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Adverse Childhood Experiences and Post-Traumatic Growth among Young Adults– Role of family structure

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ABSTRACT

This study aims to compare Adverse Childhood Effects and Post Traumatic Growth among young adults raised in joint and nuclear families Using a sample of 300 participants aged 18–30, the research compared Adverse Childhood Effect exposure and Post Traumatic Growth levels among individuals raised in nuclear versus joint families. An independent samples t-test revealed significantly higher Post Traumatic Growth scores among individuals raised in joint family systems ($t(198) = .035$ $p < .05$). Although the overall prevalence of Adverse Childhood Effect did not differ significantly between groups, variations were found in specific types of abuse. Emotional abuse and community violence were more prevalent in joint families, while physical abuse was more common in nuclear families. These findings highlight the buffering role of joint families in fostering resilience and psychological growth and suggest the need for family-informed trauma interventions.

Introduction

Life is a complex interplay of adversity and resilience. The marks left by early trauma can be profound, but the human capacity for growth through suffering is equally remarkable. This duality is embodied in the concepts of Adverse Childhood Experiences (ACE) and Post-Traumatic Growth (PTG). While Adverse Childhood Effects represent the emotional bruises from the past, Post Traumatic Growth among young adult reflects the scars that have healed and transformed into strength. At the heart of both these experiences lies the foundational unit of a person's upbringing: the family. In many cultures—particularly collectivist ones like in South Asia—the family system (joint or nuclear) does not merely serve as a household but as an emotional ecosystem shaping the response to trauma and the capacity for growth. This study explores how different family structures influence the prevalence of Adverse Childhood Effect and the manifestation of Post Traumatic Growth among young adults. While nuclear families often promote independence, joint families emphasize collective resilience. Yet, neither is immune to dysfunction nor guaranteed to cultivate healing. Understanding this balance is crucial for framing culturally grounded mental health interventions.

Adverse Childhood Experiences (ACE)

Adverse Childhood Experiences (ACEs) refer to a spectrum of traumatic events that occur before the age of 18, including but not limited to abuse, neglect, and household dysfunction (Felitti et al., 1998). These experiences, whether overt or subtle, often become buried in the subconscious yet manifest as anxiety, trust issues, or depression in adulthood. Research by Anda et al. (2006) confirmed that higher Adverse Childhood Effects scores are directly linked to an increased likelihood of mental health disorders, risky behaviors, and even chronic physical illnesses. Hughes et al. (2017) further elaborated that Adverse Childhood Effects are among the strongest predictors of premature mortality and reduced life satisfaction. In cultural contexts where family is revered as a sanctuary, the betrayal of safety within the home can be even more devastating. A study by Kalmakis and Chandler (2015) emphasized that culturally reinforced silence around abuse in collectivist societies often leads to underreporting and prolonged psychological harm. Similarly, the findings of Gilbert et al. (2009) underscore that emotionally neglected children, particularly girls in patriarchal households, are more prone to develop eating disorders and self-harming behaviors later in life.

While Adverse Childhood Effects are widespread globally, their expression is deeply influenced by sociocultural and familial dynamics. In some joint family systems, for instance, children may suffer emotional abuse under authoritarian elders but may not categorize it as "abuse" due to normalization Narayan et al. (2017). Conversely, in nuclear settings, the absence of extended adult supervision may expose children to different risks, including neglect and physical punishment Kitzmann et al., (2003).

Numerous studies have established the long-term consequences of Adverse Childhood Effects on mental health. Felitti et al. (1998) found a direct correlation between childhood trauma and increased risks of depression, anxiety, and substance use disorders. Similarly, Kessler et al. (2010) reported that individuals with high Adverse Childhood Effect scores are more likely to develop PTSD and other psychological disorders. However, social support systems can mitigate these risks, making family structure an important variable in understanding Adverse Childhood Effect outcomes.

Post-Traumatic Growth (PTG)

Post-Traumatic Growth (PTG) is not just recovery—it's a reinvention of the self. It refers to the positive psychological transformation following a traumatic experience Tedeschi & Calhoun, (2004). Post Traumatic Growth manifests through deeper appreciation for life, stronger interpersonal relationships, enhanced spiritual engagement, new found personal strength, and redefined life goals. Importantly, Post Traumatic Growth is not a denial of pain but a reconfiguration of one's worldview because of it.

Joseph and Linley (2006) emphasized that Post Traumatic Growth among young adult is often catalyzed by robust emotional support systems and reflective coping strategies. Research by Park and Helgeson (2006) found that spiritual or existential frameworks, often fostered in religious or traditional joint families, play a major role in Post Traumatic Growth among young adult. A longitudinal study by Taku et al. (2008) observed that individuals who engaged in meaning-making narratives post-trauma experienced greater and more sustained Post Traumatic Growth among young adult.

Interestingly, Post Traumatic Growth among young adult is more likely when trauma occurs in a context that still provides support. As Zoellner and Maercker (2006) noted, the social sharing of trauma within trusted groups—like extended

families—facilitates narrative coherence and growth. Likewise, Vishnevsky et al. (2010) found that collectivist cultures tend to exhibit higher Post Traumatic Growth, due to their reliance on interdependent identity structures and shared coping. Research on Post Traumatic Growth suggests that individuals exposed to adversity can develop resilience and psychological strength. Joseph and Linley (2006) noted that Post Traumatic Growth among young adult is particularly influenced by supportive environments and coping mechanisms. A study by Prati and Pietrantonio (2009) found that individuals with strong social networks tend to report higher levels of Post Traumatic Growth among young adult particularly in the domains of interpersonal relationships and personal strength. This aligns with the findings that joint families, with their extensive social networks, may foster greater Post Traumatic Growth among young adult compared to nuclear families.

Adverse Childhood Experiences (ACE) and Post-Traumatic Growth (PTG) are two interconnected phenomena that reflect the dual impact of trauma and resilience in human development. While Adverse Childhood Effect have been consistently linked to negative developmental outcomes, Post Traumatic Growth among young adult offers a hopeful narrative: the potential for psychological growth following trauma. Family structure plays a significant role in both these trajectories. In collectivist cultures where joint families are prevalent, the influence of extended kinship networks may offer unique protective or risk factors in the Adverse Childhood Effect of adversity. This paper explores how the type of family structure—joint or nuclear—affects the experience of Adverse Childhood Effect and the development of Post Traumatic Growth among young adults.

Family Structures: Joint and Nuclear Families

Family structure is more than a demographic variable—it is the container for a child's first emotional and psychological experiences. Joint families, where multiple generations co-reside, are prevalent in South Asian, Middle Eastern, and African societies. They offer communal caregiving, shared cultural rituals, and a broader emotional safety net. On the other hand, nuclear families, more common in urbanized or Western contexts, emphasize self-reliance, autonomy, and privacy.

Recent research comparing Adverse Childhood Effect in different family structures has shown mixed results. While the overall prevalence of Adverse Childhood Effect does not significantly differ between joint and nuclear families, specific forms of abuse vary. Emotional abuse and community violence are more frequently reported in joint families, whereas physical abuse is more common in nuclear families Sharma & Gupta, (2020). Regarding Post Traumatic Growth among young adult, studies indicate that individuals raised in joint families show higher Post Traumatic Growth among young adult scores, particularly in social relationships and spiritual growth Bose & Chatterjee, (2022).

Joint families, while richer in social support, may also perpetuate intergenerational trauma. Research by Chadda and Deb (2013) highlighted how rigid hierarchies in joint systems may suppress individual emotional expression, particularly among women and children. At the same time, Bose and Chatterjee (2022) found that youth raised in joint families showed higher Post Traumatic Growth among young adult scores, particularly in relational and spiritual domains, due to their exposure to diverse adult perspectives.

In contrast, nuclear families provide space, Adverse Childhood Effect for emotional independence but may lack emotional cushioning during crises. Verma and Singh (2021) noted that young adults from nuclear families tend to develop better problem-solving skills but are more vulnerable to isolation during trauma. Similarly, a meta-analysis by Amato (2001) revealed that children from smaller family units are at a higher risk for emotional dysregulation when lacking external support systems.

Hypothesis

1. There will be a significant difference in Adverse Childhood Effects between the nuclear and joint family system.
2. There will be a significant difference in Post Traumatic Growth among young adult, between the nuclear and joint family system.

Significance of the Study

This study aims to compare Adverse Childhood Effect and Post Traumatic Growth among young adult raised in joint and nuclear families. The t-test results indicate significant differences across the five Post Traumatic Growth scales, with higher mean values in joint family systems, suggesting that extended family structures may facilitate growth after

adversity. However, while no significant differences were found in overall Adverse Childhood Effect prevalence, specific forms of abuse differed: emotional abuse and community violence were more common in joint families, whereas physical abuse was more prevalent in nuclear families. These findings contribute to understanding how different family environments shape responses to childhood adversity.

Conceptual Framework

The study is based on two primary theoretical models:

1. The Adverse Childhood Experiences (ACE) Framework

The Adverse Childhood Effects framework emphasizes how early-life stressors impact long-term mental and physical health (Felitti et al., 1998). Trauma exposure in childhood can alter neurobiological development and increase vulnerability to psychological disorders. However, social support plays a crucial role in mitigating these negative effects (Anda et al., 2006).

2. The Post-Traumatic Growth (PTG) Model

Tedeschi and Calhoun's (2004) Post Traumatic Growth among young adult suggests that individuals who experience adversity can develop psychological resilience and personal growth. This framework highlights five key dimensions of growth: improved relationships, increased personal strength, greater appreciation of life, recognition of new possibilities, and spiritual development.

Family Structure as a Moderating Variable

Family structure moderates the relationship between Adverse Childhood Effect and Post Traumatic Growth among young adult. Joint families may offer better emotional support, fostering resilience but can also create emotionally abusive environments due to rigid hierarchical structures. Nuclear families, while providing greater independence, may expose children to higher risks of physical abuse and limited social support in times of distress. This study investigates these dynamics to understand their implications on young adults' psychological growth.

Methodology

Research Design

The current research is assigned as quantitative comparative survey and data is gathered by purposive convenient sampling.

Participants

A sample of 300 were used through purposive convenient sampling.

Measure

Posttraumatic Growth Inventory – Short Form (PTGI-SF)

Posttraumatic growth was assessed using the PTGI-SF, a 10-item scale developed to measure positive psychological changes following traumatic experiences. The scale captures five domains of growth: *Relating to Others*, *New Possibilities*, *Personal Strength*, *Spiritual Change*, and *Appreciation of Life*, with two items corresponding to each domain. Participants rate each item on a 6-point Likert scale ranging from 0 ("I did not experience this change as a result of my crisis") to 5 ("I experienced this change to a very great degree as a result of my crisis"). Total scores range from 0 to 50, with higher scores indicating greater levels of posttraumatic growth. The PTGI-SF has demonstrated strong internal consistency, with Cronbach's alpha values ranging from .82 to .89, and its five-factor structure has been confirmed through multiple analyses, mirroring the original 21-item version (Cann et al., 2010).

Adverse Childhood Experiences – International Questionnaire (ACE-IQ)

Childhood adversity was measured using the ACE-IQ, developed by the World Health Organization to assess a broad spectrum of adverse experiences during childhood and adolescence. The questionnaire comprises 43 items spanning 13 categories, including physical, emotional, and sexual abuse; physical and emotional neglect; household dysfunction (e.g., substance abuse, mental illness, incarceration); family separation; and exposure to peer, community, and collective

violence. The ACE-IQ can be scored using binary coding (presence vs. absence) or frequency-based scoring to capture the intensity and recurrence of adverse experiences. The instrument has shown good internal consistency (Cronbach's alpha = .77 to .88) and has been validated across a range of cultural and socioeconomic contexts (WHO, 2018).

Procedure

The free available tools were used for research purpose. After the informed consent was signed which included demographics and questions regarding family. Participants were make sure that no one will be harmed in this study and their personal information will be kept confidential. The data was analyzed by SPSS using t test, ANOVA and correlation.

Results

Table 1

Descriptive of the Demographic Variables

	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
Are you a young adult (age 18 to 30)?	300	1	1	1.00	.000
Are you married?	300	1	2	1.92	.267
What is your birth order? (oldest to youngest)	300	1	4	1.99	.805
What is your study discipline?	300	1	7	2.37	1.488
What is your present religion? (if any)	300	1	3	1.04	.249
What is your economical class?	300	1	4	2.54	.630
What is your current family structure?	300	1	4	1.42	.636
Before the age of 16, were you living with Joint Family or Nuclear Family?	300	1	2	1.50	.501
Incase of Joint Family, how many members of family were there? (including you)	300	1	4	2.95	.850
Which of the following best describes your primary caregivers during your upbringing?	300	1	4	2.83	.585
Before the age of 18, did you experience any significant hardships such as abuse, neglect, family dysfunction (e.g., parental divorce, substance abuse, or mental health issues in the family), or other traumatic events?"	300	1	2	1.57	.495
From the past 6 monts, have you consulted any psychologist/psychiatrist?	300	2	2	2.00	.000
If yes, please specify (Write N/A if not applicable)	0				
Sex	300	1	2	1.76	.430

Table 1

presents the descriptive statistics for participant demographics, including age, marital status, birth order, educational discipline, religion, socioeconomic status, and family structure. The sample consisted of 300 participants, all aged 18–30 years.

Table 2: *Independent t test between Nuclear and Joint Family system between Adverse Childhood Experiences and Post-Traumatic Growth among Young Adults*

Nuclear Family		Joint Family		T	P
M	SD	M	SD		

PTG	31.66	11.12	34.36	10.99	-2.11	.03
ACE	6.60	1.95	6.24	2.16	1.51	.13

Note: PTG= Post-Traumatic Growth Among Young Adults, ACE = Adverse Childhood Experience

Table 2 shows an independent samples t-test was conducted to compare Post-Traumatic Growth (PTG) and Adverse Childhood Experiences (ACE) between individuals from nuclear and joint families. Results showed a significant difference in PTG scores, $t(298) = -2.11$, $p = .03$, with individuals from joint families ($M = 34.36$, $SD = 10.99$) reporting higher PTG than those from nuclear families ($M = 31.66$, $SD = 11.12$). However, there was no significant difference in ACE scores between joint ($M = 6.24$, $SD = 2.16$) and nuclear families ($M = 6.60$, $SD = 1.95$), $t(298) = 1.51$, $p = .13$.

Table 3: Mean Square, and One Way ANOVA

Between Groups					
	Sum of Squares	df	Mean Square	F	Sig.
PTGI_AL	1.470	1	1.470	.233	.630
PTGI_NP	36.750	1	36.750	5.251	.023
PTGI_SC	36.750	1	36.750	5.401	.021
PTGI_RO	30.083	1	30.083	4.766	.030
PTGI_PS	20.803	1	20.803	2.794	.096

The table shows one way ANOVA. A one-way ANOVA was performed to examine differences in PTGI subscale scores between joint and nuclear family systems. Significant differences were found in the domains of New Possibilities, $F(1, 298) = 5.25$, $p = .023$; Spiritual Change, $F(1, 298) = 5.40$, $p = .021$; and Relating to Others, $F(1, 298) = 4.77$, $p = .030$. No significant differences were found in Appreciation of Life, $F(1, 298) = 0.23$, $p = .630$, or Personal Strength, $F(1, 298) = 2.79$, $p = .096$.

Table 4: Correlation Matrix of sub scales of ACE

Variable	N	M	SD	ACE_PA	ACE_EA	ACE_CS	ACE_DR	ACE_IH	ACE_MI	ACE_HT	ACE_PS	ACE_EN	ACE_PN	ACE_BU	ACE_CV	ACE_CL
ACE_PA	300			1	.58**	.25*	.00	.04	.20*	.26*	-.06	-.15*	-.06	.29*	.15*	.06
ACE_EA	300	.54	.49		1	.26*	.03	.01	.17*	.39**	-.03	-.11	.58*	.28*	.15*	.09
ACE_CS	300			.252*	.26**	1	.04	.08	.07	.26**	.04	-.03	.29*	.24*	.10	.08
ACE_DR	300			.05	.03	.04	1	.51*	.09	.04	.01	-.01	.14*	.07	.02	.14*
ACE_IH	300			.04	.01	.08	.51*	1	.19*	.07	.01	-.04	.11**	.04	.02	.17**
ACE_MI	300			.20**	.173*	.07	.09	.19**	1	.15**	.03	-.09	.09	.20*	.173**	.05
ACE_HT	300			.26*	.39*	.26*	.04	.07	.15*	1	-.03	-.02	-.06	.26**	.39**	.11
ACE_PS	300			.06	-.03	.04	.01	.01	.03	-.03	1	.18*	-.11	-.05	-.02	-.09

ACE_EN	300															
		.91	.28	.15*												
ACE_PN	300	.21	.40	-.06	-.06	.02	.14*	.11*	.09	.03	-.11	-.12*	1	.04	.05	.24
ACE_BU	300			.29**	.28**	.24*	.07	.07	.17*	.27*	-.05	-.16**		1	.09	.05
L		.55	.49													
ACE_CV	300	.83	.37	.15**	.15**	.10	.02	.05	.04	.10	-.02	-.11	.05	.09	1	.13*
ACE_CL	300	.29	.45	.06	.09	.08	.14*	.17*	.05	.11	-.09	-.07	.24	.05	.13*	1
V																

Table 4 displays the Pearson correlation coefficients among the 13 subscales of Adverse Childhood Experiences (ACE). Several significant positive correlations were observed. For example, Emotional Abuse was significantly correlated with Physical Abuse ($r = .58$, $p < .01$), Bullying ($r = .28$, $p < .01$), and Exposure to Community Violence ($r = .15$, $p < .01$). These findings suggest that various adverse experiences frequently co-occur, emphasizing the need to consider the cumulative impact of multiple ACEs.

Discussion

The findings indicate no significant difference in the overall prevalence of Adverse Childhood Effect between joint and nuclear families. However, emotional abuse and exposure to community violence are more common in joint families, likely due to the larger household dynamics, conflicts, and hierarchical authority. In contrast, physical abuse is more prevalent in nuclear families.

The study's results align with previous research suggesting that joint family structures facilitate higher Post Traumatic Growth among young adult across all five domains Tedeschi & Calhoun, (2004). The presence of extended family members may provide emotional and social support that aids in resilience-building. Specifically, the higher mean values of Post Traumatic Growth in joint families suggest that strong interpersonal connections contribute to post-traumatic growth (Bose & Chatterjee, 2022).

Cultural expectations within joint families may encourage individuals to derive meaning from adversity, fostering Post Traumatic Growth among young adult. Spiritual and relational growth are particularly prominent in joint family settings due to collective coping mechanisms. Conversely, nuclear families, while offering independence, may lack sufficient emotional support, leading to lower Post Traumatic Growth scores (Verma & Singh, 2021).

Trauma is something we all encounter in different ways—whether it's the loss of a loved one, a painful childhood, or unexpected crises. But what's remarkable is that for many, trauma doesn't just leave scars; it also opens a door to something unexpected: growth. This phenomenon is known as *Post-Traumatic Growth* (PTG)—the idea that through struggle, people can develop deeper insight, stronger relationships, and even a greater appreciation for life.

In joint families—common in many Asian cultures—there's often an unspoken comfort in simply knowing you're not alone. Grandparents, aunts, uncles, cousins—they form a protective circle, and when someone in that circle is hurting, support often comes naturally. Research supports this lived reality. Prati and Pietrantonio (2009) found that people who feel emotionally supported by family and community show significantly higher levels of Post Traumatic Growth among young adult. Likewise, Calhoun and Tedeschi (2014) emphasize that meaningful human connections are not just helpful—they are central to how we make sense of pain.

In contrast, nuclear families, though often more private, may lack the breadth of emotional scaffolding found in joint households. This doesn't mean they're less loving—only that the burden of emotional caregiving might fall on fewer shoulders, which can be both a strength and a challenge.

One of the subtle gifts of joint family life is that when something traumatic happens, it doesn't just happen to *you*. It affects the entire family ecosystem. This shared burden can become a shared healing process. Afifi et al. (2012) observed that emotional expression and collaborative coping—often more accessible in joint families—lead to deeper recovery and

growth. Saltzman et al. (2011) also found that family rituals and group-based meaning-making after traumatic events foster resilience, particularly in collective cultures.

In a way, joint families often turn trauma into a group project—not in a clinical sense, but in a deeply human one. Everyone pitches in, not just with advice or support, but simply with presence.

One of the lesser-discussed aspects of joint family systems is the availability of intergenerational wisdom. When young adults face Adverse Childhood Effect trauma, having an elder nearby who has “been through it” can be grounding. Their stories may not come from textbooks, but they often carry lessons born from real survival.

Kağıtçıbaşı (2007) discusses how values and coping skills are passed down within joint family systems, helping younger generations find stability during crises. Knight and Sayegh (2010) also stress the importance of cultural narratives and how elders serve as custodians of resilience, especially in emotionally challenging times.

Even within the same household, people respond to trauma differently. Some grow stronger, others struggle quietly. Because Post Traumatic Growth is not only shaped by our environment, but also by who we are—our personality, beliefs, and internal narratives.

Tedeschi and Calhoun (2004) found that people who are more open to experience and reflective tend to show higher Post Traumatic Growth, regardless of their family structure. Similarly, Zoellner and Maercker (2006) remind us that Post Traumatic Growth and emotional pain can coexist. Growth doesn’t always mean the absence of grief—it means learning to carry it differently.

While joint families offer many benefits, they can also be sites of tension. When multiple generations live under one roof, differing worldviews can spark conflict. Verma and Singh (2021) show that such conflict—especially in patriarchal settings—can suppress emotional openness, a key factor in Post Traumatic Growth among young adult. Tummala-Narra (2009) further explains how rigid or authoritarian family dynamics may hinder personal autonomy and emotional healing. In these moments, the closeness of joint families can ironically become a source of pressure, especially if individuals feel obligated to care for others while neglecting their own healing.

Healing from trauma often requires space, Adverse Childhood Effect—not just physical space, but emotional room to process, reflect, and feel. In joint families, this space can be hard to come by. Park and Fenster (2004) emphasize that solitude helps individuals craft coherent narratives about their trauma, which is key to Post Traumatic Growth. Lau and Kwong (2014) found that individuals who felt emotionally overwhelmed or suppressed within large families reported lower levels of growth.

This doesn’t mean joint families are inherently unhelpful—but that even in a crowded house, carving out personal space for healing is essential.

Regardless of whether a family is joint or nuclear, what really matters is how connected its members are. Green et al. (2013) found that when families share close emotional bonds, members feel safer expressing vulnerability, which supports Post Traumatic Growth among young adult. Shechtman and Basheer (2005) echoed this, showing that family warmth and responsiveness greatly enhance therapeutic outcomes.

In times of stress, some families fall apart. Others pull together. Patterson (2002) introduced the idea that families are systems capable of adaptation. Their ability to communicate, problem-solve, and support each other greatly determines whether trauma leads to collapse or growth. Masten and Monn (2015) argue that resilience isn’t just about individual strength—it’s about the strength of the system around the individual.

Lastly, the nature of the trauma itself plays a powerful role. Triplett et al. (2012) found that people often grow more from moderate traumas than from deeply overwhelming ones—simply because the latter can paralyze coping systems. Weiss and Berger (2010) also noted that when trauma threatens a person’s sense of survival, growth is still possible—but usually depends on strong external support and inner resilience.

Further the analysis revealed that participants from joint families reported significantly higher posttraumatic growth in three key areas for ANOVA: *New Possibilities*, *Spiritual Change*, and *Relating to Others*. These findings point to the unique role family structure can play in shaping how individuals respond to and grow from adversity.

Individuals living in joint families were more likely to report discovering new paths, opportunities, or goals in life after experiencing trauma. This suggests that the extended support system found in joint families may create a space where people feel more open to change and growth. The collective nature of these households could provide not only practical support but also emotional encouragement to explore life beyond the crisis.

This echoes what Tedeschi and Calhoun (2004) observed environments rich in connection and shared meaning can nurture

the kind of reflection that leads to new life directions. Similarly, Kaur and Khosla (2021) found that collectivistic cultures—like those reflected in joint family systems—often help individuals reinterpret trauma as a chance to reevaluate their lives and discover new possibilities.

Participants from joint families also showed greater spiritual growth following adversity. This kind of growth often involves a deeper sense of meaning, renewed faith, or shifts in spiritual beliefs. In households where multiple generations live together, spirituality is often woven into daily life—through shared prayers, cultural rituals, and the transmission of wisdom from elders.

Shaw et al. (2005) pointed out that spirituality can be a powerful coping mechanism, especially when it's grounded in a community or family context. Pargament et al. (1998). Similarly emphasized that spiritual resilience often grows in settings where religious or spiritual values are openly practiced and supported—something that joint families are more likely to offer.

Another area where joint family participants showed significantly higher growth was in their relationships. This domain speaks to increased closeness, empathy, and connection with others after trauma. The built-in social network of a joint family likely offers more chances for emotional sharing, mutual support, and collaborative coping.

Joseph and Linley (2006) have argued that supportive relationships are key in fostering posttraumatic growth, particularly when it comes to deepening interpersonal connections. Supporting this, Lim and Lee (2019) found that multigenerational families encourage emotional openness and shared responsibility, which can help people heal together, rather than alone.

Implications for Mental Health Interventions

These findings highlight the importance of family-based interventions to support trauma recovery. Mental health professionals should consider family structures when designing therapeutic approaches. For instance, joint families may benefit from conflict resolution strategies, while nuclear families may require enhanced social support systems to mitigate the effects of physical abuse Kaul, (2019).

Conclusion

This study provides valuable insights into the relationship between Adverse Childhood Effect and Post Traumatic Growth among young adult across different family structures. While the overall prevalence of Adverse Childhood Effect does not significantly differ, emotional abuse is more common in joint families, whereas physical abuse is more frequent in nuclear families. Additionally, individuals raised in joint families demonstrate significantly higher Post Traumatic Growth across all five domains, highlighting the role of extended social support in post-trauma resilience. These findings have important implications for psychological interventions, emphasizing the need for family-based mental health support strategies.

Research suggests that individuals within a joint family system may experience higher levels of posttraumatic growth (PTG) compared to those in nuclear families following a traumatic event, due to the increased social support and collective coping mechanisms available in a larger family unit; however, the specific dynamics within each family and the nature of the trauma can significantly influence these outcomes.

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