

**A Sociological Study of Post-Traumatic Stress Disorder Among Females in
District Faisalabad, Punjab, Pakistan**

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Abstract

This study explores the prevalence and sociological dimensions of Post-Traumatic Stress Disorder among women in District Faisalabad, Punjab, Pakistan. PTSD, often rooted in experiences of domestic violence, sexual abuse, and emotional neglect, remains under examined in Pakistan's sociocultural context. Using a quantitative design, data were collected from 120 trauma-affected women through structured questionnaires and analyzed with descriptive statistics. The findings reveal that patriarchal norms, stigma surrounding mental health, and limited educational opportunities significantly contribute to the persistence of PTSD. Moreover, the study highlights that mental health services in Faisalabad are scarce, under-resourced, and often inaccessible due to financial and social constraints. While some women rely on personal coping mechanisms such as religious practices and social withdrawal, formal psychological support remains largely absent. The research underscores the urgent need for gender-sensitive mental health interventions, policy reforms, and awareness campaigns to improve the psychological wellbeing of women in Pakistan.

Keywords: PTSD, Trauma, Violence, Mental Health, Coping Mechanism, Anxiety

Introduction:

Post-Traumatic Stress Disorder is a severe psychological condition that arises following exposure to traumatic events such as violence, accidents, or natural disasters. Characterized by symptoms like flashbacks, severe anxiety, and emotional numbness, PTSD profoundly affects individuals' ability to lead a normal life (American Psychological Association, 2013). Recent studies have shown that women, particularly in developing regions, are at a higher risk of PTSD due to gender-specific exposures and sociocultural factors (Moran et al., 2023). In Pakistan, where societal norms often limit mental health awareness and access to care, women's mental health issues, including PTSD, often go untreated (Ali et al., 2023).

Women experience PTSD at significantly higher rates approximately 2 to 3 times more than men often because of greater exposure to gender-specific traumas like intimate partner violence and sexual assault. Reviews of epidemiological data confirm a lifetime PTSD prevalence in women around 10–12%, compared to 5–6% in men (Benjet et al., 2016).

Gender-based violence remains pervasive in Pakistan, where cultural norms often shield such behaviors. National surveys indicate that 33–35% of ever-married Pakistani women have

experienced physical or sexual intimate partner violence (IPV), with emotional abuse exceeding 50% in many provinces (Shaikh, 2024).

Direct prevalence literature on PTSD in general population is limited. Among university students in Karachi, 93% reported exposure to at least one traumatic event, and over 25% screened positive for probable PTSD, with 17% of cases among women despite high exposure rates (Khan et al., 2016). In Khyber Pakhtunkhwa, a study of trauma survivors using the PCLC scale found that female survivors exhibited more moderate (63%) and severe (37%) PTSD symptoms, especially among those who experienced sexual abuse (67% moderate, 6% severe), compared to predominantly moderate symptoms in males (Masood, Kamran, & Rafiq, 2018). Burn injury survivors in Lahore also show extremely high PTSD levels over 84.5% scoring high on symptom scales, particularly among illiterate, housewives, urban dwellers, and those with domestic abuse histories (Masood et al., 2018). Women in Pakistan are more vulnerable to PTSD, with studies showing that female burn victims exhibit higher levels of PTSD and lower resilience compared to men (Bibi et al., 2018).

Faisalabad, Punjab's industrial center and Pakistan's third-largest city, presents a complex intersection of rapidly evolving urban life and entrenched rural sociocultural norms. A substantial segment of women work in precarious environments textile mills, domestic labor, home-based industries often exposed to harassment, violence, low pay, and limited autonomy. Still, they face barriers accessing mental healthcare due to stigma, low literacy, and scarce trauma-informed services. Despite the high likelihood of trauma exposure, no published studies currently assess PTSD prevalence or coping strategies among women in Faisalabad specifically. However, limited research exists on PTSD's specific impacts on women, particularly in regions like Faisalabad. Research indicates that PTSD in females often correlates with increased risks of depression, anxiety, and physical health issues (Alvi et al., 2023).

This research is significant for several reasons:

1. District-level data: This study fills the void in localized evidence on PTSD in Faisalabad, enabling tailored mental health interventions rather than generic, national-level planning.
2. Gender-sensitive insights: By centering on women, this research illuminates how patriarchal culture, occupational hazards, socioeconomic status, and educational disparities contribute to PTSD risk and resilience.
3. Policy relevance: Findings can inform trauma-sensitive programs, counseling support, and community awareness initiatives aligning with Punjab's Protection of Women against Violence laws.
4. Academic contribution: This work extends the literature from general mental health to specifically document PTSD's prevalence, predictors, and coping strategies among women in a semi-urban Pakistani district.

A study examining victims of such accidents found a PTSD prevalence of 26.56%, with factors like the time elapsed since the accident, prior traffic accidents, witnessing the death of a close one, and a history of psychiatric disorders being significant predictors of PTSD symptoms (Khurshid et al., 2024). This study focusing on female nurses in public sector hospitals revealed significant mental health issues, with 73.8% reporting depression, 80.7% experiencing anxiety, 84.9% facing stress, 83.3% encountering anger, and 81.3% dealing with hostility, highlighting the demanding nature of nursing and its impact on mental well-being (Hafeez, 2024). Domestic violence is another critical factor affecting mental health in the region, as research indicates a significant positive correlation between domestic violence and mental health issues such as depression, anxiety, stress, and anger among married women in Faisalabad, highlighting the urgent need for

interventions to address domestic abuse (Hafeez, 2024). Additionally, neurological disorders contribute to the mental health landscape of Faisalabad, with a comprehensive study reporting that depression is the most prevalent neurological condition, affecting 19.6% of the population. These findings highlight the need for targeted mental health interventions and policies to address the growing burden of PTSD and related psychological disorders in Faisalabad. These findings highlight the need for targeted mental health interventions, improved healthcare infrastructure, and policies to address the growing burden of PTSD and related psychological disorders in Faisalabad.

Research Objectives:

This study aims to:

1. To examine the socio-cultural factors contributing to PTSD among women.
2. To assess the accessibility and effectiveness of mental health services in Faisalabad.
3. To explore the coping strategies adopted by women suffering from PTSD.
4. To evaluate the role of family, community, and institutional support systems.

This research holds academic, clinical, and societal significance. Academically, it will fill the existing gap in gender-sensitive PTSD research within the Pakistani context, particularly in underexplored regions like Faisalabad. Clinically, the findings can inform mental health practitioners and NGOs about the unique challenges and needs of female PTSD sufferers. From a societal perspective, the study may influence policymakers to design culturally relevant and accessible mental health services for women. Moreover, the research study emphasized the urgent need for trauma-informed care curricula in medical education, based on feedback from workshops at Aga Khan University Hospital. These highlighted the relevance of culturally sensitive trauma response in resource-limited settings (Nadeem et al., 2021).

Literature Review:

As Kessler et al. (2017) noted, gender differences in trauma exposure and coping patterns make women more vulnerable to PTSD than men, particularly in patriarchal societies where silence and stigma prevail.

Rahman et al., (2013) highlighted that Post-Traumatic Stress Disorder among women cannot be understood solely in terms of exposure to traumatic events; instead, it emerges from the intersection of trauma with socio-cultural structures, gender norms, and community contexts. For instance, Zafar et al. (2019) found that women in Pakistan frequently internalized trauma as a form of divine test or punishment, framing endurance as a spiritual duty rather than recognizing it as a psychological condition requiring care. These interpretations limit help-seeking and maintain cycles of victimization. Nazir et al. (2020) highlighted that women who attempted to disclose trauma, especially domestic or sexual violence, often faced disbelief, victim-blaming, or outright hostility from both family and institutions. Charlson et al. (2019) emphasized that poverty is not merely a background condition but a direct stressor that increases vulnerability to mental health disorders, including PTSD. For women in Pakistan, financial dependence on husbands or extended families often forces them to remain in abusive environments. Noreen et al. (2021) found that religion and spirituality are deeply woven into South Asian sociocultural life and play a dual role in shaping PTSD outcomes. On one hand, religious beliefs provide meaning-making frameworks that help women contextualize trauma. Women practicing Quranic recitation, supplication, and charity reported temporary reductions in acute distress.

Shaukat et al., (2020) argued that patriarchal structure of Pakistani society plays a significant role in reinforcing gendered trauma experiences. Gater et al., (2019) reported that Pakistani health system is primarily oriented toward physical health, with mental health services marginalized in

both policy and practice. Qureshi et al., (2021) affirms that Faisalabad, as a semi-urban industrial hub, possesses limited psychiatric units in tertiary hospitals, but these services are underfunded and overburdened. Consequently, women in Faisalabad suffering from PTSD encounter significant barriers in accessing timely and effective treatment. According to Gadit (2007), a severe shortage of trained professionals further aggravates the problem. Pakistan has fewer than 500 qualified psychiatrists serving a population of over 220 million, with even fewer clinical psychologists and trauma specialists. Nishtar et al., (2013) advocated that financial constraints constitute one of the most persistent obstacles to accessing mental health services in Faisalabad.

Lazarus and Folkman (1984) originally defined coping as the constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands appraised as taxing or exceeding one's resources. Ahmad et al., (2017) found that one of the most prevalent coping mechanisms among Pakistani women with PTSD is emotion-focused coping, which involves managing distressing emotions rather than directly addressing the source of trauma. According to Hassan and Javed (2022), prayer, recitation of the Quran, and supplication (dua) are frequently employed as strategies to reduce anxiety and gain spiritual strength. Abu-Ras & Abu-Bader (2009) documented that studies from other Muslim-majority societies corroborate these findings, showing that spirituality provides a sense of meaning, acceptance, and hope for trauma survivors. Malik and Khan (2016) documented NGOs and local support organizations have introduced structured coping interventions as well. The success of community-based psychosocial programs in Faisalabad, which combined group counseling with skill development activities.

By Shah et al., (2018) the extended family system, while potentially a support resource, can also act as a source of stress. Joint family arrangements, common in Faisalabad, sometimes expose women to interpersonal conflicts and restrictions on autonomy, which further compound psychological distress. Beyond the family, Nazir et al., (2020) highlighted that community structures play a significant role in women's coping and recovery. In Faisalabad, women's participation in neighborhood gatherings, religious events, and informal support circles often serves as a buffer against trauma. Hassan and Javed (2022) observed that religious gatherings such as dars (Quranic study circles) not only offered spiritual reassurance but also created safe communal spaces for women to discuss personal challenges. While these forums lack professional counseling expertise, they reinforce cultural and spiritual coping strategies. According to Malik and Khan (2016), mental health services in Pakistan are concentrated in urban centers, leaving rural women severely underserved. Even in urban Faisalabad, specialized psychiatric services are limited, and stigma prevents many from seeking institutional care. Shaukat et al.,(2020) observed that educational institutions also represent an emerging site of support. University counseling centers in Punjab have become accessible spaces where female students discuss trauma, stress, and PTSD symptoms without fear of judgment.

Methods and Materials:

This study employed a quantitative research design to examine the prevalence and sociological dimensions of Post-Traumatic Stress Disorder among females in District Faisalabad, Punjab, Pakistan. The target population consisted of women with trauma-related experiences, and a sample of 120 respondents was selected through purposive and simple random sampling techniques to ensure both relevance and representation. Data were collected using structured questionnaires, which included demographic details, trauma experiences, and coping strategies, along with the Post-Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) to assess PTSD symptoms and severity. The PCL-5, a standardized self-report measure, enhanced the validity of findings by providing a reliable screening of PTSD diagnostic criteria. Prior to data collection, the questionnaire was pre-tested for clarity and reliability, and ethical considerations such as informed consent, voluntary participation, and confidentiality were strictly maintained. Data analysis was carried out using descriptive statistics (frequencies and percentages) to identify prevalence and patterns, while inferential analysis was conducted using the Gamma test to measure the strength and direction of associations between categorical variables such as education, social support, and PTSD prevalence.

Results and Discussion:

Table:1 the percentage distribution of the respondents often feels numb or emotionally distant from the world around you.

Sr.	Description	Frequency	Percent
1	yes	71	59.2
2	No	49	40.8
	Total	120	100.0

Table indicates that The data shows that 59.2% of respondents selected "Yes," while 40.8% selected "No," indicating that a clear majority expressed agreement, with a smaller portion showing disagreement.

Table:2 the percentage distribution of the respondents of changing your emotions in terms of feeling sad or hopeless

Sr.	Description	Frequency	Percent
1	yes	94	78.3
2	No	26	21.7
	Total	120	100.0

Table 4.13 shows that A significant majority of respondents (78.3%) answered "Yes," whereas 21.7% responded "No," indicating a strong affirmative trend.

Table:3 the percentage distribution of the respondents tends to avoid social situations due to your feelings that result from the trauma?

Sr.	Description	Frequency	Percent
1	yes	51	42.5
2	No	69	57.5
	Total	120	100.0

Table indicates that 42.5% of respondents selected "Yes," while 57.5% selected "No," indicating that a greater proportion of participants disagreed compared to those who agreed.

Table:4 the percentage distribution of the respondents has troubles in conveying your feelings to others

Sr.	Description	Frequency	Percent
1	yes	78	65.0
2	No	42	35.0
	Total	120	100.0

Table shows that 65.0% of respondents selected "Yes," while 35.0% selected "No," indicating that a majority agreed, though a significant minority expressed disagreement.

Table:5 the percentage distribution of the respondents PTSD symptoms adversely affected your work or school performance?

Sr.	Description	Frequency	Percent
1	yes	102	85.0
2	No	18	15.0
	Total	120	100.0

Table shows that 85.0% of respondents selected "Yes," while 15.0% selected "No," indicating a clear majority in agreement compared to a minority in disagreement.

Table:6 the percentage distribution of the respondents has problems with appetite or changes in eating

Sr.	Description	Frequency	Percent
1	yes	65	54.2
2	No	55	45.8
	Total	120	100.0

Table shows that The findings reveal that 54.2% of respondents answered "Yes," while 45.8% answered "No," indicating a slight majority with a positive inclination toward the variable under study.

Table:7 the percentage distribution of the respondents' experience trouble sleeping or insomnia since trauma

Sr.	Description	Frequency	Percent
1	yes	43	35.8
2	No	77	64.2
	Total	120	100.0

Table indicates that 35.8% of respondents selected "Yes," while 64.2% selected "No," suggesting a clear majority with a negative attitude toward the variable under investigation.

Table:8 the percentage distribution of the respondents' strategies that help you manage your PTSD symptoms?

Sr.	Description	Frequency	Percent
1	yes	64	53.3
2	No	56	46.7
	Total	120	100.0

Table indicates that The data shows that 53.3% of respondents answered "Yes," while 46.7% responded "No," indicating a slight majority with a positive perception of the variable under investigation.

Table:9 the percentage distribution of the respondents' attended a support group or online forums regarding PTSD?

Sr.	Description	Frequency	Percent
1	yes	83	69.2
2	No	37	30.8
	Total	120	100.0

Table indicates The data reveals that 69.2% of respondents selected "Yes," while 30.8% selected "No," indicating a clear majority with a positive disposition toward the variable under examination.

Table:10 the percentage distribution of the respondents' sought professional help, such as therapy or counselling, for your PTSD?

Sr.	Description	Frequency	Percent
1	yes	46	38.3
2	No	74	61.7
	Total	120	100.0

Table indicates The findings indicate that 38.3% of respondents answered "Yes," while 61.7% answered "No," reflecting a majority disagreement and a generally negative perception of the variable under investigation.

1 Null Hypothesis (H₀):

There is no significant relationship between age and the ability to perform daily activities due to one's emotional state.

Alternative Hypothesis (H₁):

There is a significant relationship between age and the ability to perform daily activities due to one's emotional state.

		Are you capable to perform your daily activities because of your emotional state?		Total
		yes	no	
age of respondents	less than 15	2	18	20
	16 to 30	4	28	32
	31 to 40	18	5	23
	above 41	42	3	45
Total		66	54	120

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Ordinal by Ordinal	Gamma	0.520	0.150	3.47	0.002
N of Valid Cases		120			

Gamma = 0.520, SE = 0.150, T = 3.47, p = 0.002. A moderate positive and statistically significant association exists between age and the ability to perform daily activities due to one's emotional state.

2 Null Hypothesis (H₀):

There is no significant relationship between education level and having a close support network to seek help from.

Alternative Hypothesis (H₁):

There is a significant relationship between education level and having a close support network to seek help from.

		Relationship between education level and having a close support network to seek help from?		Total
		yes	no	
education level of respondents	uneducated	10	30	40
	primary	12	22	34
	middle	18	6	24
	above middle	17	2	19
Total		57	60	120

Symmetric Measures

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Ordinal by Ordinal	Gamma	0.55	0.14	3.93	0.000
N of Valid Cases		120			

The Gamma test output shows a Gamma value of 0.55, which indicates significant relationship between both variables. Gamma = 0.55, SE = 0.14, T = 3.93, $p < 0.001$. The association between education level and having a close support network is statistically significant. This means that the observed relationship is statistically significant and could be due to random chance.

Conclusion

This study highlights the significant prevalence of Post-Traumatic Stress Disorder (PTSD) among women in District Faisalabad and reveals how sociocultural factors such as domestic violence, patriarchal norms, lack of education, and stigma surrounding mental health contribute to its persistence. The findings demonstrate that Gamma value of 0.55, which indicates significant relationship between both variables, while many women adopt coping strategies such as religious practices and social withdrawal, access to professional psychological support remains severely limited due to financial, social, and institutional barriers. The Gamma test analysis = 0.55, SE = 0.14, T = 3.93, $p < 0.001$ further confirms strong associations between education, social support, and the occurrence of PTSD symptoms, emphasizing the role of structural inequalities in shaping women's mental health outcomes. Overall, the study underscores the urgent need for gender sensitive mental health services, policy reforms, and community-based awareness programs to address the sociocultural dimensions of PTSD. By prioritizing women's psychological well-being, policymakers and practitioners can contribute to creating a more supportive and equitable environment for trauma recovery.

Recommendations:

- Establish gender-sensitive mental health services for women.
- Introduce policy reforms prioritizing women's psychological well-being.
- Train healthcare providers in trauma-informed and culturally sensitive care.
- Launch awareness campaigns to reduce stigma and promote help-seeking.
- Promote female education and integrate mental health literacy in curricula.
- Strengthen family and community-based support systems.
- Collaborate with NGOs to extend outreach in underserved rural areas.

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