The Role of Childhood Trauma and Self-Esteem in Anxiety Disorders among Young Adults across Different Institutes of Pakistan

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ABSTRACT

The present investigation examined how self-esteem, childhood trauma, and the emergence of anxiety disorders in Pakistani young adults relate to one another. Its specific objectives were to investigate the connections among these factors and the predictive significance of self-esteem and childhood trauma in the emerging symptoms of anxiety. 132 individuals, ages 17 to 34, from different educational institutions and mental health organizations around Pakistan participated in this quantitative research. Sample was collected through convenience sampling technique. Cross-sectional research design based correlational study was conducted for survey. Childhood trauma, self-esteem and anxiety symptoms were measured by using standardized scales; Childhood Trauma Scale–Short Form (CTQ-SF), Rosenberg Self-Esteem Questionnaire (RSES), and Generalized Anxiety Disorder Questionnaire 7-items (GAD-7). Major associations among the variables were found in the results, demonstrating that lower self-esteem was connected to higher anxiety symptoms and more levels of childhood trauma were related to lower self-esteem. While childhood trauma did not considerably indicate anxiety levels in the model, analysis of regression also revealed that low self-esteem was a major determinant of anxiety disorders. These findings emphasize the long-lasting psychological effects of negative childhood events as well as the significance of self-esteem as a mitigating psychological component in the anxiety disorders. The study highlights the necessity for early interventions aimed at enhancing self-esteem and offers insightful information for mental health practitioners dealing with populations impacted by trauma and anxiety.

Introduction

The psychological development of people is deeply influenced by their experiences of childhood trauma combined with their self-esteem base during this early stage. Studies show adverse childhood experiences that include physical abuse; emotional abuse and sexual abuse together with ignore lead to psychological disorders including anxiety and depression (Gabrielli & Jackson, 2019). The early developmental disturbances affect a child's emotional control while creating insecurity and reduce their ability to maintain healthy relational bonds. Children exposed to trauma in their developmental years predominantly develop both internal problems of low self-image and anxiety that lead to depression along with external behavioral manifestations of aggression and self-injury and hazardous actions (Hahm et al., 2010).

Research based on following participants over time proves childhood abuse leads to persistent psychiatric problems which increase the probability of developing generalized anxiety disorder, panic disorder and social anxiety disorder (Kim & Chung, 2013; Currie & Widom, 2010). The link between youth adversity exposure and mental health consequences depends heavily on self-esteem perceptions as an intermediary process. People evaluate their worth and ability subjectively through self-esteem assessments that strongly influence their responses to daily hardships and trauma-caused challenges. People who experience low self-esteem because of abusive or neglectful environments tend to form negative core beliefs about their worth along with self-perceptions of unworthiness and persistent feelings of guilt and these mental impacts worsen their mental health condition (Ju & Lee, 2010; Reuben et al., 2016).

Trauma during childhood provokes various degrees of mental mistreatment and has lasting effects on mental health. Children who undergo sexual abuse are in more danger of experiencing depression, anxiety, self-harmful behavior and social strife (Cecil et al., 2017). Studies show that childhood abuse greatly increases one's probability to develop psychiatric illnesses; abusing adolescents are found to be more depressed, more anxious, and more hopeless, than their un-abused peers (Assink et al., 2019). People who are victimized often then progress into adulthood with enhanced social anxiety, interpersonal sensitivity, and posttraumatic stress disorder (PTSD) symptomatology (Lewis et al., 2023). The changes in brain development through Childhood Trauma make people more prone to develop anxiety disorders because stress becomes stronger and emotion management becomes weaker (Teicher et al., 2016).

People who experience abuse as a child will have problems with how to build relationships, social withdrawal, and very high anxiety in social contexts (Gonzalez et al., 2021). The effect of childhood trauma is due to all of the factors type of abuse, length and frequency of it, and the victim's relationship to the executor (Cooke et al., 2022). the investigation suggests that those that have been abused more than one type have a high probability of developing the severe PTSD symptoms and dissociative reactions when trauma occurs in early childhood (Hailes et al., 2019). Mental health outcomes also depend on timing and duration of abuse, as to environmental and psychological distress like depression or anxiety disorders (Danese et al., 2009). Furthermore, emotional abuse has been shown to similarly impact mental health and is as harmful, if not more so, than physical or sexual abuse, leading to long-standing problems of psychiatric disorder (Spinazzola et al., 2014).

A strong prudence of self-esteem allows people to become resilient and successfully control the lasting emotional consequences of traumatic child experiences (Hong, 2010). Study has proven that people with low self-esteem face higher risk of developing anxiety disorders since worrying thoughts fuel both negative feelings about themselves and anxiety levels (Sachs-Ericsson et al.,

2007; Zhang et al., 2023). Trauma effects in victims depend on multiple factors such as the nature of abuse alongside how frequently and how long it lasted and whether the abuser had any relationship to the victim (Cooke et al., 2022). The side effects of emotional abuse and neglect equal or surpass those of physical and sexual abuse when it comes to anxiety symptoms and emotional regulation difficulties (Spinazzola et al., 2021; McLaughlin & Lambert, 2022). When children experience traumatic events, their brain development changes because it affects emotional regulation. While disturbing stress-response systems which make them more probably to develop anxiety disorders (Teicher et al., 2016).

The cultural stigma surrounding abuse along with mental health issues in Pakistan leads people to avoid timely intervention which intensifies the psychological impact of trauma. A deficiency of complete trauma-informed education and mental healthcare in educational institutions leads to the worsening of these matters. Locally specific investigations exploring the bond between trauma exposure during childhood and its anxiety effects in the Pakistani socio-cultural setting and institutional framework lack sufficient research. This research adopts working premises from Attachment Theory (Bowlby, 1980) which demonstrates how early parental interactions form internal mental models about oneself and others as well as Social Learning Theory (Bandura, 1977) showing how individuals learn behaviors by watching others primarily in problem environments. The examined frameworks show how unfavorable early life experiences drive individuals to create harmful coping behaviors alongside shattered self-concept which creates favorable settings for anxiety disorders to develop. This research investigates how childhood trauma together with self-esteem levels contribute to anxiety disorders development across educational institutions of Pakistan. This research examines identified variables while investigating their relationships in Pakistan's cultural and institutional settings to additionally develop targeted mental health interventions.

Research Objectives

1. To investigate the relationship between childhood trauma, self-esteem, and anxiety disorders among young adults.
2. To evaluate the predictive role of childhood trauma and self-esteem in anxiety disorders among young adults.

Research Hypotheses

1. Childhood trauma negatively correlates with self-esteem.
2. Childhood trauma and self-esteem significantly predict anxiety disorders.
3. Self-esteem significantly negatively correlates with anxiety disorders.
4. Self-esteem significantly predicts anxiety disorders.

Method

Participants

A research sample composed of 132 young adults covered age diversity from 17 to 34 years old with a mean of age 23.61 and SD of 4.27. Young adults from Pakistani major cities including Lahore, Karachi, and Islamabad joined different institutions of higher learning such as universities, vocational schools, colleges as well as mental health organizations. All participants joined voluntarily in a study where confidentiality and anonymity combined to meet ethical principles.

Research Design

This investigation employed a cross-sectional research design based correlational study to evaluate mutual associations as well as predictive effects between childhood trauma and self-esteem and anxiety disorders (Levin, 2006).

Sampling Technique

The selected participants obtained through the convenience sampling strategy because this method allowed accessible data collection without additional costs. The participant selection process reached respondents through different accessible locations such as universities, online platforms and psychiatric or mental health support forums. The researcher implemented both informed consent procedures along with maintaining confidentiality standards in the study design.

Instruments

Childhood Trauma Scale–Short Form (CTQ-SF)

The Childhood Trauma Scale–Short Form (CTQ-SF) functions as a commonly adopted self-assessment device that evaluates experiences of Childhood Trauma across multiple domains. The assessment tool was created by Bernstein and Fink in 1998. It contains 28 items that assess the five Childhood Trauma types through Emotional Abuse and Physical Abuse and Sexual Abuse and Emotional Neglect and Physical Neglect. Each statement in the CTQ-SF gets evaluated by participants using a Likert scale that operates from 1 to 5 to show how often they encountered specific traumatic situations in their past. Each form of Childhood Trauma in the CTQ-SF has an individual score while the overall trauma severity reveals through the total score which increases with higher trauma levels. Studies show that the CTQ-SF demonstrated good content, construct and criterion-related validity, with strong internal consistency values across its domains which range from .79 to .94 (Bernstein et al., 2003).

Rosenberg Self-Esteem Questionnaire (RSES)

Morris Rosenberg introduced Rosenberg Self-Esteem Questionnaire (RSES) as well-known assessment instrument to gauge self-esteem during 1965. The instrument includes ten statements which contain five statements that express positivity and five statements which express negativity. Each assessment statement accompanies a 4-point Likert scale where respondents acknowledge agreement levels through responses from strongly disagree to strongly agree. The RSES scoring system produces results from 10 to 40 points which demonstrate the intensity of self-esteem during measurement. Studies have proven the RSES established good content, construct and criterion-related validity, to be reliable for its use with non-clinical populations through internal consistency reliability measurement with Cronbach's alpha exceeding .85 (Sinclair et al., 2010).

Generalized Anxiety Disorder Questionnaire 7-items (GAD-7)

The 7-item GAD scale, functions as a short self-administered questionnaire designed by Spitzer et al. (2006) to identify Generalized Anxiety symptoms during the past two weeks. It produces scores between 0 and 21 and its results demonstrate the intensity of GAD symptoms. GAD-7 scale established good content, construct and criterion-related validity, with excellent consistency internally according to reports that showed a Cronbach's alpha value of .92 (Spitzer et al., 2006).

Procedure

The researchers utilized convenience sampling to invite people to join the study which operated through digital platforms. The participants provided consent before completing the online questionnaire package which included demographic inquiries (e.g. age, gender) followed by the CTQ-SF, RSES, GAD-7 scales. Study participants received information about the study's voluntary nature as well as their right to withdraw at any time and their responses' entirely

confidential nature. The researchers ensured participant anonymity by not requesting any personal data. Survey was conducted by distributing Google Forms which stopped after reaching 132 survey participants. This research study adhered strictly to moral guidelines when conducting investigations on human volunteers.

Results

The statistical analysis work with SPSS-23 processes collected research data for evaluation purposes. Researchers used correlation analysis to identify relationships between both Childhood Trauma and Self-Esteem with Anxiety Disorder and regression analysis to determine Childhood Trauma and Self-Esteem effects on Anxiety Disorder.

Table 1: *Reliability Statistics*

Scale	Cronbach's Alpha	Items No.
CTQ-SF	.75	28
RSES	.78	10
GAD	.80	7

The reliability value of the questionnaires used in this investigation is significant and good.

Table 2: *Characteristics of Demographics (N= 132)*

Variables	F	%
Gender		
Male	73	55.3
Female	59	44.6
Socio-economic Status		
Low	65	49.2
Middle	54	40.9
High	13	9.9

Note: *f is the frequency of demographics*

% is the percentage of demographics

The study shows that males possess 73 members whose proportion amounts to 55.3% of the survey participants. The females show a frequency total of 59 individuals who represent 44.6% of the complete sample. The data demonstrates that 65 participants belong to the low socio-economic category which represents half of the entire sample entrants. The middle socio-economic group contains 54 participants amounting to 40% of the total subject group. The 13 people in the high socioeconomic category make up 9.9 percent of the entire population. Such detailed demographic analysis efficiently demonstrates the composition of gender and socioeconomic status throughout the population studied.

Table 3: *Correlation Analysis among variables (CTQ-SF, RSES & GAD-7, N=132)*

	M	Std. D	1	2	3
CTQ-SF	36.14	10.01	1		
GAD	9.79	5.01	0.33	1	
RSES	22.22	3.46	- 0.24**	- 0.537**	1

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

Correlation is significant at the 0.05 level

This analysis evaluated the connection between Childhood Trauma and Anxiety Disorder and Self Esteem. The correlation matrix shows variable relationships together with their corresponding means and standard deviations. Data suggests a positive but weak association between Childhood Trauma and Anxiety Disorder with an r value of 0.33 along with a p value of 0.2. This relationship shows positive correlation without statistical significance. A significant statistical negative correlation exists between Childhood Trauma and Self-Esteem at -0.24 (r = .24, p= 0.005). The connection between Anxiety Disorder and Self-Esteem demonstrates a moderate negative correlation as measured by - 0.537, (r = -.537, p = 0.00).

Table 4: *Regression analysis summary for Self-Esteem and Childhood Trauma predicting Anxiety Disorder (CTQ-SF, RSES & GAD-7, N=132)*

Variables	B	β	T	P
Constant	-7.261		-2.854	0.05
Self Esteem	7.87	0.543	- 7.096	0.754
Childhood trauma	-0.12	-0.24	-.314	0.00

Note: R^2 = .289, Adjusted R^2 = .278, F (2, 131) = 26.23, p < .001.

A simple linear regression analysis of Anxiety Disorder using Self-Esteem variables produced a significant model. The regression equation was calculated to predict Anxiety Disorder at b = 7.87 with t (28) = - 7.1. The constant term within the model demonstrates -7.261 of magnitude with t-value -2.854 reaching p = 0.05 significance level. The model shows that when all predictor variables equal zero it will provide an important value for the dependent variable. The Self-Esteem variable demonstrates an unstandardized coefficient value of 7.87. The standardized coefficient (β) is 0.543. The negative relation between Self-Esteem and the dependent variable is pronounced due to the - 7.096 t-value and p-value of < 0.001. Research showed Childhood Trauma did not produce a significant predictive model for Anxiety Disorder through regression analysis. The results indicate a b value of -0.12, t (28) = - 3.14 with an insignificant regression equation established for F (2, 129) = 16.21 and p = 0.75, R- square = 0.289. The unstandardized coefficient (-0.12) for Childhood Trauma data shows a value range from -0.088 to -0.064. Analysis reveals an insignificant relationship because the standardized coefficient stands at -0.24 and the t-value equals -0.314 (p = 0.754). The data shows that Childhood Trauma fails to create any meaningful connection with the dependent variable of the model.

Discussion

The research examined how factors in childhood trauma affect self-esteem which leads to anxiety disorders among younger adults across different academic institutes and mental health organizations of Pakistan. The research tested its hypotheses by performing correlation followed by regression analyses. The analysis shows both expected and new findings that are explained extensively in the following discussion.

The research data showed childhood trauma negatively affects self-esteem while maintaining statistical significance (r = -0.24, p = 0.005) in hypothesis 1. A stronger exposure to childhood trauma during development leads to low self-esteem in adult life. Studies from Wright in 2009 and Cecil in 2017, already established that early negative experiences damage self-concept formation although producing negative self-evaluations (Wright et al., 2009; Cecil et al., 2017) . During essential developmental periods emotional as well as physical abuse results in the internalization of trauma which destroys both self-worth development and secure attachment formation (Teicher & Samson, 2016).

The statistical model successfully measured anxiety disorders with emerged significance in regression results at F (2, 131) = 26.23 (p < .001) while interpreting 28.9% of disorder variance in second hypothesis. Despite testing, only self-esteem demonstrated a statistically meaningful relation (β = 0.543, p < .001) to anxiety while childhood trauma failed to establish significance (β = -0.24, p = 0.754) and supports the hypothesis. Comorbid variables like resilience levels and social support systems and coping strategies which were omitted from the model could explain the insignificant impact of childhood trauma on outcomes. Proof from longitudinal research (e.g., Hailes et al., 2019) demonstrates that anxiety results from trauma through multiple pathways especially when exposure is repeated and trauma occurs between individuals.

The obtained data indicated an active negative relationship between self-esteem and anxiety at a moderate level of significance (r = -0.537, p = 0.000) in third hypothesis. Many studies confirm that low self-esteem functions as a basic risk factor leading to anxiety disorder development (Sowislo & Orth, 2013). Anxiety symptoms develop from low self-esteem because it causes higher sensitivity to stressors plus weak coping skills and negative cognitive patterns that include worry and fear of criticism.

The hypothesis 4 received further validation through the results from regression analysis. Anxiety disorders show self-esteem as their greatest predictor through β = 0.543 and p-value < .001. The results confirm theories that explain self-esteem as an element that safeguards individuals from anxiety (Orth et al., 2009). Extended self-esteem levels help people view difficulties as controllable while building sound relationship skills and achieving superior emotional control to decrease their vulnerability to anxiety.

Conclusion

This research demonstrates that self-esteem proves as an essential direct contributor toward anxiety disorder formation yet childhood trauma shows no independent effect on anxiety when self-esteem measurements remain controlled. The significance of self-esteem enhancement as an anxiety prevention approach gains clarity from these research findings regarding individuals with trauma backgrounds. Self-perception interventions demonstrate immediate benefits for treating anxiety disorders because they prove superior to addressing trauma histories alone.

Limitations

The study based on limited participants (N = 132) who came from specific institutions in Pakistan but this research provides meaningful insights which can direct future studies. The study depends on self-reported data that introduces possible memory distortion together with the tendency for participants to present themselves favorably. The analysis limited causal conclusions because it adopted a cross-sectional research approach. The omission of assessments for resilience levels together with coping strategies, family support systems, trauma type and severity unable to provide such detailed knowledge about the trauma-anxiety relationship.

Suggestions for Future Research

Longitudinal research designs should become the center of attention of future studies in order to discover how childhood trauma leads to anxiety disorder development across time. The predictive model could become more effective if researchers included emotional regulation and resilience together with social support as potential variables. Studies that incorporate qualitative approaches deliver in-depth knowledge about trauma along with how it affects personal growth of self-esteem.

The implementation of self-esteem enhancement interventions needs thorough evaluation for their effectiveness in treating anxiety symptoms within trauma-affected patient groups.

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