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Quality of Life and Post Traumatic Stress among young Kashmiri Adults

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Abstract: The study explores the relationship between quality of life and post-traumatic stress disorder (PTSD) among young adults (aged 18–35) in conflict-affected Kashmir, focusing on gender differences. Using the Harvard Trauma Questionnaire and WHOQOL-BREF with a purposive sample of 100 participants (50 men and 50 women), the findings reveal a strong negative correlation between trauma symptoms and all four domains of quality of life—physical, psychological, social, and environmental. Males reported higher trauma and lower quality of life across domains compared to females, possibly due to differing exposures and coping strategies. The study highlights the interconnectedness of life domains and stresses the urgent need for gender-sensitive, trauma-informed, and culturally appropriate mental health interventions in Kashmir. Strengthening community support and integrating psychological care into education and social systems are essential for building youth resilience and a more stable future.

Keywords: *Post-Traumatic Stress, Quality Of Life, Youth Mental Health, Kashmir Conflict, Gender Differences, Psychological Well-Being, Trauma, Resilience, Social Support*

1. Introduction

Quality of Life (QoL) is a comprehensive concept that reflects an individual Overall well-being, Taking into account there Physical health, psychological State, social

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relationships, and the Surrounding environment. It is shaped by personal values, cultural Background, life expectations, and concerns (World Health Organization, 1997) ...

For young adults Living in conflict-affected regions Like Kashmir, QoL holds Particular relevance. The Region has Experienced prolonged Political and territorial unrest, exposing its population—especially The youth—to persistent Violence, instability, and economic difficulties. These Conditions have a significant impact On their well-being. As highlighted by Saleem et al. (2022), continuous Exposure to conflict can negatively influence the emotional, cognitive, and social development Of young individuals, affecting Their ability to lead meaningful and productive lives.

Given these challenges, it is important to approach QoL as a multi-faceted concept that extends beyond just physical health. It includes access to education, employment opportunities, emotional resilience, and supportive social environments. One of the most critical areas affected in conflict zones is physical health. In Kashmir, disruptions caused by military operations, damaged infrastructure, and logistical barriers often limit access to essential healthcare, adequate nutrition, and proper sanitation (Hameed et al., 2021). These interruptions can result in long-term health issues for young adults, further hindering their personal and professional development.

Continual exposure to traumatic experiences—such as bomb blasts, violence, and the loss of loved ones—can severely impact the mental health of young adults, directly influencing their quality of life. Mental well-being is a key component of QoL, and in Kashmir, it is particularly vulnerable due to the ongoing conflict. Youth incidences of anxiety, depression, and post-traumatic stress disorder (PTSD) are on the rise as a result of the ongoing climate of fear and uncertainty (Dar & Ahmad, 2020). These psychological challenges not only diminish their ability to lead fulfilling lives but also interfere with their relationships, education, and career aspirations. Since QoL is closely linked with mental health, addressing these psychological concerns is essential for improving the overall well-being of young people in the region.

Another important aspect of QoL is the strength of social connections and community support. In Kashmiri society, extended families and tight-knit communities have traditionally offered both emotional and practical support. However, years of conflict have weakened these bonds, leaving many young people feeling isolated and vulnerable (Wani et al., 2023). This social disconnect often leads to deeper emotional struggles, highlighting the importance of rebuilding strong community relationships to support youth well-being.

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Education and employment opportunities also play a crucial role in shaping QoL. In conflict zones like Kashmir, frequent disruptions to education due to school closures, limited access to quality learning, and high unemployment rates significantly hinder the growth and potential of young adults (Rafiq & Mir, 2022). Beyond its economic benefits, education also builds confidence and psychological resilience, making it a critical factor in enhancing QoL in the region.

The continued conflict in Kashmir has severely limited opportunities for young people, leaving many without a clear path to a secure and stable future. In addition to these challenges, environmental factors such as safe housing, personal security, and access to basic resources also play a critical role in determining quality of life. In Kashmir, frequent displacement, damage to property, and the ever-present threat of violence have created a climate of fear and uncertainty, especially among the youth (Khan et al., 2021). These conditions contribute significantly to a decline in overall well-being, emphasizing the need for comprehensive and sustainable solutions.

2. Review of Literature

Zahra et al. (2024) explored how emotional intelligence (EI) influences post-traumatic growth (PTG) among young Kashmiris diagnosed with PTSD. Emotional intelligence and PTG were found to be strongly positively correlated in their study, suggesting that those with higher emotional intelligence were more likely to exhibit psychological growth following trauma. The researchers explained that those with greater emotional awareness and regulation skills are better at coping with stress, reframing traumatic events, and seeking support, which in turn fosters growth and resilience. They also emphasized the importance of incorporating emotional intelligence training into mental health programs to support youth in conflict-affected regions like Kashmir.

Zahra, Singh, and Hayat (2024) examined how resilience and coping strategies influence post-traumatic growth (PTG) in Kashmiri youth diagnosed with PTSD. Their study found that resilience plays a key role in helping individuals recover and grow psychologically after trauma. While adaptive coping strategies, like seeking support or problem-solving, were linked to better outcomes, resilience had a stronger impact overall. The findings suggest that building resilience can help trauma-affected youth in Kashmir experience positive personal changes despite ongoing conflict, and highlight the need for interventions that strengthen emotional strength and coping abilities.

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Vogt et al. (2024) explored how psychosocial well-being before trauma can help prevent PTSD, especially in military veterans. Their three-year study followed U.S. veterans transitioning to civilian life and found that strong social and vocational well-being significantly reduced the risk of developing PTSD. Even after considering factors like past trauma, stress, depression, and previous PTSD, the protective effects remained strong. Financial well-being had a weaker impact. The study suggests that strengthening social ties and career support could be key strategies to prevent PTSD. Though based on self-reported data, the consistent results across timeframes make the findings reliable.

3. Methodology

3.1 *Aim of the Study*

To Study the Relationship between Quality of Life and Post Traumatic Stress among Kashmiri male and female young adults.

3.2 *Research Objectives*

a) To find out the relationship between Quality of Life and Post Traumatic Stress among Kashmiri male young adults.

b) To measure the relationship between Quality of Life and Post Traumatic Stress among Kashmiri female young adults.

c) To study the difference on the level of Quality of Life among Kashmiri male and female young adults.

d) To find out the difference on the level of Post Traumatic Stress among Kashmiri male and female young adults.

3.3 *Hypotheses*

1. There will be a significant relationship between Quality of Life and Post Traumatic Stress among Kashmiri male young adults.
2. There will be a significant relationship between Quality of Life and Post Traumatic Stress among Kashmiri female young adults.
3. There will be a significant difference on the level of Quality of Life among Kashmiri male and female young adults.
4. There will be a significant difference on the level of Post Traumatic Stress among Kashmiri male and female young adults.

3.4 *Variables*

***Quality of Life*:** Quality of life is an individual's subjective assessment of their overall well-being, encompassing physical health, mental and emotional state, social relationships, and

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the safety and comfort of their environment within the context of their cultural values and personal goals.

Post Traumatic Stress: Post-traumatic stress is defined as the severity of trauma-related symptoms—such as recurrent distressing memories, avoidance of reminders, negative mood or beliefs, and heightened arousal—experienced by an individual following exposure to conflict. In this study, it is quantified using a validated checklist (e.g., the PCL-C), with higher total scores indicating more intense and pervasive stress responses.

3.5 *Sample*

The sample of the study consisted of one hundred Kashmiri young adults both male and female. The age range varied from 18 years to 35 years old. Purposive Sampling was the technique used for the samples.

3.6 *Description of the Tools Employed*

The WHO Quality of Life (WHOQOL-BREF) and Harvard Trauma Questionnaire (HTQ) are the tools that were used to collect the data.

WHO Quality of Life (WHOQOL-BREF): The World Health Organisation created the WHO Quality of Life Scale (WHOQOL), a standardised instrument for assessing a person's general well-being. It evaluates quality of life in several important domains, including environment, social interactions, psychological condition, and physical health. In order to provide a complete picture of people's daily experiences and contentment, this scale is intended to measure how they view their lives in relation to their objectives, values, and cultural background.

Harvard Trauma Questionnaire (HTQ): The Harvard Trauma Questionnaire (HTQ) is a widely used self-report tool designed to assess trauma exposure and symptoms of post-traumatic stress disorder (PTSD), particularly in populations affected by war, conflict, or forced displacement. It includes sections that ask individuals about traumatic events they may have experienced, as well as a symptom checklist based on standard PTSD criteria. Respondents rate how often they experience specific symptoms—such as nightmares, emotional numbness, or feelings of fear—using a Likert scale. The HTQ is valued for its cultural adaptability and has been used in diverse settings to understand trauma-related mental health needs.

3.7 *Procedure*

Two carefully chosen, standardised instruments were used to collect the data for this investigation. The Harvard Trauma Questionnaire and the WHO Quality of Life scale. Every tool was selected with care to evaluate a variety of factors that are essential to accomplishing the goals of the study. The participants completed the questionnaire and the consent form.

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4. Analysis of Result

Descriptive statistics were conducted on the data. Since all skewness values (ranging from -1.108 to 1.607) and kurtosis values (ranging from -1.144 to 3.181) fell within the range of ±2 for skewness and ±7 for kurtosis (West, Finch, & Curran, 1995), the assumption of normality was not violated.

Table 1:*Descriptive Statistics*

Variable	BSL	Mean	SD	Min	Max	Skew	Kurtosis
Trauma	Male	2.870	0.556	1.35	3.52	-1.108	0.773
	Female	2.401	0.696	1.35	3.8	0.224	-1.144
Physical Health	Male	10.65	2.126	7.43	17.71	1.416	3.181
	Female	12.01	2.691	6.29	17.14	-0.014	-0.767
Social Relations	Male	10.75	3.189	5.33	20	1.082	1.135
	Female	12.88	2.689	6.67	18.67	-0.181	-0.537
Environment	Male	10.88	2.792	5.50	16	0.030	-0.919
	Female	13.09	2.596	6.5	17.5	-0.574	-0.135
Psychological	Male	8.208	2.959	4	18	1.607	3.004
	Female	11.06	3.196	4	17.33	0.047	-0.525

Note. Trauma, Harvard Trauma Questionnaire.

Independent samples t-tests and Pearson's correlations were conducted to examine whether there were significant differences and underlying associations in these variables between male and female participants.

Table 2: *Pearson Correlations Between Study Variables*

Gender		Trauma	Physical Health	Social Relations	Environment	Psychological
1	**Trauma**	1	-0.764**	-0.479**	-0.610**	-0.878**
	Sig. (2-tailed)		<0.001	<0.001	<0.001	<0.001
	N		48	48	48	48
	Physical Health	-0.764**	1	0.471**	0.482**	0.782**
	Sig. (2-tailed)	<0.001		<0.001	<0.001	<0.001
	N	48		48	48	48

	Social Relations	-0.479**	0.471**	1	0.477**	0.671**
	Sig. (2-tailed)	<0.001	<0.001		<0.001	<0.001
	N	48	48		48	48
	Environment	-0.610**	0.482**	0.477**	1	0.534**
	Sig. (2-tailed)	<0.001	<0.001	<0.001		<0.001
	N	48	48	48		48
	Psychological	-0.878**	0.782**	0.671**	0.534**	1
	Sig. (2-tailed)	<0.001	<0.001	<0.001	<0.001	
	N	48	48	48	48	
2	**Trauma**	1	-0.687**	-0.713**	-0.652**	-0.738**
	Sig. (2-tailed)		<0.001	<0.001	<0.001	<0.001
	N		50	50	50	50
	Physical Health	-0.687**	1	0.645**	0.737**	0.764**
	Sig. (2-tailed)	<0.001		<0.001	<0.001	<0.001
	N	50		50	50	50
	Social Relations	-0.713**	0.645**	1	0.550**	0.733**
	Sig. (2-tailed)	<0.001	<0.001		<0.001	<0.001
	N	50	50		50	50
	Environment	-0.652**	0.737**	0.550**	1	0.610**
	Sig. (2-tailed)	<0.001	<0.001	<0.001		<0.001
	N	50	50	50		50
	Psychological	-0.738**	0.764**	0.733**	0.610**	1
	Sig. (2-tailed)	<0.001	<0.001	<0.001	<0.001	
	N	50	50	50	50	

Note: Trauma, Harvard Trauma Questionnaire; Gender: 1 = Male, 2 = Female.

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Pearson correlation analyses revealed significant negative associations between trauma (measured via the Harvard Trauma Questionnaire) and all four quality of life (QoL) domains—physical health, social relations, environment, and psychological well-being—in both male (n = 48) and female (n = 50) participants. Among males, trauma was most strongly negatively correlated with psychological well-being ($r = –.878$, $p < .001$), followed by physical health ($r = –.764$, $p < .001$), environment ($r = –.610$, $p < .001$), and social relations ($r = –.479$, $p < .001$). Similarly, for females, trauma correlated negatively with psychological well-being ($r = –.738$, $p < .001$), social relations ($r = –.713$, $p < .001$), environment ($r = –.652$, $p < .001$), and physical health ($r = –.687$, $p < .001$). Across both genders, all QoL domains were positively and significantly correlated with each other, with particularly strong associations between physical health and psychological well-being (males: $r = .782$; females: $r = .764$; $p < .001$ for both). These findings indicate that higher levels of trauma are consistently associated with poorer quality of life across multiple domains, with similar trends observed for both male and female participants.

Table 3: *Independent Sample T-tests*

	Levene's Test for Equality of Variances F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	Upper
Trauma (Equal variances assumed)	5.784	.018	3.677	96	< .001	.469313	.127618	.215993	.722632
Trauma (Equal variances not assumed)			3.694	92.600	< .001	.469313	.127036	.217804	.721583
Physical Health (Equal variances assumed)	7.409	.008	-2.761	96	.007	-1.35667	.49131	-2.33190	-.38143
Physical Health			-2.775	92.667	.007	-1.35667	.48897	-2.32772	-.38562

(Equal variances not assumed)									
Social Relations (Equal variances assumed)	.040	.843	-3.580	96	< .001	-2.13000	.59491	-3.31088	-.94912
Social Relations (Equal variances not assumed)			-3.568	91.959	< .001	-2.13000	.59698	-3.31567	-.94433
Environment (Equal variances assumed)	.943	.334	-4.049	96	< .001	-2.20458	.54447	-3.28536	-1.12381
Environment (Equal variances not assumed)			-4.043	94.770	< .001	-2.20458	.54529	-3.28716	-1.12201
Psychological (Equal variances assumed)	.990	.322	-4.589	96	< .001	-2.85833	.62288	-4.09473	-1.62193
Psychological (Equal variances not assumed)			-4.596	95.879	< .001	-2.85833	.62189	-4.09280	-1.62386

Note: Trauma, Harvard Trauma Questionnaire; Gender: 1 = Male, 2 = Female.

Independent Sample T-tests

Independent samples *t*-tests were conducted to examine gender differences in trauma and quality of life domains. The results indicated that males (M = 2.87, SD = 0.56) reported significantly higher trauma scores than females (M = 2.40, SD = 0.70), t (92.95) = 3.69, $p <$ .001. Conversely, females reported significantly better outcomes across all QoL domains. Specifically, females had higher scores than males on physical health (M = 12.01 vs. 10.65), t (92.62) = –2.78, p = .007; social relations (M = 12.88 vs. 10.75), t (91.96) = –3.57, p = .001; environment (M = 13.09 vs. 10.89), t (94.77) = –4.04, $p <$ .001; and psychological well-being

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(M = 11.07 vs. 8.21), t (95.88) = –4.60, $p < .001$. These results suggest that female participants not only reported lower trauma but also experienced better quality of life across all measured domains compared to their male counterparts.

5. Conclusion

The purpose of this study was to investigate, with an emphasis on gender-based disparities, the association between quality of life and post-traumatic stress disorder among young Kashmiri adults. The results show a strong and persistent inverse association between trauma and all aspects of quality of life, including social relationships, psychological health, physical health, and environmental contentment. These findings demonstrate the profound effects that the Kashmir region's ongoing conflict and suffering have had on the mental, emotional, and social health of its young people.

Additionally, compared to female participants, males reported lower quality of life in all domains and higher levels of trauma. This implies that because of cultural norms and expectations, men may be more susceptible to direct conflict exposure or may experience trauma in various ways. Social support networks, on the other hand, seemed to benefit women more, which could serve as a buffer to maintain improved wellbeing.

By offering locally sourced data from a conflict-affected area, the study contributes to the body of literature already in existence. It highlights how trauma in these settings impacts not only psychiatric health but also more general life domains including relationships, community involvement, and access to essential resources. These results highlight the need for comprehensive, gender-sensitive, and culturally aware mental health treatments that address the emotional and structural issues that Kashmiri youth experience in addition to symptom management.

In summary, tackling trauma in Kashmir necessitates a multifaceted strategy that includes bolstering mental health services, re-establishing social support networks, and raising awareness of emotional health. In addition to being a humanitarian issue, supporting young people's mental health is crucial to creating a resilient and optimistic future in an area that has seen protracted conflict.

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