



RESEARCH PAPER

Mediating Role of Vengefulness between Childhood Trauma and Psychological Wellbeing Among Young Adults In Karachi

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ABSTRACT

This study examined the relationship between childhood trauma, vengefulness, and psychological wellbeing among young adults in Pakistan, with vengefulness as a potential mediator. Childhood trauma is a major cause of adult mental health issues, and this study is an attempt to fill a gap in the literature by exploring vengefulness as a mediating variable between childhood trauma and adult psychological well-being. Data was taken from 136 undergraduate students from SZABIST University, Karachi. These participants were analyzed through self-reported questionnaires, including the Childhood Trauma Questionnaire - Short Form (CTQ - SF), Vengeance Scale (VS), and Ryff's Psychological Wellbeing Scale (PWB). Results showed that childhood trauma significantly predicted lower psychological wellbeing, with sexual abuse as a key predictor. However, vengefulness did not significantly mediate the relationship between childhood trauma and psychological wellbeing. Gender differences were partially supported, with males reporting higher vengefulness but no significant differences in trauma or psychological wellbeing. The findings show that traumatic experiences in childhood have adverse effects on adult mental health. Key implications include the need for trauma-informed interventions, early support, and culturally sensitive policies in Pakistan.

KEYWORDS Childhood Trauma, Vengefulness, Psychological Wellbeing. Trauma, Adults

Introduction

Childhood trauma profoundly impacts adult mental health. It involves the emotional effects of events that leave a child feeling powerless, surpassing their ability to cope (Terr, 2003). Trauma can manifest in various forms, including exposure to violence, neglect, and sexual exploitation (Sansone et al., 2012), and is linked to psychiatric issues like depression, anxiety, PTSD (Heim et al., 2008), and substance abuse (Khoury et al., 2010). Negative childhood experiences also affect self-acceptance (Barros et al., 2022), often leading to struggles with daily life (Nurius et al., 2015). The ACEs study (Felitti et al., 1998) links early adversity to chronic illnesses and mental health challenges. Unique sociocultural factors in Pakistan further worsen childhood trauma and make its impact more severe. These factors include corporal punishment, patriarchal family structures, etc. These conditions create a need for culturally sensitive trauma research to understand its long-term effects.

Childhood trauma is often linked to vengefulness, as unresolved anger and feelings of injustice may evolve into a desire for retribution (Goldner et al., 2019). Literature shows trauma increases anger and aggression (de Bles et al., 2023; Simsek & Evrensel, 2018) which can worsen psychological wellbeing (Barcaccia et al., 2022). The linkage between childhood trauma, anger, and vengefulness is important as it impacts

psychological health. Psychological wellbeing includes self-acceptance, personal growth, autonomy, purpose, relationships, and environmental mastery (Ryff, 1989). Trauma hinders these components. It causes emotional isolation and a fragmented sense of self, which deteriorates overall wellbeing.

Childhood trauma is a major cause of adult mental health issues, but the mediating factors, such as vengefulness, remain underexplored. This study examines the relationship between childhood trauma, vengefulness, and psychological wellbeing in Pakistan, focusing on young adults aged 18-26. This study fills a gap in the literature by exploring vengefulness as a mediating variable between childhood trauma and adult mental health. Findings can help mental health professionals develop trauma-informed therapies and public health interventions to support trauma survivors, improve coping mechanisms, and promote healthier relationships.

Literature Review

Psychodynamic Theory

Sigmund Freud's psychodynamic theory (Freud, 1936) talks about how unconscious processes that are shaped by early childhood experiences can influence our behavior and personality as adults. It introduces the concepts of id, ego, and superego that work together to guide actions. Childhood trauma can disrupt the balance between these three and lead to inner conflicts, vengeful desires, and extreme anxiety. Further, defense mechanisms like projection, displacement, repression, and rationalization also plays a major role in protecting individuals from emotional pain but, in doing so, end up fueling vengefulness. For example, projection involves blaming others for one's own betrayal, which can intensify anger. Moreover, object relations theory (Fairbairn, 1952) suggests that traumatic early relationships can affect future interpersonal connections and may lead to vengeful behavior. The present study uses psychodynamic concepts to explore how vengefulness mediates the linkage between childhood trauma and psychological wellbeing among adults in Pakistan.

Childhood Trauma & Psychological Wellbeing

Research shows that childhood trauma adversely affects psychological health. Copeland et al. (2018) tracked 1,420 participants and found that trauma before age 16 significantly increases the risk of psychiatric disorders, social isolation, and employment challenges in adulthood. Negele et al. (2015) revealed that 75.6% of 349 chronically depressed individuals experienced significant childhood trauma. Mosley-Johnson et al. (2019) analyzed 6,323 participants and found that adverse childhood experiences (ACEs) significantly lower life satisfaction, with greater ACEs linked to greater reductions. Hughes et al. (2016) confirmed that higher ACE counts increase the likelihood of low mental wellbeing and life satisfaction. Following these findings, the following hypothesis is put together:

H1. There is a significant negative correlation between childhood trauma and psychological wellbeing.

Childhood Trauma, Vengefulness, & Psychological Wellbeing

While studies on vengefulness as a mediator between childhood trauma and psychological wellbeing are absent, existing literature highlights its role in trauma and compromised wellbeing. Van Denderen et al. (2014) found that revenge desires in

individuals bereaved by homicide were linked to increased PTSD symptoms and poorer functioning. Rieder & Elbert (2013) showed that descendants of Rwandan genocide survivors experienced greater distress and vindictive tendencies, linking intergenerational trauma to wellbeing. Hoeve et al. (2015) demonstrated that psychological issues mediate the linkage between childhood maltreatment and aggression, supporting the relevance of vengefulness in trauma-related outcomes. In light of the literature discussed, the following hypothesis is formulated:

H2. Vengefulness mediates the relationship between childhood trauma and psychological wellbeing.

Gender differences in Childhood Trauma, Vengefulness, & Psychological Wellbeing

Gender differences are evident in childhood trauma, vengefulness, and psychological wellbeing. Moody et al. (2018) found that girls experience more sexual and emotional abuse, while boys face higher rates of physical abuse. Uzun (2018) revealed that males are more likely to exhibit vengefulness than females. Regarding psychological wellbeing, Matud et al. (2019) showed that men reported greater self-acceptance and autonomy, while women scored higher in personal growth and positive relationships. Therefore, the final hypothesis of this study is formulated:

H3. There is a significant gender difference in childhood trauma, vengefulness, and psychological wellbeing.

The literature review shows a clear research gap; vengefulness as a mediator between childhood trauma and psychological wellbeing has not yet been studied in Pakistan. Studying these variables is important for developing culturally relevant interventions for the unique cultural context of Pakistan. This study aims to fill this gap, providing the necessary information for researchers and clinicians to enhance Pakistan's mental health framework.

Material and Methods

Study Design and Sample

A quantitative, cross-sectional survey approach was used to understand the associations between three variables: childhood trauma, vengefulness, and psychological wellbeing. Data were collected via self-report questionnaires distributed to a sample of young adults in Karachi, Pakistan. The target population comprised young adults aged 18 to 26, a group navigating a critical developmental stage where the long-term effects of childhood traumatic experiences manifest in psychological outcomes. This is a period marked by significant alterations in behavior, emotional health, and interpersonal relationships, as well as shifts in one's professional, social, and relational dynamics. Thus, this population was ideal for examining how individuals mature in relation to their traumatic childhood experiences. Convenience sampling was employed. A total of 136 participants, 89 females and 47 males between 18 and 26 years were chosen from various university classrooms and premises based on their availability and willingness to participate in the study.

Data Collection

Data was collected using a demographic information sheet which gathered participants' age, gender, marital status, and professional status. The relevant research

scales were also attached along with the demographic sheet. Given the sensitive nature of the topic, which carried a risk of re-traumatization, special care was taken to ensure the wellbeing of participants. For this purpose, the researcher, a certified trauma support specialist, was physically present with the participants to create a trauma-informed space and mitigate any potential risk. All participants were assured they could take breaks. They felt safe during the process and none experienced psychological distress. Following scales were used in the present study:

Childhood Trauma Questionnaire: Short Form (CTQ-SF) was used in this study, and this self-administered survey evaluates five types of childhood trauma: physical, sexual, and emotional abuse, as well as physical and emotional neglect. It comprises 28 items rated on a 5-point Likert scale, where 1 signifies "Never true" and 5 indicates "Very often true." The scale has strong internal consistency (Cronbach's $\alpha = 0.852$) and satisfactory validity, as evidenced by its significant correlation with the Adverse Childhood Experiences (ACEs) score ($r=0.355$, $p<0.01$) (Peng et al., 2023).

The Vengeance Scale is a self-report measure. It has 20 items rated on a 7-point Likert scale, where 1 indicates "disagrees strongly" and 7 indicates "agree strongly." Its reliability has been shown with a Cronbach's α at 0.92 and test-retest reliability of 0.90 (Stuckless & Goranson, 1992).

Psychological Wellbeing Scale was also used. it assesses autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. It includes 42 items rated on a 7-point Likert scale, where 1 indicates "strongly agree" and 7 indicates "strongly disagree." The reliability for each subscale showed Cronbach's α coefficients ranging from 0.701 to 0.853 (Manchiraju, 2020).

Data Analysis

The data was examined using the statistical software SPSS. Descriptive statistics were conducted for all variables to provide means, standard deviation, and frequency distribution for the scores on the CTQ-SF, The Vengeance Scale, and the Psychological Wellbeing Scale. The internal consistency and reliability of each instrument were evaluated by computing Cronbach's α . Pearson's correlation coefficients were calculated to examine the relationships between childhood trauma, vengefulness, and psychological wellbeing. A mediation analysis was conducted using the PROCESS macro for SPSS developed by Hayes to study the mediating role of vengefulness between childhood trauma and psychological wellbeing. Multiple regression analyses were also performed to check for predictive relationships between the variables, and a t-test was conducted to understand the gender differences in the variables.

Results and Discussion

Table 1
Descriptive Statistics for Study Variables by Gender

Variable	Group	N	Mean	Std. Deviation	SE
Physical Neglect	Male	47	1.77	.67	.10
	Female	89	1.56	.68	.07
Emotional Abuse	Male	47	2.21	.95	.14
	Female	89	2.40	1.05	.11
Physical Abuse	Male	47	1.72	.83	.12
	Female	89	1.54	.73	.08
Sexual Abuse	Male	47	1.66	.92	.13

	Female	89	1.50	.78	.08
	Male	47	2.41	.99	.14
Emotional Neglect	Female	89	2.40	.98	.10
Childhood Trauma	Male	47	2.09	.53	.08
	Female	89	2.01	.51	.05
Vengefulness	Male	47	3.75	.90	.13
	Female	89	3.36	.85	.09
Psychological Wellbeing	Male	47	4.51	.76	.11
	Female	89	4.54	.79	.08
<i>Note.</i> N = 136. SE = Standard Error Mean.					

Table 1 shows gender differences in key variables. Males reported higher levels of physical neglect ($M = 1.77$) and physical abuse ($M = 1.72$) than females ($M = 1.56$ and $M = 1.54$, respectively). Females reported slightly higher emotional abuse ($M = 2.40$) compared to males ($M = 2.21$), while males reported slightly higher sexual abuse ($M = 1.66$) than females ($M = 1.50$). Emotional neglect scores were nearly identical across genders. Overall, childhood trauma scores were slightly higher for males ($M = 2.09$) than females ($M = 2.01$). Males also reported higher vengefulness ($M = 3.75$) compared to females ($M = 3.36$), with psychological wellbeing scores similar between genders.

Table 2
T-Test Results for Study Variables by Gender

Variable	t	df	p	Mean Difference	SE	95% CI	
						LLL	UUL
PN	1.73	134	.09	.21	.12	.03	.45
EA	-1.03	134	.30	-.19	.18	.55	.17
PA	1.29	134	.20	.18	.14	.09	.45
SA	1.04	134	.30	.16	.15	.14	.45
EN	.07	92.64	.94	.01	.18	.34	.37
CT	.86	90.33	.39	.08	.09	.11	.27
VF	2.53	134	.01	.39	.16	.09	.70
PW	-.18	134	.86	-.03	.14	.30	.25

Note. N = 136. CI = confidence interval; LL = lower limit; UL = upper limit, PN= physical neglect, EA =emotional abuse, PA=physical abuse, SA= sexual abuse, EN=emotional neglect, CT, childhood trauma, VF= Vengefulness, PW=psychological well-being

Table 2 shows an independent samples t-test analyzing gender differences in study variables. A significant gender difference was found only in vengefulness ($t(134) = 2.53$, $p = 0.01$). No significant differences were observed in physical neglect, emotional abuse, physical abuse, sexual abuse, emotional neglect, overall childhood trauma scores, or psychological wellbeing. These findings indicate that gender differences are limited to vengefulness.

Table 3
Correlations

Variable Names	1.	2.	3.
1. PW	--		
2. VF	-.23**	--	
3. CT	-.38**	.12	-

Note. * $p < .05$, ** $p < .01$, PW=psychological well-being, VF=vengefulness, CT= childhood trauma

Table 3 shows significant correlations among the variables. Childhood trauma had a moderate negative correlation with psychological wellbeing ($r = -0.38$, $p < .01$),

indicating that higher trauma levels are associated with lower psychological wellbeing. A weak positive correlation was found between childhood trauma and vengefulness ($r = 0.12, p < .05$), suggesting higher trauma is linked to increased vengefulness. Additionally, a weak negative correlation was observed between psychological wellbeing and vengefulness ($r = -0.23, p < .01$), indicating that higher wellbeing is associated with lower vengefulness.

Table 4
Regression of Childhood Trauma and Psychological Wellbeing

Effect	Estimate	SE	95% CI		P
			LL	UL	
Intercept	5.45	.19	5.08	5.83	<.001
EA	-.09	.08	-.26	.08	.28
PA	.07	.11	-.13	.28	.48
SA	-.18	.09	-.36	-.01	.04
EN	-.14	.09	-.32	.04	.13
PN	-.13	.12	-.37	.11	.29
Model Summary					
R ² = .19					

Note. $N = 136$. CI = confidence interval; LL = lower limit; UL = upper limit, EA =emotional abuse, PA = Physical abuse. Sexual abuse, EN =emotional neglect, PN =physical neglect

The multiple regression analysis in Table 4 shows that childhood trauma significantly predicted psychological wellbeing ($p < .001$). The model explained 19% ($R^2 = .19$) of the variance in psychological wellbeing. Among the different types of childhood trauma, sexual abuse ($\beta = -.18, p = .04$) emerged as a significant predictor of lower psychological wellbeing. In contrast, the effects of physical abuse ($\beta = -.07, p = .48$), emotional neglect ($\beta = -.14, p = .13$), and physical neglect ($\beta = -.13, p = .29$) on psychological wellbeing were not statistically significant.

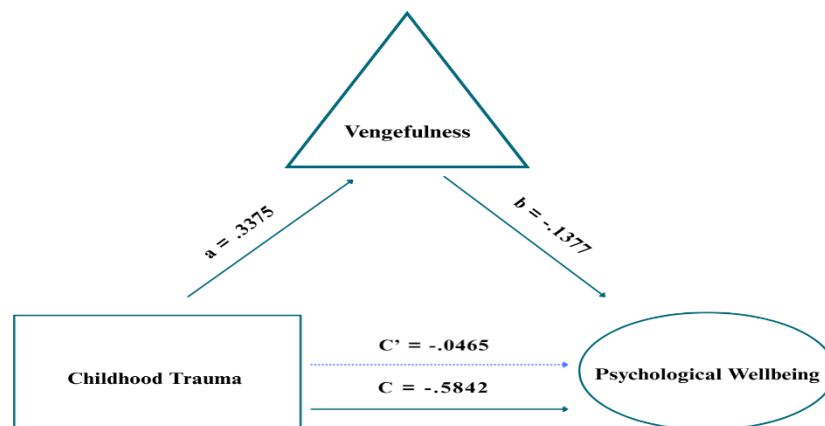


Figure 1 Mediation Model: Childhood Trauma, Vengefulness, and Psychological Wellbeing

Note. The dotted line represents the indirect relationship between childhood trauma and psychological wellbeing that is mediated by vengefulness.

Figure 1 shows the mediation analysis between the variables. It shows the direct relationship between childhood trauma and vengefulness ($a = .3375$), vengefulness and

psychological wellbeing ($b = -.1377$), childhood trauma and psychological wellbeing ($c = .5842$), and the indirect relationship between childhood trauma and psychological wellbeing ($c' = -.0465$).

Table 5
Mediation Analysis

Direct effect						
Variables	Coeff	SE	t	p	LLCI	ULCI
CT-VF	.3375	.3050	9.2027	.0218	.0499	.6251
CT-PW	-.5842	.1212	-4.8199	.0000	-.8240	-.3445
VF-PW	-.1377	.0713	-1.9316	.0555	-.2787	.0033
Indirect effect						
Variables	Effect	Boot SE	Boot LLCL	Boot ULCL		
CT-VF-PW	-.0465	.0361	-.1302	.0059		

Note. CT = childhood trauma, VF = vengefulness, PW = psychological wellbeing, LLCI = lower limit class interval, ULCI = upper limit class interval

Mediation analysis in Table 5 shows that childhood trauma significantly predicted both increased vengefulness ($\beta = 0.3375$, $p = 0.0218$) and decreased psychological wellbeing ($\beta = -0.5842$, $p < 0.0001$). However, vengefulness did not significantly affect psychological wellbeing ($\beta = -0.1377$, $p = 0.0555$), and its mediating role was not supported (indirect effect: $\beta = -0.0465$, 95% CI [-0.1302, 0.0059]). Thus, childhood trauma directly impacts psychological wellbeing, but vengefulness is not a significant mediator.

Discussion

This research explored the linkage between childhood trauma, vengefulness, and psychological wellbeing. The gender differences in these variables were also studied. The findings showed a strong negative correlation between childhood trauma and psychological wellbeing, which confirm the hypothesis that greater trauma is associated with poorer wellbeing. The findings align with existing literature that emphasizes the negative effects of childhood trauma on mental health and functioning, including diminished emotional regulation, interpersonal difficulties, and overall life satisfaction (Copeland et al., 2018; Hughes et al., 2016; Negele et al., 2015; McKay et al., 2021).

While exploring vengefulness as a mediator between childhood trauma and psychological wellbeing, the results indicated no significant mediation. This suggests that although vengefulness is a reaction to trauma, it does not significantly explain the connection between trauma and wellbeing. Existing studies, such as those by Van Denderen et al. (2014) and Rieder and Elbert (2013), have shown links between trauma, vengefulness, and distress, though not as mediators. Hoeve et al. (2015) proposed that other mental health challenges may serve as more significant mediators than vengefulness.

A possible reason vengefulness failed to act as a mediator between childhood trauma and psychological wellbeing could be the intricate psychological pathways connecting trauma to wellbeing. Childhood trauma often results in a host of emotional, cognitive, and behavioral consequences, with vengefulness being just one of many possible reactions. Other variables, such as rumination or self-esteem might serve as stronger mediators in between childhood trauma and psychological wellbeing. These variables have been frequently linked to trauma and diminished wellbeing in the

literature. For instance, it has been shown that rumination perpetuates negative thought cycles which in return exacerbate psychological distress (Nolen-Hoeksema et al., 1997; Flett et al., 2002; Mazzer et al., 2019).

Regarding gender differences, the study found that males reported significantly higher levels of vengefulness than females. This finding aligns with Uzun (2018), who noted similar patterns. However, no significant gender differences were observed in childhood trauma or psychological wellbeing, contrasting with studies such as Moody et al. (2018) and Matud et al. (2019), which found differences in specific subtypes of trauma and aspects of wellbeing. It is possible that the observed gender differences in vengefulness might be influenced by other variables that were not studied in this research. These factors may include socialization experiences, cultural norms, or hormonal influences. It may also be the case that the absence of significant gender differences in childhood trauma and psychological wellbeing may be a result of the current sample.

Conclusion

This study investigated the mediating role of vengefulness between childhood trauma and psychological wellbeing in a sample of young adults in Pakistan. A significant negative correlation was found between childhood trauma and psychological wellbeing, aligning with previous research that emphasizes the detrimental impact of adverse childhood experiences on mental health. This finding shows the profound and enduring influence of childhood trauma on various aspects of psychological functioning, including self-acceptance, personal growth, and positive relationships. Furthermore, the study examined vengefulness as a mediator between childhood trauma and psychological wellbeing. Results from the mediation analysis revealed a significant direct effect of childhood trauma on psychological wellbeing. While a significant indirect effect through vengefulness was observed, its magnitude was relatively small, suggesting that while vengefulness may contribute to the negative impact of childhood trauma on psychological wellbeing, it might not be the primary or most significant mediator in this relationship.

Recommendations

To effectively address the long-term consequences of childhood trauma on psychological wellbeing and mitigate the development of maladaptive coping mechanisms such as vengefulness, this research provides the following significant recommendations:

- Establish prevention programs to reduce the incidence of child abuse and neglect, as well as early identification and intervention strategies to promote healing in child trauma victims.
- Implement interventions aimed at helping victims develop emotional regulation techniques as a positive antidote to trauma.
- Support policies and programs that strengthen child protection systems, increase access to mental health services for children and families, and promote community-based mental health interventions in Pakistan.
- Develop educational programs for parents, teachers, and healthcare professionals on child development, trauma-informed care, and strategies for promoting resilience.

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