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# Childhood Trauma As Predictor Of Cluster C Personality Disorders And Post Traumatic Growth

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**Abstract:** *The current study examined the relation between childhood trauma and Cluster C personality disorders (dependent, avoidant, obsessive-compulsive) and post traumatic growth. 825 students from the University of Peshawar, ages 17 to 23 (M=20.33, SD=1.66), constituted the study's sample. Three self-report questionnaires were used to collect the data: Childhood Trauma Questionnaire- CTQ (Bernstein & Fink, 1994), International Personality Disorders Examination- IPDE (Loranger et al., 1997) and Post Traumatic Growth Inventory- PTGI (Tedeschi & Calhoun, 1996). The effect of childhood abuse on the prevalence of cluster C personality disorders was examined using regression analysis. While avoidant personality disorder did not show significant beta values, dependent and obsessive-compulsive personality disorders did. Post-traumatic growth and traumatic experiences showed a substantial adverse relationship when analyzed through regression, indicating that children who endure severe and ongoing trauma are less likely to have beneficial transformations known as post-traumatic growth. Programs for raising parental awareness can be launched in light of the current study to educate parents about the value of a stable and healthy home environment. Children who had a playful childhood are more likely to have positive relationships with their parents, which in turn helps them develop healthy coping mechanisms, emotional support, and self-esteem.*

**Keywords:** Pakistan,

## Introduction

According to Falgares et al. (2018), early childhood experiences are critical as they shape our personalities, abilities, and identities. These early years establish the groundwork for an individual's mental, social, and emotional development (Santrock, 2011). The parent-child bond, which has been considered the most significant relationship any person can have, has a significant impact on the growth and development in these areas (Popov & Ilesanmi, 2015).

Research has also suggested that, a child's emotional and social development is greatly influenced by the quality of their interactions with their parents (Martha & Kristina, 2003). Watson (2012) elaborates on the influence of family interactions on the development of personalities using family system theory. Parental love and care are also important for children's healthy growth, according to the parental acceptance-rejection theory (Rohner et al., 2005). Positive childhood experiences facilitate development and growth (Falgares et al., 2018), but a growing body of research indicate that childhood trauma exposure has long-term effects (Spataro et al., 2004).

The World Health Organization (WHO, 2022) defines childhood trauma as experiences that involve considerable amounts of difficulty that

take place during childhood, like experiencing abuse, violence, neglect, or dysfunction in the home. Sexual abuse, mental and physical assault, and neglect are all considered forms of child maltreatment. According to Gilbert et al. (2008), it also encompasses behaviors by parents or other caregivers that injure the child or increase the risk of harm to them, even if the harm is unintended. These practices strip children of the emotional support and protection necessary for a healthy development (Dube et al., 2023).

These negative childhood experiences can have a lasting effect on a child's adult life, especially on how they manage their emotions, engage with others, maintain self-esteem, develop coping strategies, and make critical life decisions. This can keep the child stuck in a never-ending cycle of psychological distress (Downey & Crummy, 2022). Furthermore, these negative childhood experiences can be dangerous since they can significantly impact how adults manage their professional and personal lives (Mukherjee, 2022), lead to a propensity for criminal activity, alcohol and drug abuse, and poorer academic performance (Rokita et al., 2018). Moreover, anxiety, depression, substance abuse, chronic health conditions (WHO, 2022), personality disorders (Perry & Lee, 2020), attention deficit and hyperactivity disorder (ADHD) (Cummings et al., 2012), and an elevated risk for chronic diseases (Dong et al., 2004) are among the mental health problems they frequently cause.

Irrational behavioral and psychological patterns are developed in children who have experienced early-life abuse and parental neglect. Even when the traumatic environment has passed, these maladaptive behaviors may continue into adulthood (Stirling & Amaya-Jackson, 2008), which can ultimately result in the emergence of different personality disorders (Tyrka et al., 2009). Personality disorders and early trauma are strongly associated. Childhood trauma is not specific to any one personality disorder, but raises the likelihood of having one in general (Perry & Lee, 2020).

The DSM-V defines ten personality disorders in total, which are then divided into three groups or clusters (Skodol, 2012). Pervasive, persistent, and rigid patterns of cognition, emotion, behavior, interpersonal functioning, and impulse control are characteristics of personality disorders, which are long-lasting, debilitating issues, according to the American Psychological Association (APA, as cited in Crisan et al., 2023). These actions create great suffering, disrupt important facets of life, and violate social and cultural standards. The three clusters of personality disorders—paranoid, borderline, avoidant, dependent, and obsessive-compulsive—were found to have higher symptoms of physical, sexual, emotional, and neglectful abuse (Tyrka et al., 2009).

Avoidant, dependent, and obsessive-compulsive personality disorders are among the anxious and fearful types of Cluster C personality disorders, which have been the subject of this study. According to Crisan et al. (2023), their symptoms, which are often associated with severe interpersonal and professional dysfunction, include social avoidance, submissiveness, lack of assertiveness, and lower productivity. Traumatic childhood traumas are consistently associated with all cluster C personality disorders (Crisan et al., 2023).

Dependent Personality Disorder (DPD) is the first disorder in Cluster C. According to Faith (2009), a person with dependent personality disorder has a strong need to be cared for and a continuous pattern of behaviors that include clinging and submissiveness. This trend starts in early adulthood. DPD patients often have low self-esteem, extreme anxiety when left alone, self-doubt, and a propensity for seeking praise, according to Sperry (as described in Faith, 2009). People with DPD are easily taken advantage of because they are friendly, obedient, and trusting (Ansell and Grilo, as cited in Faith, 2009). According to earlier studies, DPD's roots can be detected in early childhood (Bierer et al., 2003). Higher levels of control and lesser levels of expressiveness have been reported to be characteristics of dysfunctional home environments in people with DPD. They also lacked intellectual cultural orientation, autonomy, and cohesiveness. Under these circumstances, a person may not acquire autonomy (Faith, 2009). A l ack of autonomy

might lead to uncertainty when it comes to making important decisions and managing daily problems, claim Head et al. (1991).

Avoidant Personality Disorder (AVPD) is the second disorder in Cluster C. A common propensity of social limitation, emotions of unworthiness, and heightened sensitivity to negative judgment are the hallmarks of Avoidant Personality Disorder (AVPD) (Weinbrecht et al., 2016). People with AVPD believe they are separated from other people and are undesirable (Weme et al., 2023). The mental, social, and somatic domains are all significantly impaired in people with AVPD with the highest level of impairment in day-to-day functioning as compared to other cluster C personality disorders (Weinbrecht et al., 2016). According to research early interactions with parents have been identified as a major contributing factor in the development of AVPD (Millon, 2015) as their parents being less supportive, more judgmental, guilt-inducing, and less caring (Head et al., 1991). Due to such experiences a child may develop hyper vigilance as a coping strategy which may then extend to other social situations (Rettew et al., 2003). Lampe and Malhi (2018), also related AVPD with a recollected history of abuse, neglect, overprotection, and inadequate care.

Obsessive-compulsive personality disorder (OCPD) is the third disorder in Cluster C encompassing features of persistent, maladaptive inclination toward extreme perfection and control-seeking that permeates all areas of a person's life. This disorder is characterized by eight personality traits: difficulties allocating work, rigidity, stubbornness, perfectionism, over-dedication, hyper-morality, and inability to discard unnecessary objects (APA, 2000). De Reus and Emmelkamp (2010) found that early childhood relationships were a key etiological factor of OCPD. Perry, Bond, and Roy (quoted in Diedrich & Voderholzer, 2015) state that at least two studies to date lend credence to the idea that individuals with OCPD have never had secure relationships, were more overprotected and less cared for as children, and have not grown with empathy or emotional maturity.

It's important to emphasize the detrimental effects of childhood trauma on the emergence of personality disorders, but it's also important to remember that each person has a unique experience and that different people may react differently to the same situations. As a result, even negative childhood experiences can lead to positive life changes (Brain, 2021). Some people experience positive life improvements that could be categorized as post-traumatic growth (PTG), according to Calhoun and Tedeschi (as mentioned in Wade et al., 2017). Posttraumatic growth is defined as positive psychological change that goes beyond the ability to withstand and not be damaged by severely stressful experiences (Tedeschi & Calhoun, 2004). In reaction to traumatic experiences in infancy, PTG might involve the following processes: spiritual development, life appreciation, acceptance of new possibilities, personal strength, and improved interpersonal interactions (Tedeschi & Calhoun, 2004). PTG has been reported by a diverse range of persons as a result of life crises. According to Jayawickreme et al. (2020), these comprise college students who have experienced negative occurrences, bereavement, sexual assault and abuse, and refugee experiences. Although PTG indicates that some schemas are changed after trauma, it's probable that this idea applies more to adults or teenagers than to younger children (Wolchik et al., 2009).

With an emphasis on Cluster C Personality Disorders as defined by the DSM-5, we will examine the connection between childhood trauma and the development of personality disorders in this study. Additionally, this study seeks to shed light on the transformative potential—also referred to as post-traumatic growth—that can emerge from the furnace of adversity.

**Rationale**

Adverse parenting is frequently disregarded in our collectivistic society, which can result in psychological issues. Numerous young children have endured trauma, such as neglect, emotional and physical abuse, and sexual abuse in early years of their life (Dye, 2018). Numerous disordered personality traits have previously

been linked to these traumatic experiences, notably borderline personality disorder (Dadomo et al., 2022), antisocial personality traits (Krastins et al., 2014) and other disorders as well, such as anxiety disorders (Krastins et al., 2014), depressive and bipolar disorders (Jaworska-Andryszewska & Rybakowski, 2018), schizophrenia and post-traumatic stress disorder (Rokita et al., 2018). Previous studies have focused on other clusters of personality disorders while this study looks at a broader and unique aspect of how childhood trauma affects Cluster C personality disorders, which may offer new perspectives on the topic and help generate ideas for future research into improving parenting practices and effective interventions. Theoretically, these findings will further illuminate the connection between early experiences and the development of an adult's personality. One potential practical application of these findings would be to draw attention to the possible indirect but causal influence of adverse childhood experiences on important life outcomes, such as divorce, career success, and self-esteem, all of which have been linked to personality traits (Roberts, as cited in Crede et al., 2023). Additionally, this study presents a novel perspective on the positive life transformations that can arise from traumatic childhood events. These shifts, referred to as post-traumatic growth, might manifest as improved interpersonal relationships, more spiritual development, personal strength, an increased appreciation for life, and the readiness to seize new possibilities. Additionally, since children were the main focus in previous studies, this study focuses on adults as they carry their early experiences to later years of life.

**Hypotheses**

1. Childhood trauma will contribute to Cluster C personality disorders.
2. Childhood trauma will have an impact on post traumatic growth.

**Method**

**Sample**

The population for this study consisted of University of Peshawar BS program students. With 17,000 students enrolled at the University of Peshawar, 376 participants were needed, according to the Raosoft sample size calculator (Rao, 2004). Additional samples were required because it was not possible to predict that all 376 of the sample would have high childhood trauma scores. In order to mitigate the issue of missing responses, response styles and random responses, data was collected from 1000 participants, in order to get an accurate final data set of 376 cases. Although data was gathered from 1000 patients, only those that satisfied the requirements for childhood trauma were used in the analysis. Out of 1000 cases, 825 subjects (including 368 males and 457 females) had reliable responses. The sample's overall age range was 17–23 years (M = 20.33, SD = 1.66); however, M = 20.31, SD = 1.67 was obtained for the childhood trauma sample with the same age range. Using systematic random sampling, a total of twelve departments were chosen from the University of Peshawar's six faculties. Convenience sampling was also used to choose participants from each department.

**Instrument**

**Childhood Trauma Questionnaire (CTQ- SF)**

The Childhood Trauma Questionnaire (CTQ-SF) was created in 1994 by Bernstein and Fink. On a five-point Likert scale, there are a total of 28 self-report items. This measure is designed to evaluate many forms of childhood trauma, including negligent, emotional, sexual, and physical abuse. The factors showed good internal consistency, with Cronbach's alphas ranging from 0.79 to 0.94. Factor analysis studies of the five-factor CTQ model showed structural invariance, demonstrating good validity.

**International Personality Disorders Examination (IPDE)**

Loranger et al. developed the International Personality Disorders Examination (IPDE) in 1997 in cooperation with the World Health Organization (WHO) and the National Institute of Mental Health (NIMH) in the United States. The IPDE is designed to evaluate personality disorders according to the DSM-V and ICD-10. With a total of 77 items, the IPDE assesses ten

personality disorders in clusters A, B, and C. Only those that measure Cluster C will be used in this investigation. The instrument has a high level of inter-rater reliability (intra-class correlation coefficient range: 0.84–0.92) (Sen et al., 2021). An elite, homogeneous, and largely Caucasian student body with economic advantages has shown that the IPDE-S has adequate predictive validity (Mulcahy-Avery & Scholar, 2014).

**Post Traumatic Growth Inventory (PTGI)**

The Post Traumatic Growth Inventory (PTGI) was developed in 1996 by Tedeschi and Calhoun. The goal of the PTGI is to evaluate post-traumatic development in trauma survivors. The PTGI measures the following subdimensions: spiritual progress, interpersonal relationships, personal strength, new opportunities, and appreciation for life. 21 items on a six-point Likert scale make up this test. For 95% of the items in a certain domain, the item-total correlation is larger than 0.4, indicating good convergent validity (Dubuy et al., 2022). While the Spiritual Change domain's Spearman's correlation coefficients (between 0.25 and 0.36) with the other domains were negligible to moderate, the domains of appreciating life, personal strength, new opportunities, and relationships with others all had strong Spearman's correlation coefficients (ranging from 0.62 to 0.72). Cronbach's alpha coefficients ranged from 0.75 to 0.88, indicating that all domains had acceptable internal consistency (Dubuy et al., 2022).

**Procedure**

The study comprised of a correlational research design. Data was gathered from Peshawar University students in several departments. Participants were asked for their informed consent. Every survey respondent received comprehensive information on the survey's goals and advantages. The decision to take part in the study was voluntary. The information provided by participants was ensured to remain anonymous and confidential. Additionally, all the obtained data was kept safe only in the access of the researcher. The participants were ensured that the data will only be used for the study's objectives. The study scales were applied on the respondents. The respondents were thanked for their cooperation at the end.

**Results**

**Table 1**

*Psychometric Properties of the Scales*

| Scales | *M* | *SD* | Range | Cronbach's α |
|---|---|---|---|---|
| CTQ | 67.21 | 12.17 | 15-125 | .78 |
| IPDE | 37.04 | 3.18 | 28-46 | .55 |
| CPD | 12.04 | 1.26 | 9-15 | .01 |
| DPD | 11.84 | 1.62 | 8-16 | .39 |
| APD | 13.15 | 1.72 | 8-16 | .50 |
| PTGI | 65.25 | 16.63 | 0-105 | .95 |

Note. CTQ= Childhood Traumatic Questionnaire; IPDE= International Personality Disorders Examination; CPD= Compulsive Personality Disorder; DPD= Dependent Personality Disorder; APD= Avoidant Personality Disorder; PTGI= Post Traumatic Growth Inventory

Table 1 shows that all the scales possess sound psychometric properties. i.e., the coefficient α Childhood Traumatic Questionnaire is .78 and of International Personality Disorders Examination scale is .55 which is moderate reliability.

**Table 2**

*Regression analysis for childhood trauma on Compulsive Personality disorder*

| Measure | B | β | *SE* |
|---|---|---|---|
| Constant | 11.33 | 0.29 | |
| Childhood trauma | 0.010 | 0.10 | 0.004 |
| $R^2$ | 0.010 | | |
| $\Delta R^2$ | | 0.008 | |

According to Table 2, childhood trauma accounts for 1% of the change in Compulsive Personality, with a substantial F change (0.01) and an $R^2$ value of 0.010. The considerable positive relationship between the two variables is demonstrated by the beta positive value of 0.10.

**Table 3**

*Impact of childhood trauma on Dependent Personality disorder*

| Measure | B | β | *SE* |
|---|---|---|---|
| Constant | 10.74 | 0.37 | |
| Childhood trauma | 0.016 | 0.12 | 0.005 |
| $R^2$ | 0.015 | | |
| $\Delta R^2$ | | 0.01 | |

Table 3 indicates that childhood trauma is responsible for 1% of change in Dependent Personality Disorder, with an $R^2$ value of 0.015, which is significant at the 0.003 level. The relationship between an increase in one and an increase in another is confirmed by the positive beta value of 0.12 ($p<0.003$).

**Table 4**

*Impact of childhood trauma on Avoidant Personality*

| Measure | B | β | *SE* |
|---|---|---|---|
| Constant | 13.29 | 0.39 | |
| Childhood trauma | -0.002 | -0.015 | 0.01 |
| $R^2$ | 0.00 | | |
| $\Delta R^2$ | -0.001 | | |

Table 4 shows how childhood trauma affects avoidant personality disorder. The $R^2$ value of 0.00 indicates that the experience of childhood trauma does not explain any change in Avoidant Personality Disorder ($p>0.71$). Additionally, the beta value (-0.015) is not significant.

**Table 5**

*Regression Coefficient of childhood trauma on Post Traumatic Growth*

| Measure | B | β | *SE* |
|---|---|---|---|
| Constant | 83.51 | | 3.79 |

| | | | |
|---|---|---|---|
| Childhood trauma | -0.27 | -0.19 | 0.06 |
| $R^2$ | 0.04 | | |
| $\Delta R^2$ | | 0.03 | |

Table 5 demonstrates that childhood trauma had a significant impact on post-traumatic growth (R2 = 0.04, p<.001), accounting for 4% of the change. An increase in childhood trauma is linked to a decrease in post-traumatic growth, as indicated by the negative beta value (-0.19, p<.001).

**Discussion**

To assess the hypothesis related to the impact of childhood trauma on the development of Cluster C personality disorders, simple regression was calculated for each subscale independently as these personality disorders were divided into three distinct categories.

The statistical findings indicated that both compulsive personality disorder (R2 = 0.01, p<.01) and dependent personality disorder (R2 = 0.01, p<.003) were influenced by early trauma. The outcome, however, was not significant for avoidant personality disorder (R2 = 0.00, p>.05). The results showed that 1% of the variance in dependent personality disorder was explained by childhood trauma, and a positive beta value (0.12, p<.003) indicated that an increase of one standard deviation in childhood trauma corresponded to .12 development of dependent personality. Although, for Compulsive personality disorder, even though the results were significant; generalization is not possible due to the sub-scale's poor reliability (.13). additionally, childhood trauma did not contribute to the development of avoidant personality.

Impact of childhood trauma can be explained through Parental acceptance-rejection (PART) theory on dependent personality disorder. According to Rohner, Khaleque and Cournoyer( 2005) children of domineering and rejecting parents develop tendencies like reliance and submissiveness, due to which in adulthood they look for partnerships that give them the emotional stability they desperately desired as kids. Furthermore, family system theory highlights how authoritative parents (Bornstein, 1992) develop poor differentiation of self, subservient conduct, lack of appropriate boundaries, and anxiety when left alone in their children due to which they may develop dependent personality (Haefner, 2014). Additionally, the interpersonal theoretical approach stresses overprotection, overconcern, or over-nurturing of the child, as well as discouraging independence as the reasons for the development of the dependent personality (Millon, 2015). Similarly, it has been uncovered that childhood abuse significantly predicts poor self-perception and submissive conduct, both of which are important characteristics of Dependent Personality disorder (Çelik & Odacı, 2012). According to Bornstein (as stated in Faith, 2009), early family events can shape cognitive frames, or self-schema. The dependent individuals describe their skills or abilities using terms like weak, fragile, inadequate, inept, or incompetent due to which they depend on others.

While explaining compulsive Personality disorder, parental acceptance-rejection theory (Rohner, Khaleque & Cournoyer, 2005) posits that neglect, criticism, imbalanced discipline, and emotional absence results in the development of core traits of compulsive personality disorder, such as perfectionism and inflexibility, which typically persist into adulthood (Flett & Hewitt, 2022; Millon, 2015). Additionally, the family system theory advocates that compulsive personality traits can result from high levels of psychological control that children experience (Aycicegi et al., 2002), like adhering to strict rules within the family system, being held accountable for minor infractions (Millon, 2015), and being expected to perform their expected roles flawlessly without any emotional support or flexibility (Haefner, 2014).

Furthermore, the interpersonal theoretical approach focuses attachment styles, like Perry, Bond, and Roy (quoted in Diedrich &

Voderholzer, 2015) claim that individuals with OCPD have not grown emotionally or sympathetically, never had stable bonds, and were raised with more control and less care. Similarly, Benjamin's SASB (Statistical Analysis of Social Behavior) model (1996) states that children who receive harsh punishment, are expected to complete tasks flawlessly, and internalize these standards which develops obsessive traits and self-righteousness (Benjamin, 1996). Additionally, a previous research study found that, respondents with personality disorder diagnoses subjectively reported more childhood trauma (Jayakody & Gunadasa, 2023) such that, even when factors including offspring temperament, physical abuse, neglect, parents' educational attainment, and psychopathology were taken into account, verbal abuse by mothers raised the risk of obsessive-compulsive personality disorder in teens and early adults (Johnson et al., 2001).

The third personality disorder in Cluster C, avoidant personality disorder, did not show being impacted by childhood trauma. However, earlier studies have shown that avoidant personality disorder has been linked to an observed history of abuse, neglect, overprotection, and insufficient care (Head et al., 1991). For example, Stone (as cited in Millon, 2015) claimed that the majority of avoidant personalities are the result of repeated early learning experiences that create low self-esteem and shame. Other early traumatic events, such as physical abuse, incest, or molestation, may cause a lifelong pattern of social avoidance and interpersonal fearfulness that is similar to the avoidant pattern (Millon, 2015). According to Lampe and Malhi (2018), when parents exhibit negative or rejecting behavior, it may cause the child to anticipate bad or unpleasant interpersonal situations and turn to avoidance as a coping mechanism. Additionally, family system theory backs up the idea that children raised in a system of excessive criticism and emotional neglect (Gabbard, 1994) develop a weak differentiated self, negative self-evaluations, and a fear of judgment (Haefner, 2014), which causes them to become socially avoidant and develop an avoidant personality disorder as adults (Millon, 2015). A child who experiences parental rejection in the form of emotional neglect, harsh criticism, or emotional coldness (Rohner, Khaleque & Cournoyer, 2005) also feels unworthy of affection, becomes insecure and socially isolated, and suffers from chronic anxiety (Leary, 2001). This is supported by the parental acceptance-rejection theory.

Since the hypothesis was not supported for this disorder, a person's degree of self-awareness regarding their symptoms is a crucial criterion for an accurate personality assessment. Many personality disorders, including AVPD, are characterized by a lack of self-awareness (Cloninger & Svrakic, 2008). The hypothesis for this disorder may not have been supported since several respondents struggled to evaluate themselves on the IPDE items during data collection. Another explanation could be that the symptoms of AVPD are similar to those of other mental illnesses, such as depression (with low self-esteem and withdrawal), social anxiety disorder (with social anxiety and fear of negative evaluation), and substance abuse (Lampe & Malhi, 2018). These conditions are not the variables being studied and are not evaluated in this study. The theory is not supported for AVPD since the responders may mistake the aforementioned symptoms for those of the illness. The fact that neither gender provided an equally accurate response on this scale may be another factor. According to the study's findings, female students outperformed male pupils in terms of AVPD scores (Ortigo & Blagov, 2017). In certain situations, males with AVPD will look docile or withdrawn in public, rather than displaying their symptoms (Ortigo & Blagov, 2017). This may be the cause of the disorder's hypotheses' lack of support.

The second research hypothesis, about the influence of childhood trauma on post-traumatic growth was also proved. According to the R2 value (0.04, $p<.001$), 4% of the variation in post-traumatic growth was explained by early trauma. The beta value of -0.19 suggests that there is an inverse relationship between childhood trauma and post-traumatic growth, meaning that as childhood trauma increases, post-traumatic growth decreases. This means that children who

experience severe childhood trauma are less likely to experience post-traumatic growth, a positive psychological change.

Many people have reported experiencing post-traumatic growth as a result of life crises, such as experiencing adverse events, grief, sexual assault, and abuse (Tedeschi & Calhoun, 2004). However, according to some prior evidence, trauma is the cause of post-traumatic growth (Quan et al., 2022). They may discover new paths in life, in their social positions, and in themselves as a result of these traumatic experiences (Tedeschi & Calhoun, 2004).

However, some research has shown that childhood trauma has a strong negative correlation with post-traumatic growth (Melendez, Satorres & Delhom, 2020). This means that the more severe the childhood trauma, the less post-traumatic growth occurs. Additionally, it has been shown that childhood trauma increases a person's susceptibility to mental and physical illnesses like anxiety, anger, and depressive disorders (Yehuda, Halligan & Grossman, 2001). Resilience (Southwick et al., 2016) and acceptance (Melendez, Satorres & Delhom, 2020) were the two primary factors found to contribute to the development of post-traumatic growth, and they are found to be low in people who do not develop post-traumatic growth.

According to Melendez, Satorres, and Delhom (2020), the factor of *acceptance* was found to have a substantial positive predictive connection with PTG. This implies that the degree of post-traumatic growth increases with the degree of acceptance of childhood trauma. However, the acceptance of traumatic experiences decreases with the severity of the childhood trauma (Melendez, Satorres & Delhom, 2020). The mediation model clearly supported the acceptance component when analyzing the connection between traumatic experiences throughout childhood and post-traumatic growth (Quan et al., 2022). However, pointing out individual differences, not everyone reacts to a traumatic event in a positive way (Southwick et al., 2016).

Similarly, while some people may have a reduced propensity for good psychological growth, others may be more resilient or mentally resistant to the negative impacts of trauma (Southwick et al., 2016). Numerous studies have revealed that affectionate, sensitive, trustworthy, and consistent caregiving environments during childhood are also largely linked to psychological resilience (Southwick et al., 2016). However, people are unable to effectively handle difficulties and pressures when the caregiving environment is extremely stressful and dysfunctional (Anacher et al., 2014). They lack the capacity to control their emotions, handle problems under stress establish healthy intimacy and connection, build friendships and relationships, and maintain a healthy sense of self-efficacy and self-comfort. He added that in the end, this results in a decreased propensity for positive change and instead causes them to develop an overactive sympathetic nervous system, as well as affective and behavioral responses to stressors in the future. According to Anacker et al. (2014), these alterations may continue until adulthood.

Previous studies have discovered other elements that contribute to the reduced likelihood of post-traumatic growth and wellness in adulthood for those who experienced childhood trauma. These include the child's relationship with the abuser and extended or recurrent exposure to abuse (Jankovic, Sharp & Thielking, 2022). According to research, persistent or frequent child abuse and neglect lowers a person's chances of finding purpose in life or experiencing posttraumatic growth, as well as having major, long-term effects on mental health (Jankovic, Sharp & Thielking, 2022). It is also recognized that the degree to which abuse impacts development and subsequent well-being may also depend on the child's relationship with the abuser (Jankovic, Sharp & Thielking, 2022). According to research, the majority of child abuse cases are committed by parents (Jankovic, Sharp & Thielking, 2022). According to Delker and Freyd (2014), children who experience abuse or maltreatment from their parent or parents are more likely to feel deceived and have higher PTSD scores than children who experience abuse from a non-parent. The youngster finds it

more difficult to concentrate on possible development or constructive changes as a result. Similarly, it can cause issues in later life when adjusting to pressures (Jankovic, Sharp & Thielking, 2022). These results are consistent with current research that focuses on the impact of parental abuse on a child's healthy psychological development.

**Limitations and Suggestions**

To give complete and comprehensive understanding of the study and direct future research activities it is essential to acknowledge the limitations and suggestions of a study. The present study had the following shortcomings and suggestions.

- Because the current study used a cross-sectional approach that includes correlational and causal comparative research, it lacked the benefits of longitudinal research. To better understand and explain the changes that occur over time, especially in personality development—such as how maladaptive personality traits resulting from a traumatic childhood event lead to personality disorders—longitudinal study designs are advised for future research.
- Confounding factors like subjective factors, individual differences and social stigma and cultural norms may obscure research variables. Future studies should use qualitative techniques like interviews and behavioral observation to understand subjective interpretations of childhood experiences and trauma interactions.
- The research also has limitations in the scales used, as CTQ items being perceived as too personal and traumatic, and the PTGI items being difficult to understand while the IPDE scale had psychometric limitations. To overcome these issues, researchers could consider using alternative diagnostic instruments with easier language and more effective psychometric qualities.
- Future studies should be conducted with populations of varying ages and in cooperation with other public and private educational institutions in various Pakistani provinces to validate the external validity of the current study, as it focused on the KPK population within a particular age range. This will increase the external validity and allow the researcher to cross-validate the results.

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