



## **The Impact of Childhood Traumas on the Mental Health of Adults: A Qualitative Exploration in Dera Ismail Khan**

**Maryam Siddique<sup>1</sup>, Dr. Hamza Rehman Siddique<sup>2</sup>**

<sup>1</sup>Assistant Professor, Department of Psychology, Gomal University, D. I. Khan  
Email: [maryam@gu.edu.pk](mailto:maryam@gu.edu.pk)

<sup>2</sup>TMO Orthopaedic Surgery, Ayub Teaching Hospital, Abbottabad  
Email: [hamzarehmansiddique@gmail.com](mailto:hamzarehmansiddique@gmail.com)

<b>ARTICLE INFO</b>  <b>Keywords:</b> Childhood trauma, Adult mental health, Qualitative study, Dera Ismail Khan, Thematic analysis <b>Corresponding Author:</b> <b>Maryam Siddique,</b> Assistant Professor, Department of Psychology, Gomal University, D. I. Khan Email: <a href="mailto:maryam@gu.edu.pk">maryam@gu.edu.pk</a>	<b>ABSTRACT</b> Childhood trauma is a critical determinant of adult psychological health, influencing emotional regulation, interpersonal relationships, and overall wellbeing. This qualitative study explores the long-term psychological impact of childhood traumatic experiences among adults residing in Dera Ismail Khan, Pakistan. Semi-structured interviews were conducted with ten participants aged 25–40 years who reported experiences of neglect, emotional abuse, or family dysfunction during childhood. Data were analyzed using Braun and Clarke’s (2006) thematic analysis framework. Three major themes emerged: (1) enduring emotional scars, (2) trust and relationship difficulties, and (3) resilience and growth. Findings revealed that participants continued to experience anxiety, low self-worth, and difficulties in forming secure attachments. However, many also demonstrated emotional growth and coping strategies shaped by cultural and familial support. The study highlights the need for trauma-informed psychological interventions and increased awareness about the enduring effects of early adverse experiences in Pakistani communities.
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### **1. Introduction**

Childhood is a formative period during which emotional safety and nurturing relationships lay the foundation for psychological stability and social competence in later life. When these foundations are disrupted by trauma such as emotional, physical, or sexual abuse, or neglect the impact can persist well into adulthood, influencing how individuals think, feel, and relate to others (Teicher & Samson, 2016). Childhood trauma encompasses any adverse experience that overwhelms a child’s capacity to cope, leaving long-term emotional and cognitive imprints (Felitti et al., 1998).

Research across cultures has consistently shown that exposure to early trauma increases vulnerability to depression, anxiety, substance use, and difficulties in interpersonal relationships (Anda et al., 2006; McLaughlin et al., 2019). Neurobiological studies reveal that such experiences can alter brain structures associated with stress regulation and emotional control, leading to heightened sensitivity to threat and persistent feelings of insecurity (Teicher et al., 2016). However, the ways in which individuals interpret and respond to these experiences are also shaped by cultural, familial, and social contexts.

In Pakistan, discussions of childhood trauma remain limited due to social stigma, lack of awareness, and inadequate access to mental health care (Khan & Malik, 2019). Many individuals experience emotional neglect or abuse within family systems that normalize harsh discipline or silence emotional expression. The consequences often surface in adulthood as emotional dysregulation, low self-esteem, and difficulties maintaining trust in relationships. Despite these challenges, cultural values such as family support, spirituality, and community connectedness may also foster resilience and recovery (Rizvi & Najam, 2019).

Understanding the lived experiences of adults who endured trauma in childhood is essential for developing effective psychological interventions in Pakistani settings. This study therefore aims to explore the long-term impact of childhood trauma on the mental health of adults living in Dera Ismail Khan through a qualitative, thematic approach.

### **Research Question:**

1. How do adults in Dera Ismail Khan perceive and describe the long-term impact of childhood trauma on their mental health?

### **2. Literature Review**

Extensive literature links early trauma to adverse adult mental health outcomes. The Adverse Childhood Experiences (ACE) study by Felitti et al. (1998) demonstrated that exposure to abuse and household dysfunction predicts depression, anxiety, and substance misuse. Neurobiological findings by Teicher et al. (2016) show altered brain functioning in individuals exposed to early neglect. In Pakistani contexts, research by Khan and Malik (2019) and Rizvi and Najam (2019) revealed similar trends, emphasizing cultural silence and the need for community-based interventions.

Childhood trauma has been extensively studied as a critical factor influencing mental health across the lifespan. Adverse childhood experiences (ACEs) such as physical abuse, emotional neglect, sexual abuse, or witnessing domestic violence are linked to a wide range of psychological and physiological consequences in adulthood (Felitti et al., 1998; McLaughlin et al., 2019). These experiences disrupt normal developmental processes, impair emotional regulation, and alter cognitive schemas that shape an individual's perception of self and others (Teicher & Samson, 2016).

### **Global Evidence on Childhood Trauma and Adult Mental Health**

Felitti et al. (1998), in their landmark ACEs study, found a strong, graded relationship between the number of adverse experiences in childhood and the likelihood of developing depression, anxiety, substance abuse, and personality disorders in adulthood. Similarly, Anda et al. (2006) reported that adults exposed to multiple forms of childhood trauma exhibited higher risks of suicidal ideation, emotional dysregulation, and difficulties maintaining social connections. Neuroscientific research suggests that early trauma alters brain structures such as the amygdala and hippocampus, which are involved in emotional processing and memory (Teicher & Samson, 2016). These neurobiological changes predispose individuals to chronic stress responses and hypervigilance. Moreover, attachment theory posits that early emotional

neglect disrupts the formation of secure bonds, leading to avoidance or anxious attachment styles in adult relationships (Bowlby, 1988).

Qualitative studies also reveal that the effects of childhood trauma extend beyond clinical symptoms to influence identity, self-concept, and coping styles. For instance, van der Kolk (2014) emphasized that survivors often internalize shame and develop maladaptive coping mechanisms, such as emotional suppression or self-isolation, which perpetuate psychological distress.

### **Cultural and Contextual Perspectives**

While the psychological impact of trauma is universal, cultural values and social contexts shape how individuals perceive, interpret, and cope with their experiences (Yehuda et al., 2015). In collectivist societies like Pakistan, family honor, religious beliefs, and community cohesion can both buffer and exacerbate the impact of trauma. Family systems that discourage open discussion of emotional pain may contribute to repressed emotions, while strong kinship networks can promote resilience (Rizvi & Najam, 2019).

In South Asian cultures, childhood trauma often remains unrecognized due to patriarchal norms and limited mental health literacy (Khan & Malik, 2019). Studies from Pakistan have highlighted a growing awareness of the link between early abuse and adult psychopathology. For example, Ahmad and Qureshi (2020) found that emotional neglect and verbal abuse during childhood were significantly associated with depression and low self-esteem in university students. Similarly, Ali and Shah (2021) observed that adults reporting early physical punishment experienced heightened anxiety and mistrust in interpersonal relationships.

### **Gaps in Literature**

Despite the growing body of research, few studies in Pakistan have explored the lived experiences of adults who faced trauma during childhood using qualitative approaches. Most local studies rely on quantitative surveys and self-report measures, which fail to capture the emotional depth and meaning individuals assign to their experiences. There is also limited understanding of how cultural, social, and familial contexts influence the process of psychological recovery and resilience among survivors.

Therefore, a qualitative inquiry into the subjective experiences of adults from Dera Ismail Khan can provide a nuanced understanding of how childhood trauma shapes emotional wellbeing, interpersonal functioning, and coping mechanisms in adulthood. This research seeks to address this gap by identifying key themes that reflect both vulnerability and resilience within the Pakistani socio-cultural framework.

### **3. Methodology**

A qualitative research design was adopted to explore adults' lived experiences of childhood trauma. Ten participants from Dera Ismail Khan, aged 25–40, were selected using purposive sampling. Semi-structured interviews explored their emotional experiences, coping mechanisms, and perceptions of mental health. Thematic analysis (Braun & Clarke, 2006) was used for data interpretation. Ethical considerations such as informed consent, confidentiality, and participant wellbeing were strictly maintained.

### **Research Design**

This study employed a qualitative exploratory design to examine how adults perceive the long-term impact of childhood trauma on their mental health. A qualitative approach was chosen because it allows for a rich and detailed understanding of individual experiences and meanings that cannot be captured through quantitative methods (Creswell & Poth, 2018). Thematic analysis, following Braun and Clarke's (2006) six-step framework, was used to identify and interpret recurring patterns and themes within participants' narratives.

## **Participants**

The study sample consisted of ten adults (five males and five females) aged 25 to 40 years, residing in Dera Ismail Khan, Khyber Pakhtunkhwa, Pakistan. Participants were recruited through purposive sampling, based on their self-reported history of childhood adversity, including emotional neglect, physical or verbal abuse, or family dysfunction. All participants had completed at least secondary education and were able to communicate fluently in Urdu or English. Pseudonyms were used to ensure confidentiality and protect identities.

## **Data Collection**

Data were collected through semi-structured, in-depth interviews conducted in quiet, private settings to promote openness and comfort. Each interview lasted approximately 45 to 60 minutes and was audio-recorded with participants' consent. Interviews were later transcribed verbatim for analysis.

The interview guide was developed after reviewing existing literature on childhood trauma and adult mental health. Questions were open-ended to allow participants to share experiences in their own words.

### **Sample Interview Questions:**

1. Can you describe any experiences from your childhood that you feel have influenced who you are today?
2. How do you think those early experiences have affected your emotional or mental wellbeing as an adult?
3. In what ways, if any, have these experiences impacted your relationships with others?
4. What coping strategies have you used to manage difficult emotions or memories from childhood?
5. Do you believe cultural or family values have shaped how you dealt with those experiences?

These guiding questions encouraged reflection on personal meaning, emotional patterns, and resilience, while allowing flexibility for follow-up questions depending on each participant's responses.

## **Ethical Considerations**

Ethical approval was obtained from the departmental ethics review committee at Gomal University, Dera Ismail Khan. Participation was voluntary, and informed consent was obtained from all individuals before data collection. Participants were assured of confidentiality, and pseudonyms were used throughout the study. They were informed of their right to withdraw at any stage without consequence. Counseling resources were provided to any participant who experienced emotional discomfort during or after the interviews.

## **Data Analysis**

Thematic analysis was conducted following Braun and Clarke's (2006) six steps:

1. Familiarization with the data through repeated reading of transcripts.
2. Generating initial codes by identifying significant statements and recurring ideas.
3. Searching for themes that captured patterns of meaning across participants.
4. Reviewing themes to ensure coherence and consistency.
5. Defining and naming themes to capture their essence clearly.
6. Producing the report with rich, illustrative quotes from participants.

To enhance credibility, data analysis was discussed with a senior qualitative researcher for peer debriefing. Reflexive journaling was maintained to minimize researcher bias throughout the process.

## **4. Results and Findings**

Collectively, the three themes depict a trajectory from suffering to self-awareness. Participants' narratives revealed that while the emotional impact of childhood trauma persisted into adulthood, many individuals exhibited significant resilience and personal growth. The coexistence of pain and strength underscores the complexity of trauma recovery in culturally interdependent communities like Dera Ismail Khan. These findings suggest that culturally sensitive therapeutic interventions focusing on emotional expression, relational trust, and resilience-building may be particularly beneficial.

Thematic analysis of the interviews with ten adults from Dera Ismail Khan revealed three major themes: (1) Enduring Emotional Scars, (2) Trust and Relationship Difficulties, and (3) Resilience and Growth. These themes reflect how participants made sense of their early traumatic experiences and how those experiences continued to shape their mental health and interpersonal functioning in adulthood. Each theme is described below with illustrative quotations.

### **Theme 1: Enduring Emotional Scars**

Participants described long-lasting emotional distress originating from childhood experiences of neglect, criticism, and fear. Feelings of inadequacy and anxiety persisted into adulthood, often resurfacing in stressful or interpersonal situations. Emotional suppression was a common coping mechanism.

Most participants described persistent emotional pain, sadness, and anxiety that they traced back to their childhood experiences of neglect or abuse. These feelings often resurfaced in times of stress and were associated with low self-worth and feelings of inadequacy. Participants expressed that, although they had grown older, the emotional consequences of their childhood experiences remained deeply embedded in their sense of self.

"Even now, when someone criticizes me, I feel like that small child again helpless and scared," said ABC, a 32-year-old participant who reported emotional neglect from her parents.

"It's like I never learned how to feel safe. I keep expecting something bad to happen," shared XYZ, aged 28, describing the long-lasting effects of witnessing domestic violence in his home.

Many participants also reported symptoms consistent with chronic anxiety, overthinking, and emotional numbness. These "emotional scars" affected their ability to enjoy life, make decisions confidently, and maintain psychological balance.

### **Theme 2: Trust and Relationship Difficulties**

Many participants expressed difficulty trusting others and forming stable relationships. Early betrayal and emotional unavailability from caregivers influenced adult attachment patterns. They often anticipated rejection and avoided emotional vulnerability.

A recurring pattern across participants' narratives was difficulty forming and maintaining trusting relationships. Experiences of betrayal, neglect, or harsh discipline in childhood seemed to undermine their ability to believe in others' goodwill. Several participants expressed fear of vulnerability, avoidance of close relationships, and overdependence on emotional self-reliance.

"When people get close to me, I push them away. It's not that I don't want love—I just don't know how to trust it," explained ABC, aged 30, reflecting on her strained relationships.

"My father was very strict and unpredictable. Now, when someone raises their voice, I completely shut down," stated XYZ, 35 years old.

These patterns mirrored the attachment disruptions commonly associated with early trauma (Bowlby, 1988). Participants also linked relationship difficulties with anxiety, jealousy,

and emotional withdrawal. Some expressed guilt about being distant in relationships but felt powerless to change their reactions.

### Theme 3: Resilience and Growth

Despite adverse experiences, participants demonstrated resilience. Faith, social support, and self-reflection played a major role in their recovery. Many participants reported finding meaning through helping others or pursuing personal growth and education.

Despite painful memories and psychological struggles, several participants described a sense of inner strength that emerged from surviving difficult childhoods. For many, adversity had cultivated empathy, independence, and motivation to create healthier environments for their own families. Cultural and spiritual beliefs played a central role in fostering resilience and self-acceptance.

“I learned to depend on myself. I don’t want to repeat what I experienced as a child,” said ABC, aged 38, who emphasized personal growth after emotional neglect.

“My faith helped me heal. I believe God gave me strength to move forward,” expressed XYZ, 29, linking spirituality to psychological recovery.

Participants also reported that sharing their stories, seeking therapy, or supporting others helped them transform pain into purpose. Although the emotional scars remained, these individuals demonstrated adaptive coping strategies and a desire to break intergenerational cycles of trauma.

## 5. Discussion

The purpose of this study was to explore how adults from Dera Ismail Khan understand and experience the long-term impact of childhood trauma on their mental health. The findings revealed three interconnected themes Enduring Emotional Scars, Trust and Relationship Difficulties, and Resilience and Growth that collectively illustrate the deep and lasting influence of early adverse experiences on emotional wellbeing, self-concept, and interpersonal functioning.

### Enduring Emotional Scars

Consistent with prior literature, participants’ narratives revealed persistent emotional distress, including anxiety, self-blame, and chronic sadness. These findings align with Teicher and Samson (2016), who noted that exposure to childhood abuse and neglect leads to enduring changes in brain structures responsible for emotional regulation and threat perception. Similarly, Felitti et al. (1998) found a dose–response relationship between the number of adverse childhood experiences and adult psychological distress, supporting the current study’s findings that early trauma continues to shape emotional functioning into adulthood.

Participants’ accounts also reflected internalized shame and guilt, themes commonly found among trauma survivors (van der Kolk, 2014). Many described feeling “frozen in the past,” suggesting that unresolved emotional memories continue to influence present-day experiences. In the Pakistani context, where emotional expression is often discouraged, this unprocessed grief may remain hidden, contributing to psychosomatic symptoms or generalized anxiety (Khan & Malik, 2019).

### Trust and Relationship Difficulties

The second theme highlights the disruption of attachment and trust that often follows early experiences of abuse, neglect, or family dysfunction. Participants’ struggles with intimacy

and fear of vulnerability resonate with Bowlby's (1988) attachment theory, which posits that inconsistent caregiving in childhood can lead to insecure attachment patterns in adulthood.

These difficulties were not limited to romantic relationships but extended to friendships and workplace interactions. Many participants described hyper vigilance, withdrawal, or avoidance behaviors, reflecting what McLaughlin et al. (2019) termed "relational trauma" a persistent expectation of rejection or harm in social interactions.

In the sociocultural setting of Dera Ismail Khan, traditional family hierarchies and limited access to counseling often discourage open communication about emotional needs. Consequently, individuals may internalize relational mistrust as a permanent trait rather than a trauma-related response. This finding underscores the importance of promoting safe emotional spaces within families and communities to rebuild trust and emotional security.

### **Resilience and Growth**

While trauma left deep psychological wounds, many participants also demonstrated significant resilience. This dual experience of vulnerability and growth aligns with the concept of post-traumatic growth, described by Tedeschi and Calhoun (2004) as positive psychological transformation following adversity. Participants' emphasis on self-reliance, empathy, and spiritual faith reflects culturally rooted coping strategies that promote recovery.

In collectivist societies, spirituality and family support often serve as key protective factors (Rizvi & Najam, 2019). Participants' narratives showed that cultural values emphasizing patience, faith, and endurance can help transform suffering into meaning. However, the findings also highlight the need to complement these traditional coping mechanisms with professional psychological support to ensure sustained healing.

### **Integration of Findings**

Taken together, these themes illustrate that the long-term effects of childhood trauma are multifaceted combining persistent psychological pain with remarkable adaptive capacities. The coexistence of emotional vulnerability and resilience reveals that recovery is not the absence of suffering but the ability to integrate painful memories into a coherent sense of self.

The findings support developmental and attachment theories suggesting that trauma disrupts core developmental processes but does not necessarily preclude emotional growth. They also highlight the significance of cultural context, as participants' healing journeys were intertwined with faith, community, and social expectations.

### **Implications for Practice**

The study's insights carry important implications for mental health professionals, educators, and policymakers in Pakistan. First, there is a need to develop trauma-informed counseling programs that address the emotional legacy of childhood adversity while respecting cultural sensitivities. Psychologists working in local settings should incorporate narrative and culturally grounded therapies that allow clients to express and reframe their experiences without fear of stigma.

Second, public awareness initiatives in educational institutions and communities could help normalize discussions about emotional wellbeing and encourage early intervention. Finally, training programs for teachers, parents, and healthcare workers should emphasize the long-term consequences of harsh parenting and neglect, promoting empathy-based caregiving practices.

### **Conclusion**

This qualitative study revealed that childhood trauma leaves deep psychological imprints that persist into adulthood. Participants experienced anxiety, mistrust, and emotional instability, yet many also showed resilience and self-growth. The study highlights the urgent need for

trauma-informed interventions and culturally sensitive therapeutic models within Pakistan. Future research should examine gender and regional variations to better inform mental health policy and practice.

This study explored the enduring impact of childhood trauma on the mental health of adults living in Dera Ismail Khan. Through in-depth interviews with ten participants, the study identified three major themes: Enduring Emotional Scars, Trust and Relationship Difficulties, and Resilience and Growth. The findings revealed that early experiences of neglect, emotional abuse, and family dysfunction leave lasting imprints on emotional wellbeing and interpersonal functioning. Participants described long-term struggles with anxiety, insecurity, and mistrust—yet also demonstrated the potential for healing through self-awareness, spirituality, and personal growth.

The results underscore the complex nature of trauma recovery, illustrating that healing is an ongoing process shaped by individual, relational, and cultural factors. For many participants, faith and family values acted as powerful sources of resilience, while societal stigma and emotional repression remained barriers to recovery.

The study highlights the urgent need for trauma-informed psychological interventions in Pakistan. Practitioners should develop culturally sensitive counseling strategies that address emotional wounds while reinforcing coping strengths rooted in local traditions. Public awareness campaigns and early prevention programs can further help reduce the long-term psychological burden of childhood adversity.

Future research should explore gender differences, intergenerational transmission of trauma, and the effectiveness of culturally adapted therapeutic models. Expanding qualitative inquiry across diverse Pakistani regions could deepen understanding of how cultural context mediates the relationship between early trauma and adult mental health.

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