analyses. Participants were selected using convenience sampling and met inclusion criteria of being adults (aged 18 or older) with self-reported histories of trauma exposure. Informed consent was obtained from all individuals prior to their participation, and ethical approval was granted by the institutional review board overseeing the study.

### 2.2. Measures

#### 2.2.1. Passive Coping

Passive coping was assessed using the Coping Strategies Inventory (CSI), developed by Tobin, Holroyd, Reynolds, and Wigal in 1989. The CSI is a widely used self-report measure designed to evaluate cognitive and behavioral responses to stress. It includes 72 items divided into eight primary subscales, which are further grouped into two higher-order coping styles: engagement coping and disengagement coping. For the purposes of this study, the focus was on the disengagement strategies—particularly wishful thinking, social withdrawal, self-criticism, and avoidance, which collectively represent passive coping responses. Participants rate items on a 5-point Likert scale ranging from 1 ("Not at all") to 5 ("Very much"). Higher scores on the disengagement subscales indicate greater reliance on passive coping strategies. The CSI has demonstrated high internal consistency, with Cronbach's alpha coefficients typically ranging from 0.71 to 0.94, and its construct validity has been confirmed in numerous studies across clinical and non-clinical populations (Chan & Wong, 2017; Díaz-Morán et al., 2012; Tuason et al., 2021).

#### 2.2.2. Perceived Injustice

Perceived injustice was measured using the Injustice Experience Questionnaire (IEQ), developed by Sullivan, Adams, and Sullivan in 2008. The IEQ is a 12-item self-report scale designed to assess appraisals of injustice in individuals suffering from pain and trauma. The items are grouped into two subscales: Severity/Irreparability of Loss

and Blame/Unfairness. Respondents rate their agreement with each statement on a 5-point Likert scale ranging from 0 ("Never") to 4 ("All the time"). Higher total scores indicate greater perceptions of injustice related to one's traumatic experience or suffering. The IEQ has been shown to have excellent psychometric properties, with internal consistency coefficients (Cronbach's alpha) typically exceeding 0.90. Its construct and convergent validity have been confirmed in various clinical studies, particularly in populations with chronic pain and trauma-related conditions (Kleinmann & Wolter, 2022; Pavilanis et al., 2022; Roose, 2024).

### 2.2.3. Resilience

Resilience was evaluated using the Connor-Davidson Resilience Scale (CD-RISC), developed by Kathryn M. Connor and Jonathan R.T. Davidson in 2003. The original scale consists of 25 items that capture an individual's ability to cope with stress and adversity. It encompasses five subscales: Personal Competence, Trust in One's Instincts, Positive Acceptance of Change, Control, and Spiritual Influences. Respondents indicate the degree to which each statement applies to them on a 5-point Likert scale from 0 ("Not true at all") to 4 ("True nearly all of the time"). Higher total scores reflect greater resilience. The CD-RISC has been validated in diverse populations, including trauma survivors, and has shown excellent internal consistency ( $\alpha = 0.89$ ) and test-retest reliability. Its factorial structure and construct validity have been confirmed in multiple cross-cultural studies (Chen, 2025; Pv, 2025; Quyamuddin, 2025).

**Table 1**

*Descriptive Statistics for Study Variables (N = 409)*

Variable	Mean (M)	Standard Deviation (SD)
Passive Coping	63.47	8.56
Perceived Injustice	37.89	6.12
Resilience	58.32	7.94

Participants reported moderately high levels of passive coping ( $M = 63.47$ ,  $SD = 8.56$ ) and perceived injustice ( $M = 37.89$ ,  $SD = 6.12$ ), alongside moderately high resilience ( $M = 58.32$ ,  $SD = 7.94$ ). These values indicate that while resilience was relatively strong, a significant portion of participants still relied on passive coping strategies, possibly influenced by perceptions of injustice (Table 1).

Prior to conducting the regression analysis, all relevant assumptions were examined. The normality of residuals was confirmed through the Shapiro-Wilk test ( $p = .092$ ) and visual inspection of Q-Q plots. Linearity was assessed

### 2.3. Data Analysis

Data were analyzed using IBM SPSS Statistics version 27. Descriptive statistics were used to summarize demographic variables. Pearson correlation coefficients were calculated to examine the bivariate relationships between the dependent variable (passive coping) and the independent variables (perceived injustice and resilience). To assess the combined predictive power of the independent variables on passive coping, a standard linear regression analysis was conducted with perceived injustice and resilience entered simultaneously as predictors. All assumptions for parametric analysis—including normality, linearity, homoscedasticity, and multicollinearity—were checked and satisfied prior to conducting the regression.

## 3. Findings and Results

Of the 409 participants, 243 (59.4%) identified as female, 165 (40.3%) as male, and 1 participant (0.2%) identified as non-binary. Participants ranged in age from 18 to 65 years, with the majority (38.6%) falling between 26 and 35 years old. Regarding education level, 148 individuals (36.2%) had completed secondary education, 172 (42.0%) held a university degree, and 89 (21.8%) had attained only primary education or less. In terms of employment status, 197 participants (48.2%) were employed full-time, 122 (29.8%) were unemployed, and 90 (22.0%) were students or part-time workers. These figures provide insight into the demographic diversity of the sample.

through scatterplots, which indicated a linear relationship between each independent variable and the dependent variable. Homoscedasticity was verified using the Breusch-Pagan test ( $p = .341$ ), indicating constant variance of residuals. Multicollinearity was assessed using Variance Inflation Factor (VIF), with values of 1.42 for perceived injustice and 1.37 for resilience, both well below the cutoff of 10, suggesting no multicollinearity concerns. These results confirmed that the data met the assumptions necessary for valid parametric testing.

**Table 2**

*Pearson Correlations Between Variables (N = 409)*

Variables	1	2	3
1. Passive Coping	—		
2. Perceived Injustice	.51** (p < .01)	—	
3. Resilience	-.47** (p < .01)	-.44** (p < .01)	—

Passive coping was positively correlated with perceived injustice ( $r = .51, p < .01$ ), indicating that higher levels of injustice perception were associated with greater use of passive coping strategies. In contrast, resilience was negatively correlated with passive coping ( $r = -.47, p < .01$ ),

suggesting that higher resilience was associated with less reliance on passive coping. Perceived injustice and resilience were also negatively correlated ( $r = -.44, p < .01$ ), implying that those perceiving higher injustice tend to report lower resilience (Table 2).

**Table 3**

*Summary of Regression Analysis: Perceived Injustice and Resilience Predicting Passive Coping*

Source	Sum of Squares	df	Mean Square	R	R <sup>2</sup>	Adj. R <sup>2</sup>	F	p
Regression	4425.67	2	2212.83	.61	.37	.36	119.45	< .001
Residual	7605.14	406	18.73					
Total	12030.81	408						

The regression model was statistically significant,  $F(2, 406) = 119.45, p < .001$ , with an  $R^2$  of .37, indicating that perceived injustice and resilience together explained 37% of

the variance in passive coping. The adjusted  $R^2$  value of .36 suggests a strong model fit with slight correction for sample size (Table 3).

**Table 4**

*Multivariate Regression Coefficients Predicting Passive Coping*

Predictor	B	SE	$\beta$	t	p
Constant	28.73	3.12	—	9.21	< .001
Perceived Injustice	0.82	0.11	.39	7.45	< .001
Resilience	-0.58	0.09	-.33	-6.44	< .001

The regression coefficients indicated that perceived injustice significantly predicted passive coping ( $B = 0.82, \beta = .39, t = 7.45, p < .001$ ), suggesting that for every unit increase in perceived injustice, passive coping increased by 0.82 units. Conversely, resilience was a significant negative predictor ( $B = -0.58, \beta = -.33, t = -6.44, p < .001$ ), indicating that as resilience increased, passive coping decreased. Both predictors contributed meaningfully to the overall model, reinforcing the importance of these variables in explaining coping patterns among trauma survivors (Table 4).

The present study investigated the predictive role of perceived injustice and resilience in explaining passive coping among trauma survivors in Ecuador. Results of Pearson correlation analyses indicated a significant positive correlation between perceived injustice and passive coping, while resilience was significantly and negatively correlated with passive coping. Furthermore, linear regression analysis revealed that both perceived injustice and resilience were significant predictors of passive coping, with perceived injustice positively predicting it and resilience negatively predicting it. These findings provide valuable insight into the psychological mechanisms that shape post-traumatic behavioral responses, particularly in low-resource settings.

The positive association between perceived injustice and passive coping aligns with prior studies emphasizing the psychological toll of unresolved perceptions of unfairness

#### 4. Discussion and Conclusion



following trauma. Individuals who perceive their suffering as unjust, irreversible, and externally caused are more likely to engage in avoidance, detachment, and emotional suppression as coping mechanisms (Nijs et al., 2021; Py, 2025). These cognitive-emotional appraisals disrupt adaptive processing by fostering rumination and resentment, which inhibit constructive action or emotional engagement. In line with this, previous research has shown that perceived injustice intensifies psychological distress and negatively affects recovery by reinforcing helplessness and disengagement (Gregory & Edmonds, 2023). In a related context, individuals facing chronic stress or social marginalization often internalize feelings of powerlessness, which contributes to the adoption of passive coping styles as a way to psychologically protect themselves (Arslan & Tuncay, 2023). Therefore, the current study's findings are consistent with theoretical frameworks suggesting that perceived injustice fosters maladaptive emotional regulation strategies in the aftermath of trauma.

Additionally, the significant negative relationship between resilience and passive coping underscores the protective function of resilience in trauma adaptation. Participants with higher resilience scores reported lower engagement in passive coping behaviors, supporting the hypothesis that resilient individuals are better equipped to manage adversity through proactive and constructive means. These results mirror the findings of Bucknell et al., who observed that individuals with greater coping self-insights and resilience engaged less in avoidance and more in active coping strategies (Bucknell et al., 2024). Similarly, research by Zapater-Fajari et al. demonstrated that resilience acts as a buffer against psychological stress and promotes adaptive coping responses, especially in older adults managing life transitions and health challenges (Zapater-Fajari et al., 2021). The role of resilience as a modifiable psychological resource has been emphasized across cultural contexts, reinforcing its relevance as both a predictor and an outcome of positive coping behaviors (Geschke et al., 2024; Hou et al., 2023).

Moreover, the combined predictive effect of perceived injustice and resilience provides a nuanced understanding of passive coping behaviors in trauma survivors. While perceived injustice appears to drive emotional withdrawal through affective and cognitive stagnation, resilience may counteract this tendency by fostering agency, cognitive flexibility, and emotional regulation. This interactive pattern is supported by findings in stress and coping research, which show that individuals with higher resilience can more

effectively reinterpret adverse experiences, thereby reducing the intensity of perceived injustice and its behavioral consequences (Lemée et al., 2019; Zhou et al., 2022). For instance, Mai et al. found that resilient students during the COVID-19 pandemic reported lower reliance on avoidant coping, even in the face of high perceived threat, due to their access to social and internal resources (Mai et al., 2021). This suggests that resilience may moderate the detrimental effects of injustice perceptions by equipping individuals with adaptive cognitive-emotional tools.

The context of this study, which involved trauma survivors in Ecuador, also plays a significant role in interpreting these findings. Structural inequalities, limited access to psychological care, and cultural norms surrounding emotional expression may amplify feelings of injustice while simultaneously limiting opportunities to develop or exercise resilience (Karaosman et al., 2023; Namasaba et al., 2022). In such environments, trauma survivors may be doubly burdened—first by the experience of trauma itself, and second by the systemic and interpersonal invalidation of their suffering, which reinforces disengagement and passivity. Scott et al.'s ethnographic work with African American individuals with chronic illness revealed a similar pattern, where cultural and systemic barriers compounded emotional suppression and avoidance behaviors (Scott et al., 2020). These parallels suggest that passive coping may be partially rooted in environmental and cultural limitations that discourage open expression and proactive recovery.

The implications of these findings also align with studies that identify resilience not as a fixed trait but a dynamic process that can be shaped by external and internal factors. For example, research with healthcare workers and caregivers during periods of high stress has shown that resilience is influenced by social support, self-efficacy, and meaning-making—factors that can be cultivated through targeted intervention (Hay & Kalantidou, 2022; Heloisa Monteiro do Amaral et al., 2020; Klingenberg & Süß, 2022). These modifiable components make resilience a practical focus for psychosocial programs aimed at reducing passive coping behaviors. Similarly, interventions that help individuals reframe perceptions of injustice—such as through narrative therapy or cognitive restructuring—may reduce emotional disengagement and facilitate active coping (Pearson-Leary et al., 2024; Zheng et al., 2024).

This study also contributes to an emerging literature that emphasizes the role of personal appraisal in the development of coping strategies. Research has shown that it is not only the presence of stressors or trauma that determines

psychological outcomes, but the way individuals interpret and emotionally respond to them. For example, Scholten et al. demonstrated that appraisals of one's caregiving role significantly mediated the relationship between resilience and distress in families dealing with chronic illness, echoing the findings here regarding trauma appraisal and coping (Scholten et al., 2020). Likewise, Lin et al. reported that perceived stress and individual coping styles were strongly influenced by resilience levels in participants with internet gaming disorder, highlighting the interaction between internal resource availability and behavioral outcomes (Lin et al., 2021).

In conclusion, the present study offers robust support for the hypothesis that perceived injustice and low resilience are significant predictors of passive coping in trauma survivors. The findings extend prior research by demonstrating the coexistence of vulnerability (perceived injustice) and protective (resilience) factors in shaping post-traumatic coping responses. These insights are especially valuable for informing intervention strategies in culturally diverse, resource-constrained settings like Ecuador, where structural and social challenges intersect with psychological vulnerabilities.

## 5. Limitations & Suggestions

Despite its contributions, this study has several limitations. First, the cross-sectional design limits causal interpretations; while perceived injustice and resilience predicted passive coping, it is possible that the directionality of these relationships may differ in longitudinal contexts. Second, the use of self-report measures introduces potential response bias, particularly in a cultural context where emotional expression may be stigmatized. Third, the sample was recruited through convenience sampling in specific regions of Ecuador, which may limit the generalizability of findings to other populations or countries. Additionally, variables such as trauma type, severity, and duration were not controlled for, though these factors may significantly influence both perceived injustice and coping behavior. Lastly, while the study accounted for two major predictors, other psychosocial variables—such as perceived social support or emotion regulation skills—were not included but may also play a crucial role in passive coping.

Future studies should employ longitudinal designs to explore causal pathways between perceived injustice, resilience, and coping styles over time. Such research could help determine whether changes in resilience levels or

perceived injustice predict shifts in coping behaviors. Additionally, future investigations might benefit from incorporating qualitative methods to better understand the subjective experiences and cultural interpretations of trauma, injustice, and resilience. Exploring other potentially influential variables—such as social support, self-compassion, or post-traumatic growth—may also provide a more comprehensive understanding of the coping process. Expanding the sample to include diverse demographic and geographic populations could enhance the generalizability and cultural relevance of the findings. Lastly, experimental studies testing the effectiveness of interventions designed to reduce perceived injustice or enhance resilience could offer practical pathways for clinical application.

Practitioners working with trauma survivors should consider assessing clients' perceptions of injustice early in the therapeutic process, as these appraisals may significantly shape engagement and outcomes. Interventions should aim to reframe unjust interpretations and promote narratives of agency and self-worth. Enhancing resilience through skills-based approaches—such as cognitive-behavioral techniques, mindfulness, and strength-based counseling—can serve to reduce reliance on passive coping. Additionally, community-based programs in trauma-affected areas should incorporate psychoeducation on resilience and justice perceptions to support broader healing. Professionals are encouraged to tailor interventions to the sociocultural context of survivors, ensuring that coping strategies align with individual values, lived experiences, and systemic realities.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contributed in this article.

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