

# The Impact of Childhood Trauma and Perceived Social Support on Depression: The Mediating Role of Emotional Regulation

Sadaf<sup>1</sup> Aisha Kayani<sup>2</sup> Syeda Amna Shafi<sup>3</sup>

**ABSTRACT:** The present study examined the impact of childhood trauma and perceived social support on depression, with emotion regulation difficulties as a mediating variable, among adults residing in Karachi, Pakistan. Employing a quantitative, cross-sectional correlational design, data were collected from 188 participants aged 18 to 35 years, selected through purposive sampling from educational institutions, workplaces, and community centers. Standardized self-report instruments were administered, including the Childhood Trauma Questionnaire (CTQ-SF), Multidimensional Scale of Perceived Social Support (MSPSS), Difficulties in Emotion Regulation Scale (DERS-16), and Patient Health Questionnaire (PHQ-9). Data analysis using SPSS Version 26 and Hayes' PROCESS macro (Model 4) revealed that childhood trauma was positively correlated with depression and emotion regulation difficulties, while perceived social support showed significant negative correlations with depression, childhood trauma, and emotion regulation difficulties. Mediation analysis indicated that emotion regulation difficulties partially mediated the relationship between childhood trauma and depression, suggesting that individuals exposed to higher levels of trauma experience greater difficulties regulating emotions, thereby increasing depressive symptoms. These findings underscore the importance of trauma-informed and emotion-focused interventions along with enhancing perceived social support to reduce depression among adults in urban Pakistan. The study's limitations include its cross-sectional design and reliance on self-report measures, warranting longitudinal and intervention-based research in diverse Pakistani populations.

**KEYWORDS:** Childhood Trauma, Perceived Social Support, Depression, Emotion Regulation

<sup>1</sup> PhD Scholar, Department of Psychology, University of Karachi, Karachi, Sindh, Pakistan.

Email: [sadafriazahmed@gmail.com](mailto:sadafriazahmed@gmail.com)

<sup>2</sup> M.Phil. Clinical Psychology, Institute of Clinical Psychology, University of Karachi, Karachi, Sindh, Pakistan.

Email: [aishakiyani50@gmail.com](mailto:aishakiyani50@gmail.com)

<sup>3</sup> M.A, PMD, Department of Psychology, University of Karachi, Karachi, Sindh, Pakistan.

Email: [syedaamnashafi@gmail.com](mailto:syedaamnashafi@gmail.com)

**Corresponding Author:** Sadaf

✉ [sadafriazahmed@gmail.com](mailto:sadafriazahmed@gmail.com)

## Introduction

In Pakistan, depression is becoming a widespread community health problem and promotes the development of mental illnesses due to a complex of socioeconomic instability, cultural demands, and subpar access to psychological care. Depression is one of the most common and prevalent psychological issues that people have in Pakistan. Although biological, as well as environmental factors, indeed have some contribution

towards the development of depressive symptoms, early life experiences and social models are particularly significant in the determination of mental health outcomes (Quan et al., 2025). The factors that impact emotional well-being throughout life include childhood trauma and perceived social support in this context. The regulation of emotions, which refers to how individuals process and react to emotional events, may be one of the major psychological processes underlying an association between these variables and depression. How these factors integrate into the Pakistani culture and social arrangement is also a fundamental issue that must be understood so that the formation of mental health interventions can be locally based.

A variety of potentially traumatic events, such as domestic violence, emotional and physical abuse, neglect, early exposure to poverty, and psychological effects of unstable or broken families, are very common in many places in Pakistan. Such negative childhood experiences are mostly experienced in settings with minimal mentality of health care and lack of adequate state of support (Su et al., 2022). Consequently, a significant number of them come to adulthood with the emotional baggage of the unresolved trauma that they express through the feeling of poor self-worth, emotional volatility, relationship problems, and a constant feeling of psychological distress. This is often witnessed in the outcome of depression, which still persists among the population and mainly among women and those in lower classes of society. The cultural stigmas that do not encourage speaking about personal sufferings (especially in children and adolescents) lead to the long-term effects of childhood trauma in Pakistani society, when children and teens are expected to stay silent and obedient even under the circumstances of trauma or neglect.

Simultaneously, perceived social support is an important influence on mental health due to its role in mental health outcomes. Within the Pakistani society, where the family and social connections are an important part of culture, the feeling of being loved and needed can be considered a strong way to achieve emotional strength in a person. This is especially so in a setup with a joint family system and close-knit communities where interdependence and sharing of responsibilities are the trend (Chu et al., 2022). When people believe that they have emotional, informational, or practical assistance from relatives, friends, even the religious and the social establishment, they are generally in a better position to deal with stress and hardship. Conversely, a lack of this support (or a belief that they are alone or not understood) can cause people to be susceptible to depression. Social support is associated more with emotional consequences, not with the objective measure of social support or its presence or absence, which influences individuals in the translation of their experiences and reactions to emotional issues.

The other very important factor in this connection between early adversity, social dynamics, and mental health is emotional regulation. It deals with the capacity to observe, regulate, and release emotions in a manner that is acceptable in society and to oneself. The Pakistani society regulates emotional expression through cultural norms which emphasize individual sense of control over the self, honour, and collective approach to life as opposed to the demands of personal emotional needs (Manshadi et al., 2023). This may restrict the formation of proper emotional coping mechanisms, particularly in children who are discouraged from showing any display of anger, sadness, or fear. When children are raised in environments in which they are not supported or learning in environments of abuse, they are not able to develop sound emotional regulation skills. Due to this, they might end up supplying negative emotions, denying, or internalizing the negative impulses, which, with time, cause mental disturbances like anxiety, irritation, and feelings of

depression. On the contrary, those who feel that they have a supportive network around them stand a higher chance of developing positive emotional reactions that enable them to cope with stress and feel a certain level of psychological stability.

Since early trauma, society, and emotional control are interconnected, it is necessary to study how these elements may lead to depression among Pakistani people. Though international studies have already determined these relationships under other settings, locally, nobody has so far conducted studies that investigate these dynamics within the Pakistan context of socioculture (Li et al., 2024). Most national health policies continue to neglect the area of mental health; cultural taboos also hamper people in seeking psychological help or recognizing the existence of emotional suffering. There is thus an urgent need to determine the underlying mechanisms by which early life experiences, as well as social perceptions, affect mental health to come up with culturally sensitive and contextually appropriate interventions.

This research paper is going to focus on the factors that affect depression among Pakistani people due to childhood trauma and the effect of perceptions of social support, in this case, and also the mediating factor of emotional regulation (Huang et al., 2025). Reading through these relationships, the research will endeavor to provide a more comprehensive knowledge about depression, depicting the facts about the Pakistani society. This kind of knowledge can serve as a guiding point to mental health professionals, educators, and policy makers in their attempt to develop prevention approaches, as well as therapeutic interventions that help restore health not only by removing the symptoms, but also by getting at the actual underlying causes of emotional distress. Finally, the enhancement of emotional resilience, the improved understanding of the trauma, support, and emotional control may play a key role in enhancing the psychological well-being of people across Pakistan.

## Literature Review

It is one of the most widespread psychological disorders, as depression may affect representatives of every age group and culture. Its causal effect is multifactorial and includes biological, psychological, or social determinants. Childhood trauma and perceived social support have been out as important determinants of depression as part of key psychosocial co-factors. Moreover, it has been shown that emotional regulation is an area that could possibly mediate this complex relationship. In this literature review, the author proposes to summarize the current body of knowledge concerning the interaction of factors of childhood trauma, perceived social support, emotional regulation, and depression, with specific references to the cultural and societal setting of Pakistan.

## Childhood Trauma

Childhood trauma refers to adverse experiences during a person's early years, including but not limited to physical abuse, emotional neglect, sexual abuse, witnessing domestic violence, or losing a caregiver. These experiences disrupt the child's normal psychological development and can have a profound and lasting impact on emotional, behavioral, and cognitive functioning. Trauma in childhood is not only about what happens to the individual but also about how those experiences shape their view of themselves and the world around them.

In the context of Pakistan, childhood trauma is alarmingly common due to various socio-cultural and economic challenges. Many children grow up in environments marked by poverty, strict authoritarian parenting, domestic violence, and gender-based discrimination. Such conditions often go unreported and untreated, largely due to cultural taboos, lack of awareness, and weak child protection systems (Hopfinger et al., 2016). As a result, the emotional wounds caused by childhood trauma may remain unresolved, leading to difficulties in psychological adjustment later in life. Research consistently shows that individuals with a history of childhood trauma are at greater risk for developing mental health issues, especially depression. The experience of trauma can create feelings of helplessness, hopelessness, and worthlessness—all core components of depressive disorders. These individuals are often unable to form healthy attachments, struggle with trust, and experience emotional instability, making them vulnerable to chronic depression.

### Perceived Social Support

Perceived social support is the subjective evaluation of the person of the adequacy and opportunity of other people in providing emotional, informational, or instrumental assistance. It is basically the help of friends, family members, fellow workers, or fellow members of society, and is essential in emotional health. What is important is the belief of being taken care of, appreciated, and offered assistance where required. In collectivist communities, such as in Pakistan, where family and social relationships are culturally valued, social support may be incorporated into extended families and community support groups (Manna et al., 2022). Nevertheless, even with these systems, a lot of people, particularly females, senior citizens, and marginalized groups of individuals, may not find their social interaction to be truly favorable. Even in close-knit families, a lack of emotional closeness may occur due to cultural norms that discourage the expression of emotions or put dear family members before self. As such, human beings might become lonely even in the presence of other people. Depression is always linked with low levels of perceived social support. It can be viewed as a sort of psychological cushion, as it enables people to handle stress, to feel psychologically confirmed, and to adopt the so-called healthy mechanisms to cope with stress. On the other hand, low scores on perceived support are likely to magnify the experience of loneliness and hopelessness, which makes individuals prone to depression.

### Emotional Regulation

The processes through which people shape the emotions that they have, the way that they have these emotions, and the way in which they express them are referred to as emotional regulation. It also involves the capacity to recognize, regulate, and react to emotional experiences in a way that is socially acceptable and personally advantageous. Strategies of emotional regulation may be adaptive, e.g., cognitive reappraisal and problem-solving; or maladaptive, e.g., suppression, denial, and rumination. Emotional regulation in Pakistan is highly dependent on the cultural values, parenting style, and social norms. Children are not encouraged to express feelings; they should never do it openly, negatively (angry feelings or sadness). The male gender, especially, is required to be stoic and reserved in emotions, whilst the female gender might even be taught to hold in trauma (Struck et al., 2020). These kinds of norms may be an obstruction to a healthy regulation of emotions and encourage emotional suppression, which is a recognized risk factor for depression. People with

emotional dysregulation are easily stressed, easily lose control, or have emotional meltdowns, and cannot deal with relationships with others. Such difficulties predispose the person to a depressive state.

## Childhood Trauma and Depression

Childhood is a critical stage in an individual's psychological, emotional, and social development. Positive early life experiences are essential for forming secure attachments, healthy self-esteem, and resilience. However, when a child is exposed to traumatic experiences such as abuse, neglect, loss of a parent, or witnessing violence, the impact can be profound and long-lasting. Childhood trauma refers to any distressing experience during the developmental years that overwhelms a child's ability to cope. These adverse experiences can disrupt the normal developmental trajectory and lead to a wide range of emotional and psychological disorders later in life, most notably depression. Depression is one of the most common mental health disorders globally and is characterized by persistent sadness, lack of interest in activities, hopelessness, fatigue, and cognitive distortions. Numerous studies across cultures and populations have shown a strong association between early-life trauma and the development of depressive symptoms in adulthood. Childhood trauma is not only a direct risk factor for depression, but it also contributes to the development of maladaptive thought patterns, poor self-concept, and emotional instability—all of which increase vulnerability to depression. Traumatized children often internalize blame, shame, and helplessness, which can manifest later as chronic emotional pain and depressive tendencies.

Childhood trauma is a particularly serious problem in Pakistani society, as there are a number of socio-cultural and economic factors that impact this particular issue. Along with poverty, a lack of awareness, firm patriarchal values, family violence, and other issues related to child protection, childhood adversity is extremely widespread. Pakistan children face emotional neglect, physical punishment, forced labor, and discrimination on the grounds of gender. Also, cultural stigma surrounding mental health problems does not allow for any open conversations about trauma, and in most cases, it can result in emotional suppression (Xu et al., 2024). Consequently, few people receive proper emotional support or treatment when they develop trauma at an early age, and thus they are more prone to the development of serious psychological problems later. Studies conducted in Pakistan have shown that child abuse and neglect were very prevalent, and among these, emotional abuse and neglect were the most commonly reported. These traumas are especially creeping, because they can leave no marks, and gravely impact the emotional internal world of a child. An example is emotional neglect, which denies a child the validation, empathy, and love that are essential in the psychological development process. The failure to meet such emotional needs could result in the child having distorted perceptions about the self and experiencing a permeating feeling of insignificance, which has been closely connected with depressive symptoms in adulthood. Besides, physical and sexual abuse, which is hard to estimate because of cultural stigmatization, also plays a significant role in developing depression. Victims of this kind of abuse usually develop strong emotions of fear, guilt, and betrayal, which might last years. Such experiences have implications on how people perceive themselves and the surrounding environment. Internalization of these trauma events results in emotional dysregulation, social withdrawal, and impaired capacity to experience pleasure, which are hallmarks of depression.

The neurobiological studies have also indicated the connection between childhood abuse and depression in adulthood. Exposure to stress at an early age will influence the development of brain structures like the

amygdala, hippocampus, and prefrontal cortex that deal with the regulation of emotional expressions, memory, and the executive functionalities of the brain. The imbalance in these regions enhances the possibility of mood disorders, especially major depressive disorder. Extended stress in childhood may also lead to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis that regulates the stress response in the body. This maladaptation in physiology can lead to other factors that make a person susceptible to depressive conditions in old age. Moreover, maladaptive cognitive schema is commonly a consequence of childhood traumas. These are thoughts like: I am not good enough, the world is not a safe place, or that I will never be left alone, as seen in the case of a depressed person. These negative belief systems influence the way people make meanings of events in life, and they are likely to enhance hopelessness, self-criticism, and emotional despair. The cognitive patterns will, over a period of time, become well ingrained and resistant to change due to the cycle of depression.

Family and cultural dynamics, which are very important when it comes to the relationship between childhood trauma and depression, occur in Pakistan as well. Children are supposed to do as they are told and not question in many families, and showing any kind of emotion is frowned upon. Such a setting poses a challenge to the children, not letting them share information on abuse or consult emotionally. Parents themselves cannot realize the psychological effects of their actions because they lack mental health literacy. Therefore, the emotional needs of the child are not fulfilled, which, in the long run, results in emotional regulation deficiency and the development of predisposition towards a mental disorder, mostly depression.

### Perceived Social Support and Depression

Perceived social support refers to an individual's subjective evaluation of the availability, adequacy, and reliability of emotional, informational, and instrumental assistance received from others, including family, friends, and significant others. Unlike objective social support, which quantifies the size of a person's social network, perceived social support focuses on the individual's belief that they are loved, cared for, and valued. This perception plays a critical role in mental health and emotional resilience, particularly in the face of stress, trauma, and adverse life events. Depression, one of the most prevalent mental health disorders globally and in Pakistan, has consistently been found to be inversely related to perceived social support. Individuals who perceive themselves as lacking emotional and social backing are at higher risk of developing depressive symptoms, while those who believe they have strong support systems tend to cope better with psychological distress.

Numerous empirical studies across diverse cultural and demographic settings have found that higher levels of perceived social support are associated with lower levels of depression. Social support is protective against stress and psychological decompensation as a source of emotional reassurance, self-esteem boost, and a new perception of difficult life events (Mohammadbeigi et al., 2023). When people know that they are understood, appreciated, and emotionally engaged with, they become better able to tackle stress and are less likely to feel chronically depressed or hopeless, which are the most significant characteristics of depression. This defending role is especially critical in cases of transition, trauma, or loss, where one is especially vulnerable emotionally. In Pakistan, where the culture focuses on communal living, family ties, mutual dependency, and interdependence, the term perceived social support has an even stronger influence on mental well-being (Zhao et al., 2019). Yet, how one understands and can avail of support can heavily differ



according to gender, age, socioeconomic status, and location (urban or rural). Although family support is romanticised in Pakistani culture, there are several social-cultural factors that may largely restrict its impact. The examples of this are that patriarchal norms might inhibit the expression of emotions, especially in males, and go against attaining psychological assistance. Women, instead, might fall victim to emotional neglect or devaluation in their family relationships or marital environments, particularly in those conservative families in which the issue of mental health is treated as taboo or downplayed.

Research carried out in Pakistan has always recorded a negative correlation between perceived social support and depressive symptoms. Students in university, abused women, as well as the elderly, are highly susceptible to depression without having good social relationships. As an example, the study of Pakistani adolescents has revealed that individuals who indicated lower rates of parental and peer support were more prone to the symptoms of depression, anxiety, and low self-esteem. Likewise, older adults living alone (or feeling estranged in relation to relatives) have regularly been found to be experiencing elevated levels of depressive symptoms, and as such, the emotional significance of interpersonal associations through adulthood is clear. The theory proposed by the buffering hypothesis is that it explains the perceived social support as a moderating factor with regard to the consequences of psychological stressors. Within the framework of this model, social support helps to shield people against the adverse effects of stressful events because it offers feelings and instrumental aid. These resources make people reframe the stressor by less threatening means, cementing their coping abilities as well. Perceived support used in depression helps to decrease the extent of loneliness, helplessness, and personal blame, and it increases hope and a sense of belonging.

On the other hand, the perceived unavailability of social support can aggravate the effects of the psychological weaknesses, low self-esteem, emotional management and dysregulation, and inappropriate coping skills. Those who feel unsupported have more chances to improve their feelings through isolation, contemplation of negative ideas, and evasion of obtaining help. This feedback loop has the capacity to increase depressive symptoms in the long run. Furthermore, the fact that perception of support is subjective implies that people, even those who are interacting within great social networks, can feel emotionally unsupported when their relationships are surrounded by conflicts, misunderstandings, or emotional neglect. In Pakistan, it is not only common but also considered shameful to talk about emotional suffering. This leads to the fact that people might not be ready to ask for assistance even in cases when they can do so without an issue or are worried about being blamed, misunderstood, or cast off. There is also a strong cultural norm of self-sacrifice, emotional control, and concern with family honor, which makes seeking assistance, particularly under emotionally intense circumstances (such as exposure to trauma or chronic sadness) harder (Grave et al., 2021). Such a gap between the availability of support structures and a sense of support may cause an underutilization of existing resources and a higher probability of psychological degradation.

It is also important to note the role of different sources of support—family, friends, and significant others. In collectivist cultures like Pakistan's, family is often viewed as the primary source of emotional and financial support. However, peer and spousal support can also significantly influence emotional well-being, particularly in urban settings where nuclear families are becoming more common. Friendships and romantic relationships often provide a level of emotional intimacy and understanding that may not always be available within traditional family structures.

## Emotional Regulation: A Mediating Mechanism

Emotional regulation explains the mechanisms of the influence an individual has over the emotions he or she feels, when he or she feels them, and how he or she expresses them. Psychologically proper functionality and well-being rely on proper emotional control. Emotional regulation challenges have been attributed to various mental health disorders, such as depression, anxiety, and personality disorders. It is common to discuss two broad categories of emotion regulation strategies: adaptive strategies (e.g., cognitive reappraisal, problem-solving) and maladaptive strategies (e.g., suppression, avoidance, rumination). Using maladaptive strategies will increase the chance of people feeling great emotional distress along with negative affect, which is highly related to the depressive state.

It is proven that childhood trauma can negatively affect the formation of the skills of emotion regulation. Children who experience trauma usually are reared in a disorganized or careless environment that fails to mirror and merit wholesome emotional processing (Pejičić. et al., 2018). Thus, these people might not be able to acquire skills of effective coping; instead, they would employ the mechanisms of emotional suppression or dissociation. This ineffective model of emotion regulation extends into adulthood, whereby one is likely to be affected by mood disorders like depression. In the same regard, perceived social support is also crucial in the establishment of emotional regulation. Empathic social contexts offer space to learn emotions and support a positive coping style. As an example, we can include children brought up in emotionally responsive families that have more emotional intelligence and resilience. On the other hand, the perception of not being supported may be harmful to emotional development, making someone emotionally isolated and vulnerable to developing depression.

Pakistan. The Pakistani culture may frown upon the free expression of emotions, especially among men and the older generation. Signs of sadness or vulnerability can be perceived as signs of weakness, and therefore, people have to hide their emotions and rarely ask for help or show distress. Such inhibition can develop into a habit with time, leading to emotional dysregulation and problems with mental health. Moreover, often the family reputation and honor in Pakistani culture may discourage the individual from sharing the experience and make processing and expressing emotions more difficult.

## Interplay Between Trauma, Social Support, and Emotion Regulation

An increasing body of studies now lends support to such a model whereby emotional regulation plays a mediating role in the association between childhood trauma, perceived social support, and depression. It implies that traumatic emotions, as well as the experience of support, impact the capability of emotional regulation that, in turn, affects the development and problematicness of depression. In a case example, trauma exposures can be managed to a better extent by those who are more skilled in emotional regulation, and hence they are less vulnerable to depression. On the same note, individuals who feel they have a high level of social support have a chance of feeling emotionally safe, something that advances their capacity to control emotions positively (Sheng et al., 2022). On the other hand, those individuals with a traumatic history and limited perceived social support have heightened chances of acquiring maladaptive emotional regulation techniques, which augments the risks of depression. Emotionally-focused therapy, mindfulness, and cognitive behavioral therapy (CBT) are some of the examples of interventions particularly effective in this case.



Although these dynamics are important to understand, they have not been studied much in Pakistan. Differences in dealing with trauma, differences in the perception of support, and differences in controlling emotions may depend on cultural, religious, and socioeconomic differences. Consequently, it is desirable to conduct context-specific studies that can investigate these associations within Pakistan, deciphering the native values, family setup, gender constructs, and social expectations.

Methodology

The quantitative, cross-sectional correlational study aimed to determine the effect of childhood trauma and perceived social support on depression, having emotional regulation as a mediating factor, on the adult population living in the city of Karachi in Pakistan. The focus group consisted of people aged 18 years and above, purposively sampled in different educational institutions, workplaces, and community-based localities in different socioeconomic regions of Karachi. One hundred and eighty-eight participants engaged in standardized self-report measures, which include the Childhood Trauma Questionnaire (CTQ-SF), Multidimensional Scale of Perceived Social Support (MSPSS), Difficulties in Emotion Regulation Scale (DERS-16), and Patient Health Questionnaire (PHQ-9), none of which have shown discordant psychometric qualities. Ethical approval was obtained, and informed consent was secured from all participants. Data were analyzed using SPSS (Version 26), with Pearson correlation to examine associations among variables, and Hayes’ PROCESS macro (Model 4) to test the mediating role of emotional regulation through bootstrapping techniques. This methodological approach enabled a comprehensive exploration of psychological dynamics relevant to mental health in the urban Pakistani context.

Analysis

Table 1

Descriptive Statistics

Variable	N	Mean	SD	Minimum	Maximum
Childhood Trauma (CTQ-SF)	188	38.21	12.45	25	85
Perceived Social Support (MSPSS)	188	54.87	13.10	12	84
Emotion Regulation (DERS-16)	188	43.92	11.55	18	80
Depression (PHQ-9)	188	10.34	6.23	0	27

Participants reported moderate levels of childhood trauma and depression, with slightly above average perceived social support. Emotion regulation difficulties were in the mid-range, suggesting potential variability for mediation analysis.

Table 2

Pearson Correlation Matrix

Variables	CTQ-SF	MSPSS	DERS-16	PHQ-9
CTQ-SF	1	-.32**	.48**	.51**
MSPSS	-.32**	1	-.44**	-.38**
DERS-16	.48**	-.44**	1	.56**
PHQ-9	.51**	-.38**	.56**	1

Note: p < .01

Childhood trauma was positively correlated with emotion regulation difficulties and depression, and negatively with perceived social support. Perceived social support showed significant negative correlations with both emotion regulation difficulties and depression, indicating its potential protective role.

**Table 3**

*Mediation Analysis (PROCESS Model 4)*

Path a: Effect of Childhood Trauma on Emotion Regulation

Predictor	B	SE	t	p
Childhood Trauma	.42	.05	8.40	<.001

Path b: Effect of Emotion Regulation on Depression (controlling for CT)

Predictor	B	SE	t	p
Emotion Regulation	.28	.04	7.00	<.001

Path c': Direct Effect of Childhood Trauma on Depression (controlling for ER)

Predictor	B	SE	t	p
Childhood Trauma	.29	.05	5.80	<.001

Indirect Effect (Bootstrapping 5000 samples)

Effect	BootSE	BootLLCI	BootULCI
Indirect (a*b)	.12	.06	.21

There was a significant indirect effect of childhood trauma on depression through emotion regulation difficulties (95% CI [.06, .21]), indicating partial mediation. Childhood trauma remained a significant predictor of depression even after accounting for emotion regulation, implying that other pathways may also be involved.

**Table 4**

*Regression Analysis – Perceived Social Support Predicting Depression*

Predictor	B	SE	t	P
Perceived Social Support	-.20	.04	-5.00	<.001

Higher perceived social support significantly predicted lower depression levels among adults in Karachi.

## Discussion

The present study aimed to examine the impact of childhood trauma and perceived social support on depression, with emotion regulation difficulties as a mediating factor, among adults residing in Karachi, Pakistan. The findings revealed significant relationships among all variables, supporting the hypothesized model.

Firstly, childhood trauma was positively correlated with depression, consistent with extensive literature indicating that early adverse experiences predispose individuals to psychological distress later in life. Traumatic childhood experiences often undermine the development of adaptive coping strategies, leading to heightened vulnerability to mood disorders.

Secondly, emotion regulation difficulties partially mediated the relationship between childhood trauma and depression. It means that those people who experience more trauma can adopt maladaptive styles of emotion regulation, which may be suppression, rumination, or emotional avoidance, which, in turn, result in more depressive symptoms. This observation is in support of the emotion regulation theory, which implies that the regulation skills have a strong effect on emotional well-being. The described partial mediation suggests that although emotion regulation is one of the core processes mediating the effects of trauma on depression, other variables (cognitive distortion, interpersonal problems, or neurobiological alterations) might also mediate this effect. Also, there was a strong negative correlation between perceived social support and depression. Individuals with the perception of more family, friends, and significant others support demonstrated fewer depressive symptoms, corresponding to the protective influence of the social network regarding alleviating mental health challenges. This is in agreement with the buffering hypothesis of social support that assumes that perceived support buffers the adverse psychological outcomes of stressors and other unfavorable experiences.

Notably, the perceived social support had negative associations with childhood trauma and difficulties in emotion regulation. It could indicate that those who do not live in adverse surroundings have interacted with milder trauma, or they are more capable of adapting to emotion regulation in a more mature manner, which then makes them less prone to depression. Alternatively, it might refer to the fact that the individuals with an extreme trauma background find less support due to the interruption of relationships in early life..

Such results are of utmost importance to clinical practice and community mental health treatment in Pakistan. Treatments aimed at emotion control abilities, e.g., dialectical behavior therapy (DBT) or emotion-focused therapy (EFT), may have an additional positive influence on the person with a trauma background and subsequently diminish the levels of depression. Besides, increasing the perceived social support by initiating community-based programs, support groups of peers, and psychoeducation of family members may be an effective buffer against depression.

## Limitations

Coupled with the useful knowledge, this study has its limitations. To begin with, the cross-sectional nature of its design limits causal inference because there is no way of establishing the temporal nature of childhood trauma, emotion regulation, perceived social support, and depression. Second, using self-report scales as a method could have introduced a bias, such as social desirability or poor recollection, especially on some sensitive issues, including childhood trauma and the statistical symptoms of mental disorders. Moreover, the sample was selected through purposive sampling on educational establishments, workplaces, and community centers in Karachi, and the findings cannot be generalized to other cities, rural areas, or cultural groups of different nationalities in Pakistan.

## Recommendations

The study presented previous limitations based on which future researchers should rely on longitudinal research designs to create more evident causalities among the variables under study. It is suggested that qualitative methods should be used to understand the trauma experience and its management, emotional control, and social support better through the lens of the respective culture. In addition, there is a need to

determine the effectiveness of emotion regulation skills-focused therapies, including dialectical behavior therapy or emotion-focused therapy, in alleviating depressive symptoms in trauma survivors through intervention-related studies. Diversification of the study sample to incorporate the samples of other provinces and rural regions will also contribute to the development of contextually specific mental health interventions to target the diverse population of Pakistan.

## Conclusion

This paper points out that childhood trauma has serious consequences both directly and indirectly on depression due to emotional regulation difficulties. Those who have suffered early in life are most likely to have problems managing their emotions, and once this happens, they are even more susceptible to depressive symptoms. Meanwhile, the results prove that the perceived social support acts as one of the most important protective factors, or a buffer against mind-based adverse effects of trauma and emotional dysregulation. Such findings promote the significance of dealing with both intra-personal and interpersonal levels in the prevention and treatment of depression.

These findings are especially significant in the Pakistani context, where both childhood trauma and mental resources are not reported easily, and there is a shortage of mental resources. They highlight the significance of having models of trauma-informed care that acknowledge the impact of early adversity and incorporate skill-building of emotional regulation to be used in therapeutic practices. Moreover, the improvement of social support systems (by means of community initiatives, family education, related to peer support networks, etc.) can also turn into an essential tool in developmental psychological resilience support. Those types of interventions that prevent the symptoms and instead increase emotional competence and enhance social bonds have the chance to alter the long-term effects of mental health on the people who experience early life stress. Finally, this research work can be added to the increasing evidence supporting the idea of implementing culturally competent and all-inclusive mental health practices emphasizing not only on the psychological and emotional healing but also the social empowerment in the country of Pakistan.

## References

- Chu, Q., Wang, X., Yao, R., Fan, J., Li, Y., Nie, F., Wang, L., & Tang, Q. (2022). Childhood trauma and current depression among Chinese university students: A moderated mediation model of cognitive emotion regulation strategies and neuroticism. *BMC Psychiatry*, 22(1), 90. <https://doi.org/10.1186/s12888-021-03673-6>
- Manshadi, Z. D., Fallah, A., & Chavoshi, H. (2023). Childhood maltreatment and sense of parenting competence: The mediating role of parental reflective functioning and perceived social support. *Child Abuse & Neglect*, 135, 105949. <https://doi.org/10.1016/j.chiabu.2022.105949>
- Grave, U., Glanert, S., Borchfeld, K., Outzen, J., Schweiger, U., Faßbinder, E., & Klein, J. P. (2021). Differential effect of childhood emotional abuse on present social support in borderline disorder and depression: A cross-sectional study. *European Journal of Psychotraumatology*, 12(1). <https://doi.org/10.1080/20008198.2021.1968612>
- Hopfinger, L., Berking, M., Bockting, C. L., & Ebert, D. D. (2016). Emotion regulation mediates the effect of childhood trauma on depression. *Journal of Affective Disorders*, 198, 189-197. <https://doi.org/10.1016/j.jad.2016.03.050>
- Huang, H., Wu, H., Luo, L., Jiao, B., Wu, Y., Zou, G., Lin, J., Wang, W., & Ma, L. (2025). The influence of emotion dysregulation and perceived social support on the link between childhood emotional abuse and depressive symptoms in college students: A moderated mediation model. *Frontiers in Psychiatry*, 16. <https://doi.org/10.3389/fpsy.2025.1538390>
- Li, M., O'Donnell, K. J., Caron, J., Meaney, M. J., Kobor, M., D'Arcy, C., Su, Y., Liu, A., & Meng, X. (2024). To what extent do social support and coping strategies mediate the relation between childhood maltreatment and major depressive disorder: A longitudinal community-based cohort. *Development and Psychopathology*, 36(1), 50-61. <https://doi.org/10.1017/s0954579422000918>
- Manna, G., Falgares, G., Costanzo, G., La Sala, M. C., Lamis, D. A., & Musso, P. (2022). Cumulative childhood maltreatment and non-suicidal self-injury: The mediating and moderating role of perceived social support in a sample of University students. *Journal of Family Violence*, 37(4), 657-669. <https://doi.org/10.1007/s10896-021-00312-2>
- Mohammadbeigi, M., Taheri, A., Abolmaali, K., & Gharergozli, K. (2023). Presenting the Structural Model of Depression, Anxiety, and Stress based on Childhood Trauma and Perceived Social support with the Mediation of Alexithymia in Patients with Epilepsy. *Journal of Islamic Life Style Volume*, 7(1).
- Pejičić, M., Ristić, M., & Anđelković, V. (2018). The mediating effect of cognitive emotion regulation strategies in the relationship between perceived social support and resilience in postwar youth. *Journal of Community Psychology*, 46(4), 457-472. <https://doi.org/10.1002/jcop.21951>
- Quan, L., Zhang, K., & Chen, H. (2025). The relationship between childhood trauma and romantic relationship satisfaction: The role of attachment and social support. *Frontiers in Psychiatry*, 15. <https://doi.org/10.3389/fpsy.2024.1519699>
- Sheng, X., Yang, M., Ge, M., Zhang, L., Huang, C., Cui, S., Yuan, Q., Ye, M., Zhou, R., Cao, P., Peng, R., Zhang, K., & Zhou, X. (2022). The relationship between internet addiction and childhood trauma in adolescents: The mediating role of social support. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.996086>

- Struck, N., Krug, A., Feldmann, M., Yuksel, D., Stein, F., Schmitt, S., Meller, T., Brosch, K., Dannlowski, U., Meinert, S., Opel, N., Lemke, H., Waltemate, L., Nenadić, I., Kircher, T., & Brakemeier, E. (2020). Attachment and social support mediate the association between childhood maltreatment and depressive symptoms. *Journal of Affective Disorders*, 273, 310-317. <https://doi.org/10.1016/j.jad.2020.04.041>
- Su, Y., Meng, X., Yang, G., & D'Arcy, C. (2022). The relationship between childhood maltreatment and mental health problems: Coping strategies and social support act as mediators. *BMC Psychiatry*, 22(1). <https://doi.org/10.1186/s12888-022-04001-2>
- Xu, W., Shen, X., McDonnell, D., & Wang, J. (2024). Childhood maltreatment and suicidal ideation among Chinese adolescents: Moderated mediation effect of perceived social support and maladaptive cognitive emotion regulation strategies. *Child Abuse & Neglect*, 151, 106732. <https://doi.org/10.1016/j.chiabu.2024.106732>
- Zhao, J., Peng, X., Chao, X., & Xiang, Y. (2019). Childhood maltreatment influences mental symptoms: The mediating roles of emotional intelligence and social support. *Frontiers in Psychiatry*, 10. <https://doi.org/10.3389/fpsy.2019.00415>