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Childhood Violence and Empathy among Young Adults: Mediating Role of Emotional Desensitization

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ABSTRACT

The present study investigated the interrelationship among childhood violence, empathy, and emotional desensitization among young adults through convergent parallel mixed-method design. Quantitative sample included 200 young adults with age 18-35 years who were recruited in the city of Islamabad, Pakistan but on the other hand, qualitative data were gathered by means of semi-structured interviews with eight interviewees. Childhood violence was operationalized through the Childhood Trauma Questionnaire (CTQ -28), emotional desensitization through the Emotion Reactivity Scale (ERS -21), and empathy through Toronto Empathy Questionnaire (TEQ -16). The quantitative analysis showed that emotional desensitization was positively and empathy was negatively connected with childhood violence ($p < .05$). Emotional desensitization also had a negative relationship with empathy. The mediation analysis revealed partial evidence between childhood violence and empathy with empathy mediated by emotional desensitization (indirect effect, $\beta = -.05$). One-way ANOVA revealed that emotional abuse experiences as well as sexual abuse experiences were significantly linked with high levels of emotional desensitization ($= 0.51683$). The thematic categories that were identified through qualitative thematic analysis included emotionally neglectful childhood situations, emotional repression and avoidance, emotional numbness, interpersonal detachment, muted empathy, and self-protective emotional belief systems. Overall, the results suggest that the emotional desensitization caused by child violence prevents empathic functioning in young adulthood. The paper

underscores the need of adopting trauma-informed and culturally sensitive interventions that would reinstate emotional responsiveness and empathy to those individuals who have experienced childhood violence.

Keywords: *childhood violence, emotional desensitization, empathy, young Adults, mixed-methods.*

Introduction

Background of the study

Childhood violence is an important global public health problem that encroaches the emotional, cognitive and social growth of the individuals. Sexual, physical, and emotional abuse and household and community violence have been extensively reported in cultures and societies. The World Health Organization estimates that one or more manifestations of violence occur in millions of children across the world over the period of their development, with many of them at crucial stages of psychological development (WHO, 2020).

Children who experience violence at the beginning stages of life may experience normative disruptions in terms of emotional and social development. These experiences can have the effect of compromising emotion regulation, thinking, and social functioning and have long-term effects into adolescence and young adulthood. There is consistent scientific evidence suggesting that adverse childhood experiences (ACEs) differentiate the long-term pattern of emotions and behavior, which, in turn, is reflected in the effects of perceiving, responding, and managing emotions in the future (UNICEF, 2021).

Emotional desensitization is one of the salient psychological consequences of exposure to violence on a regular basis. The diminished emotional sensitivity to distressing or threatening stimuli is called emotional desensitization. Even though this reaction can be a first stage of protection as a coping strategy, long-term desensitization has been associated with lack of emotional awareness, empathy, and relationships with other people (Brett et al., 2021). Emotional numbing can extend to deal with normal social interactions instead of being forced as a result of being in violent situations, which reduces the ability of individuals to recognize and ground their feelings on the feelings of others.

Empathy as a vital element of the proper functioning of a society is significantly influenced by the violence in childhood. Empathy is formed of affective elements (ability to share or feel the feelings of another person) and cognitive ones (ability to comprehend the emotional state of another person). They have been shown to be impaired in both levels of empathy, as evidenced by empirical evidence that showed that during childhood exposed to maltreatment subjects often have impairments in both levels. These individuals might find it difficult to process emotional expressions, build intimate relationships and engage in prosocial practices, thus negatively affecting the overall psychological well-being and social adaptation (Shin and Kim, 2021).

Recent trauma research findings also indicate emotionally desensitized might be a major factor or cause of the connection between violence in childhood and loss of empathy. Emotional numbing which is associated with the violence may restrict interactions with others hence weakening empathic reactions. There is limited information about the mechanistic involvement of emotional desensitization in the association of childhood violence with empathy especially in young adults in spite of growing scholarly attention towards the same. The need to conduct specific research on this population and these variables is emphasized by this gap.

Research Objectives

The goals of the current research are:

1. To examine how emotional desensitization in young adults is brought about by childhood violence.
2. To test the association between childhood violence and empathy, affecting both the affective and cognitive elements.
3. To examine how emotional desensitization is a mediating variable between childhood violence and empathy.
4. To consider the difference in empathy and emotional desensitization between different forms of childhood violence.

5. To determine the correlational relationship between childhood violence and the social-emotional functioning of young adulthood.

Significance of the study

This paper has relevance both conceptually and practically. On the theoretical level, it accomplishes the overall task of adding childhood violence, emotional desensitization, and empathy to one conceptual framework. The study handles research gaps identified in the recent literature, especially discussions that have been held past 2020, by targeting the emotional desensitization as a mediating variable. Knowledge of this mechanism adds to the comprehension of the impact of the exposure to early negative experiences on the emotional and social aspects of functioning in the future.

Pragmatically speaking, the results of this research have a clinical practice and human intervention (mental health) implication. A better insight into the process of emotional desensitization may be used to implement trauma-sensitive therapeutic strategies that will help re-establish emotional sensitivity and increase the level of empathy in young adults with a background of childhood violence. The idea to consider emotional desensitization as one of the primary processes can assist clinicians to build a more specific intervention to enhance interpersonal functioning, emotional regulation, and overall mental health.

Literature Review

Previous research has consistently shown that exposure to violence and maltreatment during childhood has lasting effects on emotional development, particularly empathy and emotional responsiveness in young adulthood.

According to Ahmad et al. (2020), Pakistani university students (ages 18 to 28) who experienced physical and verbal abuse in childhood had reduced emotional empathy, less compassion, and an increased tolerance for violence. Emotional desensitization develops from the repeated exposure to violence, which may be also increased by cultural norms (Ahmad et al., 2020). The study did not only focus on physiological or cognitive indicators of desensitization, it also indicate's areas that require more investigation (Ahmad et al., 2020).

Likewise, Letkiewicz et al. (2023) explored that cumulative childhood trauma, including sexual abuse and emotional neglect predicted decreased error-related negativity (ERN) is a brain response that occurs immediately after a person makes a mistake, which is often associated with reduced emotional sensitivity, lower anxiety, or emotional desensitization in young adults, which indicate's diminished neural and emotional response. This also supports the hypothesis that the reduced response is a mechanism through which the childhood abuse might lead to emotional desensitization and limited empathy in early adulthood.

Berzenski and Yates (2022) studied that the exposure to other types of childhood violence and maltreatment shown negative consequences, neglect and emotional maltreatment during the childhood predicted the decreased affective and cognitive empathy. They also discovered pathways including as mood dysregulation, altered social learning, and physiological disturbance, which indicate's how abuse might disrupt empathy development. These results shows that how these systems play role in emotional desensitization and reduced empathy in young adulthood (ages 18–35).

Another research by, Tariq and Anjum (2024) examined the relationship between Pakistani university students' self-reported childhood abuse and empathy/forgiveness IN Pakistani university students. The Childhood Trauma Questionnaire (CTQ), Empathy Quotient (EQ), and forgiveness Scale were used to investigate the relationship between early childhood abuse and empathy levels. Empathy was treated as a separate psychological construct and was not examined as a mediating variable between childhood abuse and forgiveness. The study indicated a relationship between sexual abuse and empathy, but forgiveness was not clearly predicted by empathy in general. The authors describe these results in the Pakistani cultural context, and they did not examine emotional desensitization or emotional responsiveness metrics.

According to Palwasha I. Ali and Tahira Yousaf (2022) examined the strong relationship between emotional maltreatment in childhood and emotional regulation issues in the 253 Pakistani young

adults (aged 18 to 35). They properly hired an authenticated measures of maltreatment and a measure of emotional dysregulation issues. As per their results, emotional dysregulation in the adulthood was positively correlated with emotional maltreatment during the childhood. A decreased capacity for the healthy emotional responsiveness was shown in emotion dysregulation, which is also defined as challenges controlling or reacting properly to emotional stimuli.

According to the Seher and Manzoor (2023), it is proved that the physical, psychological abuse, and neglect among Pakistani university students were negatively interlinked with emotional, social, and psychological well-being. These results shows that the abuse in childhood affects emotional and social functioning, and which may have great impact on the social responsiveness and empathy in the later adolescence and adulthood.

Considering all factors, Polyvagal Theory was selected as the theoretical framework for interestingly the relationship among the variables of the current study, also provides a modern framework that explains how emotional desensitization and diminished empathy can be caused by childhood abuse, and supporting both direct and indirect effects on empathy through desensitization.

Theoretical Framework

The study is based on Polyvagal Theory, a modern neurophysiological paradigm put forth by Porges (2011, 2023) that explains how early exposure to violence and threat affects social functioning and the emotional processing. The hypothesis shows that the autonomic nervous system specifically the vagus nerve plays a great role in emotional regulation, defensive responses, and in empathic involvement. When children suffer from violence repetitively, then their nervous system switches in to chronic defensive states, which results in to long-term disruption in emotional responsiveness.

Polyvagal Theory states that the protracted fight, flight, or shutdown reactions are caused by repeated childhood violence, which effects emotional regulation. And the emotional desensitisation as a defence strategy outcome in a dorsal vagal shutdown state, which is caused by emotional blunting, decreased affect, and lower sensitivity to signals (Porges, 2011).

As a conclusion, Polyvagal Theory provides a modern framework that shows that how emotional desensitisation and lack of empathy are caused by childhood abuse, supporting both the direct and indirect effects on empathy through the desensitisation.

Methodology

Research Design

This study employs a mixed-method research design, specifically using a convergent parallel mixed-method approach. In this design, quantitative and qualitative data are collected simultaneously, analyzed separately, and then integrated to provide a deeper and more comprehensive understanding of how childhood violence affects emotional desensitization and empathy among young adults.

Using mixed methods is justified by combining the rich, in-depth insight provided by qualitative interviews with the generalizability of quantitative findings. A mixed-method approach enhances the validity and application of the findings since emotional desensitization and empathy are complex variables comprising both quantifiable psychological patterns and subjective emotional experiences.

Hypotheses

H1: Childhood violence will be positively related with emotional desensitization among young adults.

H2: Childhood violence will be negatively associated with both affective and cognitive empathy.

H3: Emotional desensitization will mediate the relationship between childhood violence and empathy.

H4: Different forms of childhood violence (physical, emotional, sexual, neglect) will show significant differences in levels of desensitization.

H5: Young adults with higher emotional desensitization will demonstrate lower social-emotional functioning.

Sampling Characteristics

The population of this study consists of young adults aged 18–35 years residing in Islamabad, Pakistan. The quantitative sample included 200 young adults from Islamabad, with both males and females who could read and understand English or Urdu. Individuals with severe neurological disorders or those

undergoing intensive psychiatric treatment were excluded. The qualitative sample consisted of 08 participants.

Operational Definitions

- **Childhood Violence**

For the purpose of this study, childhood violence is defined as physical abuse, emotional abuse, sexual abuse, and neglect experienced before the age of 18 as measured by the Childhood Trauma Questionnaire (CTQ-28).

- **Emotional Desensitization**

Emotional desensitization is defined as a reduced emotional responsiveness to emotional or threatening stimuli, operationally measured by scores on the Emotion Reactivity Scale (ERS-21).

- **Empathy**

Empathy is defined as the ability to understand and share the emotions of others, operationally measured by the Toronto Empathy Questionnaire (TEQ-16).

Scale Details

The **Childhood Trauma Questionnaire (CTQ-28)** is a 28-item self-report scale assessing emotional abuse, physical abuse, sexual abuse, neglect, and minimization/denial, scored on a 5-point Likert scale (1 = Never True to 5 = Very Often True), with total scores ranging from 28 to 140 and reliability between $\alpha = 0.79$ – 0.94 . The **Toronto Empathy Questionnaire (TEQ-16)** includes 16 items rated from 0 (Never) to 4 (Always) that measure affective and cognitive empathy, with a reliability of approximately $\alpha = 0.85$. With scores ranging from 0 to 84 and a good reliability ($\alpha = 0.90$), the **Emotion Reactivity Scale (ERS-21)** comprises 21 items graded from 0 (Not at all) to 4 (Completely true).

Data Collection Procedure

Ethical approval was obtained before data collection. Participants were recruited from university campuses in Islamabad through online platforms. They were informed about the study's purpose, confidentiality, and voluntary participation, and provided informed consent. Quantitative data were collected using a demographic form and the CTQ-28, TEQ-16, and ERS-21 through secure online links. Eight participants were selected for semi-structured interviews focusing on childhood violence, emotional numbness, and social and empathetic difficulties, which were audio-recorded and transcribed.

Data Analysis

Quantitative data were analyzed using SPSS software. Descriptive statistics, Pearson correlation, and regression analyses were also conducted to examine relationships among variables. Qualitative interviews were transcribed and analyzed to identify key themes and coding. Findings from both quantitative and qualitative data are explained in the discussion phase to strengthen the overall conclusions of the study.

DATA ANALYSIS AND DISCUSSION

Frequency Analysis

Table 1. Frequency and percentage of the sample

The frequency and percentage of the sample on the demographics including gender, age, family system and birth order. (N=200)

	M	S.D
Gender	1.83	.381
Age in Years	2.34	1.025
Family system	1.42	.561
Birth order	2.11	.786

Note. M= mean and S.D = standard deviation

Descriptive Analysis

Table 2. Descriptive statistics

Descriptive Statistics for child hood trauma questionnaire, the Toronto empathy questionnaire and emotion reactivity scale (N = 200)

Scale / Subscale	k	α	M (SD)	Range	Skewness	Kurtosis
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Childhood Trauma and Violence	28	.796	67.87 (6.52)	54 – 84	0.04	-0.95
Physical Abuse	5	.866	16.55 (3.99)	10 – 25	0.22	-0.76
Emotional Abuse	5	.601	15.81 (3.85)	10 – 25	0.37	-0.63
Sexual Abuse	5	.891	16.80 (3.79)	10 – 26	0.33	-0.52
Physical Neglect	5	.551	16.05 (3.58)	10 – 25	0.28	-0.66
Emotional Neglect	8	.641	17.35 (4.12)	10 – 25	0.21	-0.87
Emotional Sensitivity Scale	21	.906	77.16 (5.51)	59 – 86	-0.52	-0.91
Sensitivity Subscale	10	.841	32.28 (6.96)	20 – 45	0.01	-0.87
Arousal/Intensity Subscale	7	.754	37.38 (6.09)	17 – 47	-0.57	0.33
Persistence Subscale	4	.659	38.87 (5.91)	10 – 47	-1.26	3.26
Empathy	16	.689	30.33 (6.26)	14 – 42	-0.44	-0.22

This table presents the descriptive statistics for the measures of childhood trauma and violence, emotional sensitivity, and empathy along with their respective subscales. The values indicate that all scales demonstrated acceptable internal consistency reliability. The mean scores suggest moderate levels across the variables, with distributions showing approximately normal patterns as reflected by skewness and kurtosis values within acceptable ranges. Overall, the data indicate that participants reported varying degrees of childhood trauma, emotional sensitivity, and empathy, with each construct showing reliable and consistent measurement across its subscales.

Tests of Correlation

Table 3 Correlation analysis of variables

Variables	Childhood violence	1	2	3	4	5	Emotional desensitization	1	2	3	empathy
Childhood violence	—						**608.	—	—	—	-.562.*
1. Physical Abuse		—						73. **5	64. **6	49. **1	—
2. Emotional Abuse			—					83. **7	70. **5	56. **5	—
3. Sexual Abuse				—				36. **1	38. **1	30. **1	—
4. Physical Neglect					—			77. **4	61. **5	53. **6	—
5. Emotional Neglect						—		84. **8	66. **8	56. **7	—
Emotional desensitization	**608.						—				-.236.*
1.sensitivity subscale		73. **5	83. **7	36. **1	77. **4	84. **8		—			
2.arousal/intensity subscale		64. **6	70. **5	38. **1	61. **5	66. **8			—		
3.Persistent subscales		49. **1	56. **5	30. **1	53. **6	56. **7				—	
Empathy	-.562**						-.236**				—

This table shows the relationship between childhood violence, emotional desensitization, and empathy. The results indicate that higher levels of childhood violence are generally associated with

greater emotional desensitization and lower empathy. The subtypes of childhood violence show consistent positive associations with the subscales of emotional desensitization, suggesting that traumatic experiences contribute to emotional numbing and reduced sensitivity. Overall, the findings highlight that exposure to childhood violence may lead to diminished emotional responsiveness and empathy

Mediation Analysis

Table 4. Mediation Analysis of Emotional Desensitization as a Mediator between Childhood Violence and Empathy (N = 200)

Path	Relationship	B	SE	t	p	95% CI [LLCI, ULCI]
A	Childhood Trauma → Emotional Reactivity	0.514	0.048	10.78	< .001	[0.420, 0.608]
B	Emotional Reactivity → Empathy	0.190	0.083	2.28	.023	[0.026, 0.354]
c (Total Effect)	Childhood Trauma → Empathy	−0.539	0.056	−9.56	< .001	[−0.650, −0.428]
c' (Direct Effect)	Childhood Trauma → Empathy	−0.637	0.070	−9.06	< .001	[−0.775, −0.498]
Indirect Effect (a × b)	Childhood Trauma → Emotional Reactivity → Empathy	0.098	0.043	—	—	[0.025, 0.193]

Note. The mediation model tested whether emotional reactivity mediates the relationship between childhood trauma and empathy. Bootstrapping was based on 5,000 samples with a 95% confidence interval.

Mediation analysis revealed that childhood trauma significantly predicted emotional reactivity ($B = 0.514$, $p < .001$), which in turn predicted empathy ($B = 0.190$, $p = .023$). Both the direct ($B = -0.637$, $p < .001$) and indirect effects ($B = 0.098$, 95% CI [0.025, 0.193]) were significant, indicating that emotional reactivity partially mediates the relationship between childhood trauma and empathy.

Results And Findings (Qualitative Part)

Apply Initial Codes to the Interview Transcripts

Specific consideration was given to participant's childhood passionate situations, adapting components, passionate expression, connection designs, enthusiastic deadness, compassion, and interpersonal working. An open coding prepare was connected, whereby beginning codes were allotted to significant units of content. These codes captured participants lived encounters of enthusiastic disregard or accessibility, avoidance techniques, enthusiastic control styles, and current social encounters.

1. Emotional Unavailability of Caregivers (EUC)
2. Emotional Neglect (EN)
3. Emotional Suppression (ES)
4. Avoidant Coping Strategies (ACS)
5. Self-Reliance as Survival (SRS)
6. Distraction-Based Coping (DBC)
7. Difficulty Expressing Emotions (DEE)
8. Emotional Numbness / Blankness (ENB)
9. Emotional Detachment in Relationships (EDR)
10. Fear of Emotional Intimacy (FEI)
11. Cognitive Empathy (CE)
12. Reduced Emotional Responsiveness (RER)
13. Anger Toward Emotional Expression (AEE)
14. Supportive Peer Influence (SPI)
15. Maladaptive Coping (MC)
16. Boundary Confusion (BC)
17. Trust-Related Withdrawal (TRW)

18. Protective Emotional Shutdown (PES)

These codes were systematically applied across all transcripts to identify recurring patterns and individual variation

Table 1: Initial Segments and Codes (N=08)

Interview Data Segment	Code
"My emotional relationship with my caregivers was very negative."	Emotional Unavailability of Caregivers
"I always try my best not to think about my childhood."	Avoidance of Childhood Memories
"I suppressed everything and didn't share with anyone."	Emotional Suppression
"I helped my own self by not letting others know what happened."	Self-Reliance as Survival
"I distract myself whenever memories come back."	Distraction-Based Coping
"Strong emotions feel overwhelming, so avoiding them feels safer."	Avoidant Coping Strategies
"I keep my emotions to myself because sharing is unnecessary."	Difficulty Expressing Emotions
"I find it difficult to emotionally connect with others."	Emotional Detachment in Relationships
"I try to stay distant and not get attached."	Fear of Emotional Intimacy
"I feel emotionally numb when others react strongly."	Emotional Numbness
"I zone out when emotions become intense."	Dissociation
"I understand others' pain but don't feel it deeply."	Cognitive Empathy
"I prefer giving practical solutions instead of emotional comfort."	Reduced Emotional Responsiveness
"I feel sad for others but cannot console them."	Limited Emotional Expression
"I stay silent when someone is crying."	Passive Emotional Presence
"I feel angry when people cry over small things."	Anger Toward Emotional Expression
"Smoking helps me feel calm even though it's harmful."	Maladaptive Coping Strategy
"Friends helped me emotionally when my family didn't."	Supportive Peer Influence
"I stopped trusting people after being hurt."	Trust-Related Withdrawal
"Sometimes I get too attached, sometimes completely distant."	Boundary Confusion
"I stay alone when I feel overwhelmed."	Withdrawal-Based Coping
"I was not allowed to express emotions as a child."	Emotional Restriction in Childhood
"I am slowly learning to express my feelings now."	Emerging Emotional Awareness
"Seeing others cry reminds me of my unresolved past."	Trauma Reactivation
"I feel concerned for others but keep emotional distance."	Distanced Empathy
"My caregivers fulfilled basic needs but lacked emotional Closeness."	Instrumental Caregiving
"I prefer staying emotionally neutral."	Emotional Neutrality

These introductory codes highlight designs of enthusiastic shirking, concealment, and separation, to a great extent established in early passionate inaccessibility and disregard. While some participants demonstrated adaptive strategies such as peer support and cognitive regulation, others trusted on maladaptive coping mechanisms or emotional shutdown. These patterns will be further blended into higher-order themes during the next phase of analysis.

Themes Generation

A truthfully careless childhood environment and unfavorable encounters contributed to enthusiastic disguise as a survival procedure. Over time, this concealment advanced into enthusiastic

unresponsiveness and trouble with passionate expression. These designs amplified into adulthood, showing as interpersonal remove and avoidant connection styles. In spite of decreased passionate expression, members illustrated cognitive sympathy, demonstrating passionate mindfulness without full of feeling engagement. Self-protective emotional beliefs reinforced emotional distancing, maintaining long-term emotional desensitization.

Based on in depth analysis of the all 8 interviews, following themes-based results were produced by using coding about the discourse of the study participant

Table 2: Group Similar Codes into Themes (N = 08)

Theme	Grouped Similar Codes
Emotionally Neglectful Childhood Environment	Emotional distance from caregivers, Lack of emotional support, Absence of affection, Emotional invalidation, being told to stay quiet or strong
Adverse Childhood Experiences and Trauma	Negative childhood memories, Childhood trauma, Disturbing experiences, Lasting psychological impact
Emotional Suppression and Avoidance	Emotional suppression, Avoidance of memories, Distraction from emotions, Emotional shutdown, not sharing emotions
Emotional Numbness and Dissociation	Emotional numbness, zoning out, feeling blank, Emotional detachment, Reduced emotional reactivity
Difficulty in Emotional Expression	Difficulty expressing feelings, Fear of sharing emotions, Keeping emotions private, Surface-level emotional communication
Interpersonal Detachment and Attachment Avoidance	Fear of attachment, Difficulty trusting others, Emotional distancing, Avoidance of emotional closeness
Distanced Empathy	Cognitive understanding of others' pain, Limited emotional involvement, Muted emotional response
Passive Emotional Support	Silent presence, Avoidance of physical comfort, Discomfort with verbal reassurance
Self-Protective Emotional Beliefs	Belief that distance is safer, Emotional self-reliance, avoiding expectations to prevent hurt

Table 3: Major themes and sub-themes (Thematic map Visualization) N=08

Major Theme	Sub-Themes Reactions	Codes	Representative Verbatim Quotes
Childhood Emotional Experiences	Emotionally Neglectful Environment	Emotional unavailability of caregivers, Emotional neglect, Emotional invalidation	"Physically they were present, but emotionally I never felt understood". (P2)
	Adverse Childhood Experiences	Childhood trauma, Negative emotional memories, psychological impact	"I wouldn't say I had the best childhood... I try not to think about it because it affects me negatively." (P1)
Emotional and Interpersonal Reactions	Feelings		
	Emotional Suppression and Avoidance	Emotional suppression, Avoidance of memories, Distraction-based coping	"I suppressed everything and focused on

			distractions instead of emotions.” (P2)
	Emotional Numbness and Detachment	Emotional Numbness, Zoning out, Emotional neutrality	“When emotions get intense, I feel blank and disconnected.” (P1)
	Difficulty in Emotional Expression	Difficulty in expressing emotions, Surface-level sharing	“I mostly keep my emotions to myself and share only on the surface.” (P3)
	Beliefs		
	Interpersonal distance and Attachment Avoidance	Fear of intimacy, Trust related withdrawal	“I try not to get attached because it feels safer to stay distant.” (P1)
	Distance Empathy	Cognitive Empathy, Reduced Emotional responsiveness	“I understand others’ pain, but I don’t feel it deeply.” (P3)
	Self-protective Emotional Beliefs	Emotional Self Reliance, Protective Emotional shutdown	“Staying emotionally distant helps me protect myself.” (P1)

The table provides a summarized depiction of the qualitative insights obtained from the thematic analysis of eight semi-structured interviews. Two main themes emerged: Childhood Emotional Experiences and Emotional and Interpersonal Reactions. These themes encapsulate the early emotional contexts of the participants and the related emotional and relational responses formed in their adult lives.

Detailed Descriptions with Example Segments

Table 5: Detailed Descriptions (N=08)

Theme	Description	Example Segments from Transcripts
Emotionally Neglectful Childhood Environment	Participants described a lack of emotional support, limited affection, and invalidation of their feelings during childhood, which influenced their emotional development.	“I felt neglected sometimes in my childhood due to my loved one’s careless attitude towards me.” (P4) “Physically they were always present but emotionally I didn’t feel understood or comforted.” (P2)
Adverse Childhood Experiences and Trauma	Participants reported distressing or traumatic experiences in childhood that affected their current emotional wellbeing.	“I would not say that I’ve had the best childhood ever... I always try my best to not think about them at all.” (P1) “It really affects your mental health in a negative way.” (P1)
Emotional Suppression and Avoidance	To cope with negative experiences, participants often suppressed their emotions, avoided thinking about	“I just try my best not to think about it... it’s just so negative that it affects my mental health.” (P1) “I focused more on studies and

	painful memories, or relied on distractions.	distractions rather than processing emotions.” (P2)
Emotional Numbness and Dissociation	Participants described feeling emotionally detached or blank in situations where strong emotions were expressed by others.	“I really do feel emotionally numb in situations where others react so strongly... I just get zoned out a lot.” (P1) “I sometimes feel blank or emotionally detached... I try to analyze the situation rather than feeling it.” (P3)
Difficulty in Emotional Expression	Participants reported challenges in expressing emotions to others, often sharing only surface-level feelings due to fear of vulnerability.	“I mostly keep my emotions to myself and I try my best to not share or overshare anything.” (P1) “While there is space to express myself, I mostly share surface level emotions rather than deeper emotional struggles.” (P3)
Interpersonal Detachment and Attachment Avoidance	Participants expressed reluctance to form close emotional bonds due to fear of being hurt or disappointed.	“I just try my best not to get attached to someone or get emotionally involved with people.” (P1) “I always feel distant like I am observing the relationship rather than fully participating in it emotionally.” (P2)
Distanced Empathy	Participants felt concern for others’ suffering but often maintained emotional distance, offering practical support instead of deep emotional consolation.	“I really do feel bad and sad but, I cannot console others... I just sit with them and watch them silently.” (P1) “I usually feel concerned but it is more cognitive than emotional.” (P3)
Self-Protective Emotional Beliefs	Participants developed beliefs and coping strategies to protect themselves emotionally, emphasizing self-reliance and emotional boundaries.	“I think it’s better to... stay away or stay distant... that helps me a lot.” (P1) “I became good at distracting myself... I did not fully process some emotional experiences at that time.” (P3)

Discussion

The present study investigated the relationships among childhood trauma, emotional desensitization, and empathy in adults. The descriptive analyses shows that participants reported moderate level of childhood trauma, including physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect. Emotional sensitivity and empathy also showed moderate levels, suggesting that participants experienced emotional responsiveness; exposure to childhood trauma may have influenced their emotional development. Reliability analyses indicated that all scales and subscales demonstrated acceptable internal consistency, ensuring the measures were reliable for assessing these constructs in the sample.

The results indicate a positive correlation between childhood trauma and emotional desensitization, suggesting that individuals who experienced higher levels of childhood violence were more likely to exhibit emotional numbing, reduced emotional responsiveness, and difficulty regulating their emotions. This was consistent across all subtypes of childhood trauma, with physical and emotional neglect showing particularly strong associations with the desensitization subscales. The findings align with previous literature suggesting that adverse childhood experiences can disrupt normal emotional development, leading to blunted emotional reactions and difficulty experiencing or expressing emotions later in life

A negative correlation was found between childhood trauma and empathy, suggesting that individuals who experienced greater childhood violence may have reduced capacity to understand or respond to others’ emotions. This relationship indicates that early traumatic experiences can impair interpersonal

skills, such as perspective-taking and emotional understanding. The results showed that emotional desensitization negatively correlates with empathy, meaning that individuals with higher levels of emotional numbing tend to exhibit lower empathic responsiveness. This finding supports the idea that emotional desensitization acts as a mediator between childhood trauma and empathy, where trauma contributes to blunted emotional experiences, which in turn reduces the capacity to empathize with others.

Interpretation of Findings

To provide context for the quantitative results, insights from the qualitative interviews were combined. Thematic analysis revealed significant themes associated with emotionally distant childhood settings, strategies focused on dealing emotions, challenges in forming emotional connections, cognitively driven empathy, and the influence of current social support. Collectively, these results illustrate how experiences of childhood violence led to emotional numbness and changes in empathic functioning during young adulthood, aligning with contemporary trauma-focused studies.

Influence of Emotional Unavailability on Emotional Desensitization

Participants often characterized caregivers as lacking emotional responsiveness or warmth, despite their ability to meet physical needs. This lack of emotional affection and affirmation seemed to lead to emotional disengagement and a decrease in emotional sensitivity in adulthood. Recent research has also connected childhood experiences of emotional neglect with an inability to feel emotions and difficulties in regulating affect, indicating that early emotional deprivation interferes with emotional responsiveness in later life.

Coping Mechanisms and Emotional Suppression

Participants reported developing techniques such as self-reliance, distraction, and avoidance to outlive sincerely challenging childhood encounters. Whereas these adapting instruments were useful at the time, they contributed to long-term suppression of feelings. This finding is consistent which indicate that childhood adversity nurtures avoidant coping styles that reduce immediate distress but impede the processing of emotions over time. Participants' belief on practical problem-solving over affective engagement suggests that emotional suppression becomes a habitual strategy for managing overwhelming experiences.

Difficulty in Forming Emotional Connections

Several participants highlighted encounters in forming intimate emotional bonds with others in adulthood. Trust and exposure were often avoided, reflecting residual impacts of childhood emotional neglect. These findings indicates that insecure attachment and emotional neglect hinder the ability to connect with others emotionally. Participants retained functional social relationships, yet they struggled to establish deep emotional intimacy, revealing the long-term interpersonal moments of early emotional deprivation.

Cognitive Processing of Other's Emotions

Participants often demonstrated concern for others' distress but were unable to engage affectively, relying instead on cognitive understanding and practical support. This pattern indicates that emotional desensitization not only blunts affective responses but also changes the way empathy is expressed. These findings align with studies on trauma and empathy, which suggest that individuals with histories of childhood maltreatment often show cognitive empathy without affective resonance. Participants capacity to recognize enduring cognitively, whereas maintaining a strategic distance from enthusiastic trap, reflects an versatile methodology to secure against enthusiastic overpower.

Role of Current Social Environment in Emotional Expression

Sympathetic friends and family moderately diminished the effects of childhood emotional neglect, providing opportunities for participants to practice emotional expression. However, even in supportive environments, participants resisted with expressing deeper feelings. This is indicating that social support can safeguard emotional difficulties, but early trauma leaves lasting vulnerabilities. The findings suggest that interventions to support emotional awareness and expression in safe social contexts may be effective in enhancing empathy and reducing desensitization.

Limitations of the study

- Cross-sectional research design does not allow conclusive causal conclusion about the relation between childhood violence, emotional desensitization, and empathy.
- The use of self-report measures could have led to the presence of recall bias and social desirability bias particularly with regard to sensitive childhood events.
- The study was limited to young adults living in Islamabad which limited the generalization of the results to a wider cultural and demographic setting.
- The mediating impact of emotional desensitization was not dominant even though it was statistically significant implying the existence of other determinants not tested.
- The qualitative sample used was very small and it might not give a full representation of the lived experience spectrum, as it comprised of eight participants.

Suggestions to be made In The future

- Future studies are advised to investigate how exposure to violence online, social media, news, and gaming affect the acceleration or inhibition of emotional desensitization in people who were exposed to trauma.
- Protective factors, such as emotional intelligence, mindfulness and secure peer relationships, should be studied by researchers as factors that could maintain empathy even after being exposed to childhood violence.
- The neuroscientific techniques [e.g. electroencephalography (EEG), heart-rate variability, and measuring the vagal tone] can clarify the biological processes behind emotional desensitization.
- Research should be done on the rules of intergenerational processes by measuring the impact of emotionally desensitized parents on the growth of empathy among children.
- In the future, comparisons between clinical and non-clinical populations ought to be included to identify differences in emotional desensitization of therapy-seeking individuals.
- Examining whether emotion-oriented and somatic treatment approaches, including trauma-informed cognitive-behavioral therapy, eye-movement desensitization and reprocessing, and polyvagal-based therapy, have practical clinical utility can be of clinical utility.
- The scholars need to analyze gender-particular and culture-influenced norms of emotional expression and their impact on the results of empathy.
- Further research may assess the topic of post-traumatic growth and emotional re-sensitization, and thus change the paradigm of deficiency to recovery-related models.

Conclusion

Overall, this mixed method research was based on investigating the impact of childhood violence on emotions desensitization and empathy in young adults, combining both statistics and personal narratives. We also determined that the greater the exposure to childhood violence the greater the emotional desensitization and the lesser the empathy and that desensitization partially mediated this association. The qualitative bits contributed that emotionally neglecting childhoods cause suppression, numbness and detachment, and individuals resort to self-protective coping and display superficial affective empathy despite having cognitive understanding of how the other people feel. In sum, the results highlight the extent to which violence in childhood may inform the emotional and empathic functioning, and they necessitate the interventions to young adults based on trauma in formativeness and cultural sensitivity.

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