

CHILDHOOD TRAUMA, RESILIENCE AND AGGRESSIVE BEHAVIOR AMONG YOUNG ADULTS WITH PATERNAL SUBSTANCE USE: A GENDER-BASED ANALYSIS

Rahat Fatima^{a*}, Dr. Shirmeen Ijaz^b, Saira Majid Sheikh^c, Dr. Hafiz Mudassar Sharif^d, & Sarah Shafique^e

^a MS Scholar, Faculty of Allied Health Sciences, Department of Clinical Psychology, The Superior University, City Campus, Lahore, Pakistan. E-mail: rahatf050@gmail.com. ORCID: <https://orcid.org/0009-0005-4502-780X>

^b Associate Professor, Faculty of Allied Health Sciences, Department of Clinical Psychology, The Superior University, City Campus, Lahore, Pakistan. E-mail: shirmeen.ijaz@gmail.com

^c Head of Department, Faculty of Allied Health Sciences, Department of Clinical Psychology, The Superior University, City Campus, Lahore, Pakistan. E-mail: sairamajid@superior.edu.pk

^d MBBS (MD), Faculty of Medicine, International Medical University, Bishkek, Kyrgyzstan. E-mail: mudassarsharif78@gmail.com

^e BS Scholar, Faculty of Management Sciences, BS Banking and Finance, University of Okara, Renala Khurd, Pakistan. E-mail: sarahshafique6@gmail.com

*Correspondence to: Ms. Rahat Fatima, MS Scholar, Faculty of Allied Health Sciences, Department of Clinical Psychology, The Superior University, City Campus, Lahore, Pakistan. E-mail: rahatf050@gmail.com. ORCID: <https://orcid.org/0009-0005-4502-780X>

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ABSTRACT

Family environments affected by parental substance use may expose children to adverse experiences that remain relevant to psychological functioning during later developmental stages. The present study investigated whether male and female young adults with paternal substance use differed in childhood trauma, resilience, and aggressive behavior. A quantitative cross-sectional design was used with 150 participants between 18 and 30 years of age. The sample consisted of 75 males and 75 females recruited through purposive sampling. Participants completed the Childhood Trauma Questionnaire–Short Form (CTQ-SF), Brief Resilience Scale (BRS), and Buss–Perry Aggression Questionnaire (BPAQ). Internal consistency was assessed using Cronbach’s alpha, while gender differences were examined through independent-samples *t* tests. The CTQ-SF showed excellent reliability ($\alpha = .97$), the BRS demonstrated good reliability ($\alpha = .85$), and the BPAQ showed excellent reliability ($\alpha = .97$). No significant difference was identified between males and females in childhood trauma, $t(148) = -0.58$, $p = .561$, or resilience, $t(148) = -0.81$, $p = .417$. In contrast, aggressive behavior differed significantly between the two groups, $t(148) = 5.03$, $p < .001$. Male participants reported higher aggression ($M = 113.41$, $SD = 17.98$) than female participants ($M = 97.43$, $SD = 20.89$), with a large effect size ($d = 0.82$). The findings indicate that gender differences in this sample were specific to aggressive behavior rather than extending to reported childhood trauma or resilience. These findings may inform psychological assessment and gender-responsive intervention for young adults affected by paternal substance use.

I. INTRODUCTION

Experiences within the family during childhood can have implications for psychological adjustment well beyond the developmental period in which they occur. Abuse, neglect, household dysfunction, and other adverse experiences have been associated with a range of later psychological and behavioral outcomes. The Adverse Childhood Experiences study provided substantial evidence linking adverse childhood experiences with

subsequent difficulties across different areas of adult functioning (Felitti et al., 1998). Similarly, evidence integrating neurobiological and epidemiological findings has suggested that the effects of childhood adversity can persist across development (Anda et al., 2006). Childhood trauma is a broad construct encompassing several forms of adverse experience, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. These experiences may influence emotional development, interpersonal expectations, and behavioral responses to stressful situations. The Childhood Trauma Questionnaire was developed to provide a standardized assessment of childhood maltreatment, with evidence supporting its validity in adolescent psychiatric populations (Bernstein et al., 1997). Bernstein et al. (2003) subsequently developed a brief screening form that permits assessment of several major categories of childhood trauma. The effects of adversity, however, are not identical for every individual. People exposed to comparable adverse circumstances can demonstrate different patterns of psychological adjustment. This observation has contributed to the development of resilience research.

Resilience broadly refers to adaptive functioning or recovery in the presence of significant adversity or stress (Rutter, 1985). Fergus and Zimmerman (2005) similarly described resilience within a framework emphasizing positive developmental outcomes despite exposure to risk. Masten (2001) proposed that resilience is often supported by ordinary adaptive processes rather than being an unusual or exceptional personal characteristic. An individual's capacity to recover from stressful experiences can be assessed using the Brief Resilience Scale (Smith et al., 2008). Resilience is particularly relevant when studying populations exposed to childhood adversity because individuals with similar histories of adversity may not show identical psychological outcomes. Research has consequently examined resilience-related characteristics as potential protective factors in the relationship between childhood adversity and later mental health (Fritz et al., 2018). Aggressive behavior represents another important aspect of psychological and behavioral functioning in individuals exposed to adverse developmental environments. Aggression can involve physical and verbal actions as well as anger and hostility. Buss and Perry (1992) developed the Buss–Perry Aggression Questionnaire to assess these different dimensions within a single measure. The multidimensional assessment of aggression is useful because aggressive behavior is not limited to overt physical acts and may also be expressed through verbal behavior, anger, or hostile attitudes. The General Aggression Model further emphasizes that aggressive responses may arise from interactions between individual characteristics and situational experiences (Anderson & Bushman, 2002). From this perspective, developmental experiences may form part of the broader context in which aggressive behavior is expressed.

Paternal substance use provides an important family context in which childhood adversity can occur. Substance-related difficulties within a household may affect family relationships, parental availability, household stability, and patterns of interaction. Child maltreatment and substance-related family problems may also intersect across development (Cicchetti & Handley, 2019). Consequently, offspring of fathers with substance-use problems may experience several forms of family-related stress rather than a single isolated adverse event. The present study focuses on young adults who have experienced paternal substance use. Examining this population during young adulthood provides an opportunity to consider whether reported childhood adversity and resilience are accompanied by differences in current behavioral functioning. Although previous research has examined childhood adversity, resilience, and aggression, fewer studies have specifically examined gender differences in these constructs among young adults identified by a history of paternal substance use. Gender is potentially relevant when examining aggressive behavior, but differences between males and females cannot be assumed across all psychological variables. In particular, the experience of childhood adversity and the availability of resilience resources may not necessarily differ according to gender, even when behavioral expression differs. Examining the three constructs separately therefore provides a more detailed picture of the characteristics of this population. The present study was consequently designed to compare male and female young adults with paternal substance use on childhood trauma, resilience, and aggressive behavior. The analysis provides a focused examination of gender differences using data obtained from the larger thesis project.

Objectives

The study addressed three specific objectives:

1. To determine whether male and female young adults with paternal substance use differ in reported childhood trauma.
2. To determine whether male and female young adults with paternal substance use differ in resilience.

To determine whether male and female young adults with paternal substance use differ in aggressive behavior.

Hypotheses

H1: Male and female young adults with paternal substance use will differ significantly in childhood trauma.

H2: Male and female young adults with paternal substance use will differ significantly in resilience.

H3: Male and female young adults with paternal substance use will differ significantly in aggressive behavior, with male participants expected to report higher aggression.

II. METHOD

A quantitative, cross-sectional approach was adopted for the present analysis. Standardized psychological measures were administered to participants at a single point in time. The article specifically examines differences between male and female participants in the three principal study variables.

Participants

The study sample comprised 150 young adults aged 18–30 years who reported paternal substance use. An equal gender distribution was maintained, with 75 male participants and 75 female participants. Participants were selected using purposive sampling from the population meeting the study criteria. Participants were eligible when they were within the specified age range, identified a history of paternal substance use, could understand Urdu or English, and were willing to participate after providing informed consent. Individuals outside the age range, without a history of paternal substance use, or experiencing severe psychiatric or neurological conditions that could interfere with participation were excluded. Participants experiencing intoxication or severe withdrawal at the time of assessment were also excluded.

Measures

Participants provided demographic information concerning age, gender, educational level, family system, residential setting, birth order, and monthly family income. **[I]** Childhood Trauma Questionnaire–Short Form: Childhood trauma was measured with the Childhood Trauma Questionnaire–Short Form (CTQ-SF; Bernstein et al., 2003). The measure contains 28 items, comprising 25 items covering five areas of childhood maltreatment—emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect—and three minimization/denial items. Responses are provided using a five-point scale. Higher scores indicate greater reported exposure to childhood trauma. The CTQ has demonstrated evidence of validity in adolescent psychiatric populations (Bernstein et al., 1997). In the present sample, the instrument produced a Cronbach's alpha of .97. **[II]** Brief Resilience Scale: Resilience was assessed using the Brief Resilience Scale (BRS; Smith et al., 2008). The six-item instrument evaluates an individual's perceived ability to recover or bounce back from stressful experiences. Responses are recorded on a five-point scale. Items 2, 4, and 6 are reverse scored, with higher overall scores representing greater resilience. The internal consistency coefficient obtained for the BRS in the present sample was .85. **[III]** Buss–Perry Aggression Questionnaire: Aggressive behavior was assessed using the Buss–Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992). The BPAQ contains 29 items distributed across physical aggression, verbal aggression, anger, and hostility. Each item is rated on a five-point scale, with higher total scores indicating greater aggressive behavior. The BPAQ demonstrated excellent internal consistency in the present sample, with Cronbach's alpha equal to .97.

Procedure

Before data collection, the required institutional permissions and ethical approval were obtained. Participants received information concerning the purpose and voluntary nature of the research and provided written informed consent. Confidentiality and anonymity were maintained during data collection and analysis. Participation was voluntary, and participants could withdraw or omit a question without penalty. The data were used for academic research purposes. Following approval and permission from the relevant institutions/sites, potential participants who met the eligibility criteria were approached. The researcher explained the purpose of the study and the nature of participation before obtaining written consent. Participants completed the demographic form followed by the CTQ-SF, BRS, and BPAQ. Administration took place in an appropriate setting, and procedural clarification was provided, when necessary, without directing participants' responses. Completed questionnaires were coded

before being entered into IBM SPSS Statistics for analysis. The dataset was analyzed using IBM SPSS Statistics. Descriptive statistics were used to summarize participant characteristics and study variables. Internal consistency was assessed through Cronbach's alpha. For the present gender-focused article, independent-samples *t* tests were used to compare males and females on childhood trauma, resilience, and aggressive behavior. Cohen's *d* was calculated as an indicator of effect size. Statistical significance was evaluated at the .05 level.

III. RESULTS

Table I: Demographic Characteristics of the Sample (N = 150)

Baseline characteristic	<i>n</i>	%
Gender		
Female	75	50.0
Male	75	50.0
Age (years)		
18–21	45	30.0
22–25	58	38.7
26–30	47	31.3
Education		
Intermediate	25	16.7
Bachelor's	80	53.3
Master's	45	30.0
Family system		
Nuclear	88	58.7
Joint	62	41.3
Residence		
Urban	82	54.7
Rural	68	45.3
Birth order		
First	46	30.7
Middle	58	38.7
Last	46	30.7
Monthly family income (PKR)		
Below 50,000	52	34.7
50,000–100,000	63	42.0
Above 100,000	35	23.3

Note. *N* = 150; *n* = frequency

The sample contained equal numbers of male and female participants. Each gender group represented 50% of the total sample. Participants were distributed across the three specified age categories, with the largest group falling within the 22–25-year range.

Table II: Internal Consistency of the Study Measures

Instrument	<i>k</i>	<i>N</i>	Cronbach's Alpha (α)	Internal Consistency
Childhood Trauma Questionnaire (CTQ)	28	150	.97	Excellent
Brief Resilience Scale (BRS)	6	150	.85	Good
Buss–Perry Aggression Questionnaire (BPAQ)	29	150	.97	Excellent

Note. *N* = 150, α = Cronbach's alpha, *k* = Number of Items.

Reliability analysis indicated satisfactory to excellent internal consistency across the three measures. The CTQ-SF and BPAQ each produced an alpha coefficient of .97, whereas the BRS produced an alpha coefficient of .85.

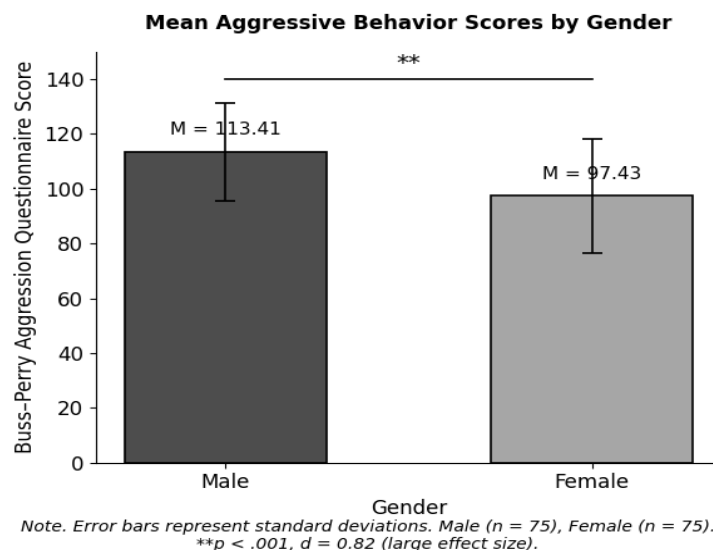
Table III: Comparison of Male and Female Participants on Study Variables

Variables	Men		Women		<i>t</i> (148)	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Childhood Trauma	87.79	13.21	88.97	11.39	-0.58	.561	-0.10
Resilience	18.17	1.81	18.42	1.95	-0.81	.417	-0.13
Aggressive Behavior	113.41	17.98	97.43	20.89	5.03	< .001	0.82

Note. *M* = Mean, *SD* = Standard Deviation, *t* = *t*-test statistic, *p* = Significance Value, Cohen's *d* = effect size.

The first comparison examined childhood trauma scores. Male participants obtained a mean score of 87.79 (*SD* = 13.21), whereas female participants obtained a mean score of 88.97 (*SD* = 11.39). The difference was not statistically significant, $t(148) = -0.58$, $p = .561$. The corresponding effect size was small ($d = -0.10$). Thus, H1 was not supported. The second comparison concerned resilience. Males had a mean score of 18.17 (*SD* = 1.81), while females had a mean score of 18.42 (*SD* = 1.95). The difference was not statistically significant, $t(148) = -0.81$, $p = .417$, and the effect size was small ($d = -0.13$). Therefore, H2 was not supported. A different pattern emerged for aggressive behavior. Male participants had a mean score of 113.41 (*SD* = 17.98), compared with 97.43 (*SD* = 20.89) among female participants. The gender difference was statistically significant, $t(148) = 5.03$, $p < .001$. The effect size was large ($d = 0.82$). Accordingly, H3 was supported.

Figure I: Mean Aggressive Behavior Scores by Gender Among Young Adults with Paternal Substance Use



Male participants ($M = 113.41$, $SD = 17.98$) reported significantly higher aggressive behavior scores than female participants ($M = 97.43$, $SD = 20.89$), $t(148) = 5.03$, $p < .001$, $d = 0.82$. Error bars represent standard deviations.

IV. DISCUSSION

The purpose of this article was to examine whether male and female young adults who had experienced paternal substance use differed in childhood trauma, resilience, and aggressive behavior. Three separate comparisons were conducted. The results did not demonstrate statistically significant gender differences in childhood trauma or resilience. A statistically significant difference, however, was identified for aggressive behavior, with males reporting higher scores than females. The first hypothesis predicted a significant gender difference in childhood trauma. The statistical analysis did not support this prediction. Although female participants had a slightly higher mean trauma score than male participants, the difference was very small and statistically nonsignificant. This finding suggests that, within the current sample, gender was not associated with a meaningful difference in the amount of childhood trauma reported by participants. This is relevant because family adversity associated with paternal substance use may expose offspring to a range of adverse circumstances irrespective of gender. Previous research has documented the long-term relevance of childhood abuse and household dysfunction (Felitti et al.,

1998; Anda et al., 2006), while the CTQ provides a standardized approach for assessing several categories of maltreatment (Bernstein et al., 2003).

The current result should nevertheless be interpreted specifically within this sample. It does not establish that males and females experience identical forms of adversity in all populations. Rather, the present data indicate that the total childhood-trauma scores of the two gender groups were not statistically different. The second hypothesis concerned gender differences in resilience. Again, the observed difference was not statistically significant. Female participants had a slightly higher mean resilience score than males, but the effect size was small. The finding is consistent with the view that resilience is not necessarily determined by gender alone. Resilience involves adaptive processes that may be supported by multiple personal and environmental resources (Rutter, 1985; Masten, 2001). Research has also identified a variety of resilience-related factors that may influence adjustment following childhood adversity (Fritz et al., 2018). The current findings therefore suggest that both male and female participants in this sample reported comparable levels of the capacity assessed by the BRS. This does not mean that both groups necessarily use identical coping strategies or receive identical sources of support, because those factors were not assessed in the present gender comparison. The third hypothesis was supported. A statistically significant gender difference was observed in aggressive behavior, with male participants reporting higher scores than female participants. The effect size was large. The finding is particularly relevant because the BPAQ captures several components of aggression, including physical aggression, verbal aggression, anger, and hostility (Buss & Perry, 1992). Therefore, the observed group difference represents a difference in overall aggressive-behavior scores rather than a conclusion about only one form of aggression.

The finding can also be considered within broader models of aggression, which recognize the contribution of personal and situational factors to aggressive responses (Anderson & Bushman, 2002). However, the present analysis did not investigate why the groups differed. Consequently, explanations involving social learning, family dynamics, emotional regulation, cultural expectations, or other factors would require separate investigation rather than being inferred from the current results. It is also important to distinguish a gender-group difference from a causal gender effect. The study design does not demonstrate that gender itself causes aggressive behavior. Instead, the result indicates that the male and female groups differed in their reported aggression scores within this particular sample.

Implications

The findings may be useful for clinical psychologists working with young adults who have experienced paternal substance use. A comprehensive assessment can include screening for childhood trauma and resilience in both male and female clients rather than assuming differences based on gender. At the same time, assessment of aggressive behavior may be particularly important where anger, hostility, verbal aggression, or physical aggression is reported. The findings may also support individualized intervention planning. Trauma-informed approaches can address the effects of adverse childhood experiences, while resilience-focused interventions can identify and strengthen existing adaptive resources. Where aggressive behavior is clinically significant, psychological interventions can additionally address anger management, emotional regulation, interpersonal functioning, and maladaptive behavioral responses. These implications should be applied at the individual level rather than assuming that every male participant will display high aggression or every female participant will display low aggression.

Limitations

The findings should be considered in light of several methodological limitations. First, the cross-sectional nature of the research means that the observed gender differences cannot be interpreted causally. Second, participants were selected through purposive sampling. Consequently, the sample may not represent all young adults with paternal substance use. Third, the study depended on self-report instruments. Reporting of childhood experiences and aggressive behavior may be affected by memory, willingness to disclose sensitive information, or social desirability. Fourth, the participants were drawn from the Pakistani context and represented a specific population defined by paternal substance use. The findings therefore require caution when being generalized to populations with different cultural or family circumstances. Finally, the present article was designed as a focused gender

analysis. It did not examine the psychological mechanisms that might account for the observed difference in aggressive behavior.

Recommendations for Future Research

Future investigations could replicate the study with larger samples and participants from different geographical and socioeconomic backgrounds. Longitudinal designs would also be useful for examining how childhood adversity relates to behavioral functioning over time. Further research could examine the separate dimensions of aggression measured by the BPAQ to determine whether gender differences are concentrated in physical aggression, verbal aggression, anger, hostility, or combinations of these domains. Future studies may additionally investigate emotional regulation, coping strategies, family functioning, perceived social support, and interpersonal conflict as potential factors associated with aggressive behavior. Such research could provide a more detailed explanation of the gender difference identified in the current study. Qualitative research could also complement quantitative findings by exploring how young adults themselves describe the effects of paternal substance use, childhood adversity, and coping experiences.

V. CONCLUSION

This study examined gender differences in childhood trauma, resilience, and aggressive behavior among young adults with paternal substance use. Male and female participants did not differ significantly in childhood trauma or resilience. In contrast, a statistically significant difference was observed in aggressive behavior, with male participants reporting higher scores and a large effect size. The findings indicate that gender differences were not consistent across all three psychological constructs. Within the present sample, the most pronounced difference was observed in aggressive behavior, whereas childhood trauma and resilience showed comparable patterns across the two groups. These findings support the value of assessing childhood adversity, resilience, and aggressive behavior as separate components of psychological functioning among young adults affected by paternal substance use. Further research is needed to determine the factors underlying the observed gender difference in aggressive behavior.

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