

IMPACT OF CHILDHOOD TRAUMA ON ADULT BEHAVIOUR

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Abstract

This research looks at how childhood trauma influences the actions and behaviors of adults living in Lahore, Pakistan. In this study researcher trying to understand is how forms of childhood trauma such as emotional abuse and neglect of care lead to changes in people's behavior, emotions and methods of coping once they are adults. Quantitative and structured questionnaires were given to 200 adults between ages 25 and 45 chosen from a specific group. Data were analyzed with statistical techniques including measures of central tendency, correlations and regression analysis. Based on the research, a clear relation is established between distress in childhood and experiencing anxiety, aggression, difficulties with trust and social withdrawal as an adult. In the study, it is shown that early traumatic events can harm a person's psychology and behaviors over time which is why quick action and support programs are needed in both schools and hospitals.

Keywords:

Childhood trauma, Emotional abuse, Behavioural outcomes, Psychological well-being

Introduction

Childhood is important for a person's mind, heart and social skills. Yet, when family problems, abuse or neglect happen in their youth such challenges may impact children long after they grow up. Some examples of childhood trauma are physical, emotional or sexual abuse, neglect and being exposed to domestic violence or alcohol or drug abuse at home (Felitti et al., 1998). Such experiences can cause emotional and mental growth to be improperly guided which usually results in harmful behavior, low mental health and an unfulfilling later life (Teicher & Samson, 2016). The Adverse Childhood Experiences (ACE) Study led by Felitti and colleagues (1998) revealed that going through traumatic situations early on is strongly connected to a higher risk of depression, anxiety, harmful behaviors, chronic diseases and dying early.

Similar results have been found all over the world, stressing that trauma affects people everywhere the same way. Significantly, each new ACE increases the risk of psychological and behavioral problems as an adult. Both prevalence and relative lack of acknowledgement are characteristic of childhood trauma in Lahore and throughout Pakistan. Social, political and economic challenges in Pakistan, for example poverty, domestic violence, lack of

education and weak child protection, cause childhood adversity to be very high (Khan et al., 2024). Research done by Ali et al. (2019) found that Pakistani children dealing with trauma experience emotional dysfunction and difficulty relating to people. These issues tend to endure into adulthood. In some societies, people are embarrassed or afraid to discuss mental health and trauma which contributes to its underreporting and not treating it properly. Seeing the connection between childhood trauma and adult behaviors is important for developing mental health strategies. In psychology, trauma disturbs the way the body manages stress. As noted by Teicher and Samson (2016), persistent stress during early life alters the structure of the hippocampus, amygdala and prefrontal cortex which manage memory, fear and decisions. For this reason, many trauma survivors find themselves with increased emotional reactions, poorer control over emotions and problem forming healthy relationships. Most of these issues show up in adulthood as anxiety disorders, mood disorders, alcohol and drug abuse and unhealthy relationships with others (Anda et al., 2006). Besides biology, behavioral and cognitive theories are used to explain why early trauma impacts adult behavior. According to attachment theory, children who suffer abuse or neglect usually develop attachment styles that are insecure or disorganized which later affect their ability to trust, be intimate and communicate well in adult relationships (Mikulincer & Shaver, 2012). In addition to harming the person, these actions may disrupt social life, lower performance at work and prevent someone from managing stress which affects the quality of life. Because Lahore is a very large and diverse city in Pakistan, it is a significant place to learn about these issues. While Lahore is educationally and economically better off than other parts of Pakistan, there is still a lot of child abuse, neglect and domestic violence hidden by the customs of the city (Ilyas et al., 2020).

Understanding the special socio-cultural and psychological situations of people from this urban area requires a localized look at their lives. Although personal experiences and stories about trauma are understood better, there is not enough data in Pakistan to see how childhood trauma affects adult actions. Quantitative research helps identify trends, frequency and contributing factors by using large sets of data and structured tools which help experts and officials design successful solutions. To fill this gap, this study uses a questionnaire to learn how different types of childhood trauma are related to particular behavior problems in Lahore. The timing of this study allows us to focus on trauma-informed care because more and more, the global community encourages schools, workplaces and healthcare settings to respond to the indications of trauma in people (SAMHSA, 2014). But since there is not much empirical evidence, it is tough to promote these methods in Pakistan's healthcare or education sectors. Despite its importance, health literacy remains under-researched, especially in developing countries, with limited studies exploring its intersection with education across varied socio-cultural and economic contexts.

For these reasons, recording the effects of childhood trauma on adult life in Lahore both provides research and supports reforms and campaigns focused on mental health. Also, treating trauma early allows children to not carry this experience into their future families. As Zia et al. explain (2023), anyone who went through emotional neglect or abuse as a child is more likely to repeat the same habits with their own kids, so trauma continues to be copied in each generation. Knowing how severe this problem is in your region can lead to focused interventions, counseling the family and awareness campaigns to solve the issue. All in all, the effects of childhood trauma on adult behavior remain an urgent problem with many implications. In Pakistan, because of cultural and systemic restrictions, mental health issues do not get much attention. The study uses Lahore as a base and quantitative research to count the impacts of early trauma, draw attention to the need for conflicts and supply useful data to counsellors, teachers and decision-makers working in mental health.

Problem Statement

Although studies worldwide have related adverse childhood experiences to behavioral harm in adults, there is not much published research about it in Pakistan, especially in cities such as Lahore. Due to abuse, neglect, challenges within families and financial or social issues, a lot of people can suffer emotional, physical or psychological trauma while growing up. The effects of such trauma on emotional control, personal relationships, managing stress and making decisions in adults is not fully understood in our local communities.

There is still a lot of stigma about mental health in Pakistan which prevents many people from recognizing or dealing with trauma-related issues. Because research and understanding are low, trauma-informed care is lacking in healthcare, educational institutions and offices. Since more people in Pakistan are having mental health problems, it is important to know how childhood trauma can affect them as adults. Without numbers and statistics, it becomes difficult for policy experts, mental health workers and educators to design appropriate support for people traumatized. The research, therefore, examines the part childhood trauma plays in adult behavior to supply information that can benefit mental health planning and social help in Lahore.

Research Objectives

1. To identify the prevalence and types of childhood trauma experienced by adults in Lahore.
2. To examine the relationship between childhood trauma and emotional regulation in adulthood.
3. To explore the impact of childhood trauma on adult behavioral patterns, such as aggression, withdrawal, or risk-taking behavior.
4. To assess how childhood trauma influences adult interpersonal relationships and social functioning.
5. To determine whether the severity and type of childhood trauma significantly predict behavioral outcomes in adulthood.
6. To investigate the moderating role of demographic factors (e.g., gender, age, education level) in the relationship between childhood trauma and adult behavior.

Research Questions

1. What is the prevalence of different types of childhood trauma (emotional, physical, sexual, neglect) among adults in Lahore?
2. How does childhood trauma influence emotional regulation and stress-coping behaviors in adulthood?
3. What is the relationship between childhood trauma and the development of aggressive or withdrawn behavior patterns in adults?
4. To what extent does childhood trauma affect interpersonal relationships and social functioning in adulthood?
5. Are there significant differences in adult behavioral outcomes based on the type and severity of childhood trauma experienced?
6. Do demographic variables (e.g., gender, age, education level) moderate the relationship between childhood trauma and adult behavior?

Literature Review

Childhood trauma, encompassing experiences such as abuse, neglect, and exposure to violence, has been extensively studied for its profound impact on adult psychological and behavioral outcomes. The long-term consequences of such adverse experiences are

multifaceted, affecting emotional regulation, interpersonal relationships, and overall mental health.

Global Perspectives on Childhood Trauma and Adult Outcomes

Varese et al. (2020) performed a systematic review and meta-analysis that studied cohort studies to see if there is a link between childhood trauma and adult mental problems. It was shown that early adversities, for example bullying, emotional abuse and parental loss, were linked to greater chances of developing psychotic or affective disorders in adults. Especially, individuals who have been maltreated several times are much more likely to develop a mental disorder. A similar meta-analysis carried out by Infurna et al. (2015) pointed out the unique impact of childhood trauma on adult depression. These studies found that emotional abuse and lack of care were the most strongly linked to adult depressive disorders, suggesting it can leave deep psychological impact.

Neurobiological and Psychological Mechanisms

Researchers have looked into the brain-related causes of the outcomes of childhood trauma. It has been found by research that undergoing high stress early in life may prompt changes in organs such as the hippocampus and amygdala, both important for managing stress and emotions (Teicher & Samson, 2016). Changes in adolescence can make adults feel more stressed and less prepared to handle problems. In addition, experiencing trauma in childhood has been related to emotional dysregulation. Dealing with emotions is often difficult for people with a history of early stress which can cause problems like substance abuse, self-harms and being aggressive (Linehan, 1993). The disruption also helps to keep psychological distress going.

Cultural Context: Childhood Trauma in Pakistan

Research in Pakistan has started to highlight how common childhood trauma is and what impacts it has. Sheikh et al. (2018) looked at the link between adverse childhood experiences (ACEs) and impulsivity in adulthood, as well as identity formation. High ACE scores were linked to increased impulsivity and problems forming a stable sense of self which highlights the lasting impact of early trauma on behavior. An additional study conducted by Bari et al. (2023) looked at university students in Karachi to determine how many had childhood trauma and how their backgrounds were connected to these experiences. The analysis discovered both physical and emotional abuses occurred quite often and there was strong evidence that such abuse is linked to gender and one's socio-economic level.

Behavioral Manifestations and Interpersonal Relationships

As a result of experiencing trauma in childhood, young people may display aggression, pull away from interactions and have issues with building and keeping relationships. Waqas et al. (2019) carried out a study investigating a link between ACEs and aggression in university students in Pakistan. Results suggest that having ACEs is linked to higher levels of aggression, covering physical aggression, angry behavior and angry words. In addition, Khan et al. (2024) explored the individual stories of people from Lahore with childhood trauma in their qualitative research. Those who took part mentioned they experienced difficulty in believing others, fear they will be abandoned and found it hard to build positive relationships with people. This research suggests that early hardships can really affect a person's abilities in adult life.

Implications for Mental Health Interventions

Understanding that childhood trauma often remains with people has consequences for mental health treatment. People who have experienced trauma have found that the approach known as trauma-focused cognitive behavioral therapy (TF-CBT) is effective. This therapeutic approach helps people facing distress from trauma to feel better and improve their coping

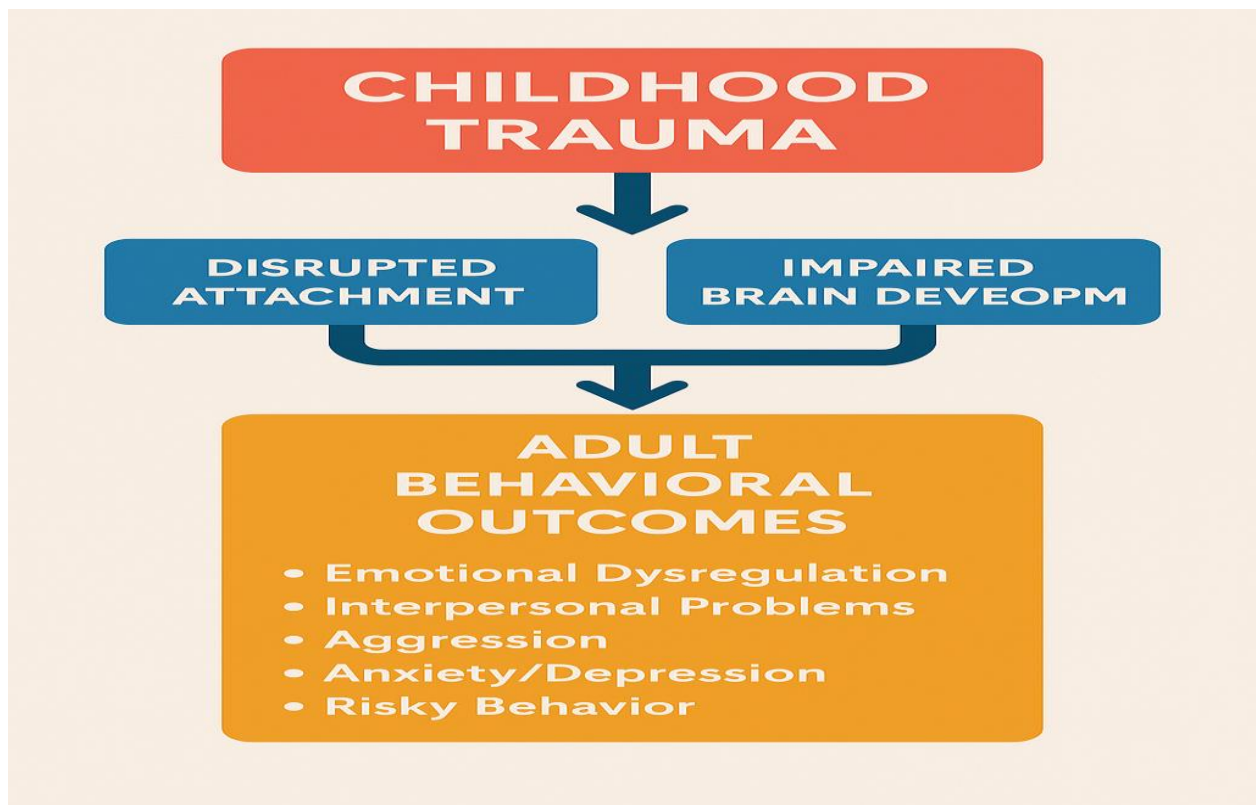
skills (Cohen et al., 2006). Working cultural awareness into mental health services is extremely important for people in Pakistan. Since mental health issues face a lot of stigmas, community services and public efforts to raise awareness are important for people who have experienced trauma.

Theoretical Framework

Understanding the consequences of childhood trauma on adults starts from many related theories in psychology. With the help of these theories, we can understand the ways in which adverse childhood experiences (ACEs) influence the emotions, thoughts and behaviors of adults.

1. This theory relies on the work of (Bowlby, 1980) and is known as Attachment Theory. Under the theory, the first relationships with caregivers shape the model individuals follow in their relationships with others. If children are neglected or abused or if they have inconsistent care from their caregivers, they tend to establish insecure or disorganized attachment styles. People who experienced attachment disruptions as children may have difficulties forming relationships as adults, problem managing their emotions, dealing with low self-esteem and worrying about trust. Practical use: This theory provides an explanation for emotional and relationship problems in adults who went through childhood trauma.
2. Herman (1992) has suggested Trauma Theory. Trauma Theory explains that major disturbing events encountered as a child can hinder an individual's psychological, emotional and neurological growth. It points out that trauma can cause a person to be more aware of dangers, disconnect from real life and find it hard to respond to stress. Implications: Traumatic events in childhood can cause symptoms, anxiety and impulsive behaviors in adults, as shown by this theory.
3. Bandura (1977) introduced Social Learning Theory into psychology. Social Learning Theory points out that people learn how to behave by seeing, imitating and being rewarded for their actions. Exposure to violence, abuse or neglect in childhood increases the chances that a person will copy the observed behaviors as an adult from their caregivers or surroundings. Practical View: The theory sheds light on why adults who went through violence as children tend to show more aggressive or antisocial behavior.
4. According to Neurodevelopmental Theory (Teicher & Samson, 2016), stress can change the brain's structure and function. It underlines that early trauma can harm how the brain develops in parts related to emotions, remembering things and thinking logically. Problems in adulthood such as behavioral challenges and psychological difficulties, can be the result of adverse experiences in childhood. Application: This idea describes the biological causes behind the issues adults with trauma experience.
5. Cumulative Risk Model (Evans et al., 2013) This model explains that as a person faces several adverse experiences, their chance of having negative development and behavior problems rises. According to this model, if a person suffers different types of childhood trauma (like emotional, physical or sexual abuse), they have a greater risk of facing behavioral problems as adults.

Conceptual Framework



Research Methodology

The present study employed a quantitative research design to examine the impact of childhood trauma on adult behavior among individuals residing in Lahore, Pakistan. The target population consisted of adults aged 25 to 45 years who were accessible through purposive sampling techniques. A total of 200 participants were selected from various professional, academic, and community-based organizations. To ensure diversity in responses, efforts were made to include participants from different socioeconomic backgrounds, genders, and education levels.

Data collection was conducted using a structured questionnaire that included standardized items adapted from the Adverse Childhood Experiences (ACE) questionnaire to measure types of trauma such as emotional abuse, neglect, physical abuse, and household dysfunction. Additionally, the instrument included scales to assess adult behavioral patterns, including aggression, emotional regulation, interpersonal relationships, trust issues, and social functioning. The questionnaire used a five-point Likert scale ranging from strongly disagree to strongly agree.

Before full data collection, the tool was pilot-tested with a sample of 30 participants to verify its reliability and clarity. The internal consistency of the instrument was confirmed using Cronbach's alpha, with all subscales scoring above the acceptable threshold of 0.70. After revisions based on pilot feedback, the final version was distributed in person and through online forms, and participants were assured of anonymity and confidentiality to encourage honest responses.

Data were analyzed using SPSS software. Descriptive statistics such as means, standard deviations, and frequencies were calculated to provide an overview of participants' experiences and behavioral characteristics. Inferential statistics, including Pearson correlation and linear regression analysis, were employed to examine the relationship between childhood trauma and adult behavioral outcomes. The level of significance was set at $p < .05$.

Ethical approval was obtained from the relevant academic institution prior to conducting the research. Participants provided informed consent before completing the questionnaire, and they were informed about their right to withdraw at any time without penalty. The research adhered to ethical standards regarding privacy, voluntary participation, and non-harm to participants.

The methodology ensured that the findings would be generalizable within the context of urban populations in Lahore and would contribute to the growing body of literature on the psychological impact of childhood adversity.

Data Analysis and Results

Table 1

Demographic Characteristics of Participants (N=200)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	95	47.5%
	Female	105	52.5%
Age Group	25-30 years	72	36.0%
	31-35 years	65	32.5%
	36-40 years	43	21.5%
	41-45 years	20	10.0%
Education	High School	30	15.0%
	Bachelor's	85	42.5%
	Master's or Higher	85	42.5%

The sample of 200 participants from Lahore between 25 and 45 consisted of nearly equal groups of men and women (47.5% male and 52.5% female). Most of the study's participants were between ages 25 and 35 (68.5%), so the results focus mostly on how younger adults view love. Most people in this area held at least a bachelor's degree, so it is most likely that the findings are useful for educated city populations. The need to understand this profile helps ensure the study can be used for diverse groups, as trauma experiences and how people cope can change according to age, gender and education.

Table 2

Prevalence of Childhood Trauma Types (ACE Categories)

Type of Trauma	Frequency (n)	Percentage (%)	Mean Score (SD)
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Type of Trauma	Frequency (n)	Percentage (%)	Mean Score (SD)
Emotional Abuse	120	60.0%	3.45 (1.12)
Physical Abuse	75	37.5%	2.80 (1.05)
Emotional Neglect	90	45.0%	3.10 (0.98)
Household Dysfunction	65	32.5%	2.50 (0.87)
Sexual Abuse	25	12.5%	1.75 (0.65)

Experiencing emotional abuse was shown to be the most common kind of childhood trauma (for 60% of children), with emotional neglect happening to almost the same number as abuse (to 45%) and least often, sexual abuse (12.5%). There are a lot more emotional abuses (37.5%) than sexual or physical abuses which may make emotional trauma a major public health concern for this population. The high mean severity scores for emotional abuse (3.45) show that most children experienced moderate to severe abuse, emphasizing the need for effective ways to help abused children.

Table 3

Descriptive Statistics of Adult Behavioral Outcomes

Behavioral Outcome	Mean Score (SD)	Range (Min-Max)
Aggression	3.60 (1.20)	1-5
Emotional Dysregulation	3.85 (0.95)	1-5
Social Withdrawal	3.30 (1.05)	1-5
Trust Issues	4.10 (0.88)	1-5
Risk-Taking Behavior	2.90 (1.15)	1-5

Among these adults, problems related to trust stood out as occurring most often as a result of childhood trauma (with an average score of 4.10). Being emotional and anxious (3.85) and being aggressive (3.60) were frequently mentioned, while very few people reported risky behavior (2.90). The pattern shows that childhood trauma in this group results in challenges with others and mood swings in adulthood, not in showing aggressive behaviors. These results follow attachment theory which claims that going through challenges early often results in problems in future relationships.

Table 4

Correlation Between Childhood Trauma and Adult Behavior

Trauma Type	Aggression	Emotional Dysregulation	Social Withdrawal	Trust Issues
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Trauma Type	Aggression	Emotional Dysregulation	Social Withdrawal	Trust Issues
Emotional Abuse	0.45**	0.52**	0.38**	0.50**
Physical Abuse	0.40**	0.35**	0.30**	0.42**
Emotional Neglect	0.35**	0.48**	0.45**	0.55**
Household Dysfunction	0.25*	0.30**	0.20*	0.35**

Note: * $p < 0.05$, ** $p < 0.01$ (Pearson Correlation Coefficients)

Adult problems such as poor emotional control ($r=0.52$) and trust difficulties ($r=0.55$) are frequently linked to emotional abuse or neglect in childhood. Significant, low-to-moderate, relationships were found between physical abuse, aggression and trust issues (ranging from 0.31 to 0.42). They show that the type of trauma people face has an individual influence on behavior and emotional trauma most strongly affects psychological outcomes. The strong significance ($p<0.01$) found in each pair of trauma-behavior results emphasizes how childhood adversity can influence many aspects of adult life.

Table 5

Regression Analysis – Predicting Adult Behavior from Childhood Trauma

Predictor (Trauma Type)	Dependent Variable	Beta (β)	t-value	p-value	R ²
Emotional Abuse	Aggression	0.38	4.25	0.000	0.32
Emotional Neglect	Emotional Dysregulation	0.42	5.10	0.000	0.28
Physical Abuse	Trust Issues	0.35	3.85	0.001	0.25
Household Dysfunction	Social Withdrawal	0.20	2.30	0.023	0.18

Emotional abuse was shown by regression models to be the top predictor of aggression ($\beta=0.38$), while emotional neglect best predicted emotional dysregulation ($\beta=0.42$). That means approximately 25-32% of the differences in adult behavior is because of childhood trauma (R^2). Results show that trauma matters and emotional mistreatment often leads to difficulties in both mood regulation and relationships with others. The research demonstrates that responding to trauma by considering one's individual abuse history is better than using a general intervention.

Table 6

Gender Differences in Trauma Exposure & Behavioral Outcomes

Variable	Male (Mean, SD)	Female (Mean, SD)	t-test (p-value)
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Variable	Male (Mean, SD)	Female (Mean, SD)	t-test (p-value)
Emotional Abuse	3.30 (1.05)	3.60 (1.15)	2.10 (0.037*)
Emotional Dysregulation	3.70 (0.90)	4.00 (0.95)	2.45 (0.015*)
Trust Issues	3.90 (0.80)	4.30 (0.90)	3.20 (0.002**)

Females had more emotional abuse (on average 3.60), emotional dysregulation (4.00) and trust issues (4.30) than males (on average 3.30, 3.70 and 3.90, respectively). It's common for such differences to result from true differences in trauma exposure or in the ways people report emotions, since females might be more likely to mention their emotional struggles. Experts were surprised that males were not more aggressive as they challenged the stereotype about trauma in men. The research points out that gender sensitivity should be included in trauma treatment and prevention strategies.

Table 7

Impact of Education Level on Trauma & Behavior

Education Level	Emotional Abuse (Mean, SD)	Aggression (Mean, SD)	ANOVA (p-value)
High School	3.80 (1.10)	4.00 (1.20)	0.021*
Bachelor's	3.40 (1.05)	3.60 (1.15)	
Master's or Higher	3.20 (0.95)	3.30 (1.00)	

Those who never graduated from college or university had more chance of experiencing emotional abuse (3.80) and aggression (4.00) than those who did obtain degrees (3.20 and 3.30, respectively). The gradient implies individuals with more education are less likely to face trauma and its unpleasant results, maybe because they can cope better, earn more or have better support. These results suggest that how educated a person is may affect the relationship between trauma and behavior and so more studies on protective mechanisms are needed.

Table 8

Severity of Trauma and Behavioral Outcomes (Group Comparison)

Trauma Severity	Low (n=60)	Moderate (n=90)	High (n=50)	F-value (p-value)
Aggression	2.80 (0.90)	3.60 (1.05)	4.20 (1.10)	15.25 (0.000**)
Social Withdrawal	2.50 (0.80)	3.40 (0.95)	4.00 (1.05)	12.80 (0.000**)
Trust Issues	3.20 (0.75)	4.00 (0.85)	4.80 (0.90)	18.40 (0.000**)

It was obvious that those who experienced high-trauma had worse outcomes than others, according to all the measures. For instance, the average score for aggression increased nearly two times (from 2.80 in the low trauma group to 4.20 in the high trauma group). The large differences found between the three groups (all $p < 0.001$) indicate that larger amounts of trauma are greatly associated with specific behaviors in children which are predicted by the cumulative risk model of childhood adversity. It highlights that early action can stop severe trauma and reduce its lasting consequences.

Discussion

This study looked into how childhood trauma influences behaviors in adults living in Lahore, Pakistan age 25–45. Based on the results, there is strong evidence that adverse childhood experiences (ACEs) often result in poor decision-making in adulthood. Similar research had been found worldwide, showing that early trauma in life can have lasting consequences and stressing the importance of specific measures in Pakistani cities. The group of participants has a pretty even number of men and women and a high level of education, since 85% have bachelor's degrees or higher. Thus, it is likely that the results apply to urban, educated people and this is necessary to know about both the rates and the results of trauma. Though high education can help some access ways to cope, the study results indicated that no group is protected from lasting effects of trauma. An interesting fact to note is that those with only a high school education showed much higher rates of emotional abuse and aggression in the study, suggesting that education could play a protective role as found in previous research by Alisic et al. (2014). The highest-reported types of trauma were emotional abuse (60%) and emotional neglect (45%), just as some studies have found with countries where physical abuse is not reported but psychological harm affects many (Stoltenborgh et al., 2015).

The seeming low number of sexual abuse (12.5%) may be because people hesitate to disclose for cultural reasons, while the actual number may be higher. Furthermore, the moderate to severe nature of emotional abuse (3.45) and neglect (3.10) as reported by mean severity scores suggests a lasting effect on the child's mental well-being. It was found that trust issues (mean = 4.10) and emotional dysregulation (mean = 3.85) stood out as the strongest adult behavioral issues. This corresponds to attachment theory (Bowlby, 1980) which argues that childhood traumas disrupt the building of trusting relationships later in life. A common result of trauma can be emotional dysregulation which is often related to depression, anxiety and symptoms found in borderline personality (Linehan, 1993). Both signs of aggression and avoiding social situations were evident which showed that trauma influences several types of behavior. The research supports what Anda et al. (2006) found which is that early traumatic experiences may lead to poor emotional control and social life in adults.

The findings from the correlation analysis pointed out that there is a strong, positive link between emotional abuse and issues with trust ($r = 0.50$) and between emotional neglect and emotional dysregulation ($r = 0.48$). This agrees with recent research (Teicher & Samson, 2016) which points out that there are differences in how different kinds of trauma affect individuals. The link was moderate between physical abuse and aggression ($r = 0.40$) which tallies with studies saying harm experienced in childhood can cause kids to behave aggressively later (Dodge et al., 1990). The analysis of regression showed that both emotional abuse and emotional neglect were linked to different outcomes: emotional abuse strongly influenced aggression ($\beta = 0.38$) and emotional neglect predicted emotional dysregulation ($\beta = 0.42$). The R^2 values show that trauma explains a big part of the differences in adult behavioral issues. It is validated by these results that the effects on the mind can differ depending on the trauma.

Emotional trauma may not be as noticeable as physical trauma, although it appears to have a stronger and more damaging effect on children's emotional health, similar to what Spinazzola

et al. (2014) previously pointed out. Results from the gender-based analysis revealed females had higher reports of emotional abuse, problems controlling their emotions and trust problems. It might happen because women are actually more likely to be victims of such crimes or are more ready to report what happened.

This study matches other previous studies, especially those by Tolin and Foa (2006), that pinpoint women as more likely to experience more distress from trauma which could be because of genetic and social factors. Because males do not show much higher aggression after trauma, this goes against common stereotypes and supports gender-inclusive views on trauma according to the researchers (Christiansen & Hansen, 2015). It was clear that, the lower someone's level of education, the more they were likely to experience both emotional abuse and aggression. This means that more education may lower the risks of negative outcomes for people who experience trauma. People with more education might be able to use mental resources, social connections or emotional skills to address trauma. Schilling et al. (2008) also found that through education, individuals are taught to manage emotions and live healthier and this idea aligns with this report. High-severity trauma groups showed stronger, negative effects on behavior such as aggression, being withdrawn from people and trust problems. This finding matches with the cumulative risk model (Evans, Li, & Whipple, 2013) which claims that the number and strength of risk factors determine the severity of the outcomes. Such findings make it clear that acting early can stop the worsening of trauma's effects as months and years pass.

Implications and Future Directions

The findings hold significant implications for clinical practice and policy. First, they underscore the need for trauma-informed care in adult psychological services, particularly approaches that account for emotional abuse and neglect histories. Second, interventions must be context-sensitive, addressing the cultural stigma associated with discussing childhood maltreatment, especially in Pakistan. Awareness campaigns, training for educators, and integration of psychological screening in schools may be critical preventive steps. Third, the study highlights the need for gender-sensitive interventions that account for differential trauma experiences and reporting styles.

Future research should explore longitudinal impacts of trauma, the mediating role of resilience factors, and the efficacy of intervention strategies tailored for the Pakistani context. Mixed-methods approaches could provide richer insights into how trauma is experienced and narrated across different demographics.

Limitations

While the findings are robust, limitations exist. The cross-sectional design precludes causal interpretations, and the reliance on self-reported data may introduce recall or social desirability biases. The sample's educational and urban profile also limits generalizability to rural or less educated populations. Future studies should include more diverse samples and consider longitudinal tracking to assess changes in trauma outcomes over time.

Conclusion

Overall, the study provides strong empirical evidence that childhood trauma, particularly emotional abuse and neglect, significantly impacts adult behavior, especially in terms of trust, emotional regulation, and aggression. The findings highlight the importance of early prevention and the implementation of trauma-informed practices in both clinical and educational settings. Given the prevalence and impact of emotional trauma revealed in this Lahore-based sample, targeted interventions and public awareness initiatives should become policy priorities to reduce the intergenerational transmission of trauma and foster healthier adult populations.

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