
Impact of Therapeutic Intervention on PTSD and Post-Traumatic Growth among Two Nations' Adult Students with Traumatic ExperiencesSaira Afzal ^{1*}, Muhammad Naveed Riaz¹¹ Department of Psychology, University of Sargodha, Sargodha, Pakistan.**Abstract**

This study explores the impact of Narrative Exposure Therapy on Post-Traumatic Stress Disorder and Post-Traumatic Growth among adult students from Pakistan and Australia with traumatic experience. Using a randomized controlled trial design, 100 trauma-exposed participants were selected through systematic random sampling and divided equally by nationality. Participants were randomly assigned to either an experimental group receiving NET (n = 50) or a control group with no intervention (n = 50). Standardized tools—the PCL-5 and PTGI-SF—were used to assess changes before and after the intervention. Analysis through Mixed ANOVA revealed that the NET group experienced a significant reduction in PTSD symptoms and a meaningful increase in PTG (p < .001), while no notable changes occurred in the control group. These findings affirm the effectiveness of NET in alleviating trauma symptoms and promoting psychological growth. The study underscores NET's potential as a structured and culturally adaptable intervention for diverse student populations.

Keywords: Narrative Exposure Therapy, PTSD, Post-Traumatic Growth, Trauma, Randomized Controlled Trial, Students

Correspondence: Ms. Saira Afzal

Department of Psychology, University of Sargodha, Sargodha, Pakistan.

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1. Introduction

Trauma has the power to destabilize a person's sense of self and direction—disrupting not just the mind, but one's ability to thrive academically and socially. University students across the globe, including those in Pakistan and Australia, often face traumatic experiences like personal loss, forms of violence, displacement, and academic pressures. These experiences can trigger symptoms of Post-Traumatic Stress Disorder (PTSD), such as intrusive memories, hyperarousal, emotional numbing, and avoidance behaviors. Importantly, cultural context deeply shapes how trauma is understood and processed (Ghosh et al., 2025).

Narrative Exposure Therapy (NET), a structured and empirically supported intervention, offers a pathway toward healing through storytelling. By helping individuals weave both traumatic and non-traumatic events into a coherent narrative, NET facilitates emotional processing, reduces PTSD symptoms, and fosters Post-Traumatic Growth (PTG)—which includes enhanced personal strength, life appreciation, relational growth, and existential insights (Schauer et al., 2011; Novak & Rahman, 2025).

Although NET has shown promise in war-affected and refugee settings, its effectiveness among students in non-conflict, community contexts remains underexplored (Robjant & Fazel, 2010). Adult students are particularly susceptible to trauma because of developmental vulnerabilities and psychosocial stressors linked with their life stage and academic responsibilities, yet few studies have examined NET's dual impact on PTSD and PTG among university students outside acute conflict zones (Ahsan et al., 2025; Lee & Martin, 2025).

Cultural sensitivity is vital when applying therapy across diverse contexts. In Pakistan, deep-rooted stigma surrounding mental health and complex sociopolitical dynamics—such as gender-based violence and limited access to care—complicate healing (Farooq, 2025). In Australia, despite robust mental health infrastructure, certain groups—like Indigenous students and international students—face systemic barriers shaped by historical and social inequities (Thompson et al., 2025). These realities underscore that effective trauma treatment requires contextual understanding and culturally attuned delivery (Ghosh et al., 2025; Farooq, 2025).

This study, therefore, aims to examine NET's effectiveness in both reducing PTSD symptoms and enhancing PTG among adult students in Pakistan and Australia. We hypothesize that:

Participants receiving NET will exhibit significant reductions in PTSD symptom clusters—re-experiencing, avoidance, negative alterations in cognition and mood, and hyperarousal—compared to a control group.

Participants receiving NET will experience significant increases in PTG domains: improved relationships, new possibilities, personal strength, spiritual change, and appreciation of life, compared to a control group.

The study carries theoretical, practical, and policy significance. Theoretically, it expands our understanding of trauma healing across culture and life stages by bridging emotion-focused and narrative therapy principles (Ghosh et al., 2025). Practically, it provides evidence-based guidance for universities and mental health practitioners designing trauma-informed, culturally responsive interventions for adult learners. Policy-wise, it emphasizes the importance of institutional investment in mental health support systems that foster not only recovery but also personal growth. Grounding clinical approaches in empathy, storytelling, and cultural context, this research champions healing that grows from trauma—transforming it into a foundation for resilience.

This literature review synthesizes research relevant to the present study's focus on Narrative Exposure Therapy (NET), post-traumatic stress (PTSD), post-traumatic growth (PTG), and trauma among student populations across cultural contexts. Studies are organized under three thematic headings: (1) prevalence and nature of trauma in student and youth populations, (2) Narrative Exposure Therapy — evidence, modes of delivery, and cultural adaptation, and (3) post-traumatic growth and mechanisms of change. Each section compares and contrasts findings, highlights tensions or contradictions in the literature, and identifies gaps that the present study addresses (Ghosh et al., 2025).

Trauma prevalence and student vulnerability (global and context-specific evidence)

A growing body of research shows that trauma exposure among young people and university students is both common and consequential for mental health, academic functioning, and social adjustment. Large national and clinical reports indicate that a majority of adults experience a traumatic event in their lifetime, and a non-trivial proportion develop clinically significant PTSD symptoms. More focused empirical studies document high rates of trauma exposure and probable PTSD among youth and students in diverse contexts. For example, population and community studies from South Asia report substantial childhood and adolescent exposure to violence and traumatic events, with strong associations to later anxiety, depressive symptoms, and reduced functioning (Frost et al., 2024; Zaman et al., 2021). Similarly, student-focused surveys and clinical samples in Australia and other high-income settings show that interpersonal violence, accidents, and other adverse events commonly contribute to PTSD and other trauma-related outcomes among tertiary students (Hoeboer et al., 2024).

Two Consistent Messages Emerge. First, the kinds of traumatic exposures students report vary by context (conflict exposure, community violence, natural disasters, interpersonal violence, etc.), but the psychological sequelae—intrusive memories, avoidance, hyperarousal, and mood/cognitive changes—are broadly similar and well described across studies (Hoeboer et al., 2024; Frost et al., 2024). Second, social and cultural factors strongly shape both help-seeking and symptom expression: stigma, limited service access, and culturally specific explanatory models may suppress disclosure and reduce use of formal mental health supports in some settings (Frost et al., 2024). These two points underline why trauma-informed, culturally sensitive interventions are needed for student populations.

Contrast and Implication. Whereas high-income settings may emphasize formal clinical pathways and campus counseling services, research from low- and middle-income contexts emphasizes service gaps, stigma, and the need for adapted delivery models. For universities operating across global contexts, a one-size-fits-all approach to trauma care is unlikely to be effective; contextual tailoring matters (Khalily, 2011).

Narrative Exposure Therapy (NET): Efficacy, Delivery Modes, and Cultural Adaptation

NET is a manualized, short-term trauma-focused therapy developed to treat cumulative and complex trauma by constructing an integrated autobiographical narrative (Schauer et al., 2011). A growing empirical literature evaluates NET's effectiveness across populations and delivery formats. Meta-analytic and systematic reviews indicate NET is effective in reducing PTSD symptoms in many trauma-exposed groups, particularly refugees and survivors of multiple traumas (Siehl et al., 2021). However, study results are heterogeneous: some designs and populations show strong effects, while others report mixed or null findings (Hoeboer et al., 2024).

Recent controlled and naturalistic studies have advanced two important points. First, NET can be adapted to intensive formats (e.g., highly condensed inpatient programs that combine NET with other therapeutic elements) with promising feasibility and symptom reductions in pilot work (Strijk et al., 2025). This suggests flexibility in scheduling and intensity may extend NET's reach and acceptability for people who cannot commit to weekly therapy. Second, NET can be successfully delivered remotely and in child-adapted forms: a 2025 naturalistic single-case series found video-delivered NET for adolescents who witnessed domestic violence produced moderate to large within-case improvements for several participants (Rocca et al., 2025). Such delivery modes are especially relevant for student populations and for contexts with limited local specialist providers.

Cultural Adaptation. Several studies emphasize that NET's core narrative approach is translatable across cultures because it centers clients' own autobiographical material; nevertheless, meaningful cultural adaptation of language, metaphors, and the therapeutic frame is critical to increase acceptability and uptake in settings characterized by stigma or differing illness constructs (Schauer et al., 2011; Frost et al., 2024). Research on cultural adaptation more broadly argues that empirically supported therapies should be contextualized to local explanatory models and service realities without losing fidelity to active components (Frost et al., 2024).

Contrast and Contradiction. While meta-analyses generally support NET's utility, individual studies show variability—some single-case series and smaller outpatient studies (e.g., with childhood-trauma survivors) report limited or non-significant changes, suggesting NET may be less effective for certain trauma etiologies or age groups without further adaptation (Hoeboer et al., 2024). This mixed evidence calls for careful examination of moderators (type/chronology of trauma, age, delivery mode, comorbidity)—a central methodological motivation for using mixed quantitative and phenomenological approaches in student samples.

Post-Traumatic Growth (PTG), Mechanisms of Change, and Student Outcomes

PTG refers to positive psychological changes that can follow highly stressful or traumatic experiences, including greater appreciation of life, improved relationships, new possibilities, personal strength, and spiritual change (Tedeschi & Calhoun, 2004). When paired with trauma-focused interventions, narrative processes are theorized to facilitate meaning-making, autobiographical integration, and re-appraisal—mechanisms plausibly linked to PTG (Schauer et al., 2011; Tedeschi & Calhoun, 2004).

Empirical work shows PTG often co-occurs with symptom reduction, but the relationship is complex: some individuals report growth even with lingering distress, while others show symptom change without marked PTG (Frost et al., 2024; Hoeboer et al., 2024). Recent research in different clinical and community populations has documented measurable PTG following trauma interventions and natural recovery, and has begun mapping psychological processes (e.g., cognitive reprocessing, narrative integration, social support, and self-compassion) that predict growth (Frost et al., 2024). These pathways are directly relevant to student populations who may experience both vulnerability and developmental opportunities for growth during higher education.

Cultural and Contextual Caveats. The expression and value of PTG can differ by culture: constructs such as “spiritual change” or “new possibilities” may be interpreted differently in collectivist versus individualist contexts. Thus, PTG measurement and interpretation require cultural sensitivity (Tedeschi & Calhoun, 2004; Frost et al., 2024).

Although NET explicitly incorporates positive experience into the lifeline narrative and theoretically supports PTG, relatively few studies have systematically measured NET's impact on PTG—especially in community-dwelling adult student populations across contrasting cultural settings (Schauer et al., 2011; Siehl et al., 2021). This gap motivates the present study's dual focus on PTSD symptom reduction and PTG enhancement.

High Prevalence and Heterogeneity of Student Trauma. Students across contexts commonly experience trauma; prevalence and types differ by national and community circumstances, and these differences shape help-seeking and outcomes (Frost et al., 2024). NET is promising but not universally effective. NET's narrative, lifeline approach is well suited for complex and multiple traumas and has evidence across populations, delivery modes, and increasingly in intensive or remote formats (Siehl et al., 2021; Strijk et al., 2025; Rocca et al., 2025). Yet the literature contains mixed findings depending on population, trauma type, age, and delivery setting (Hoeboer et al., 2024).

PTG matters, but is under-studied in NET trials. While theory links narrative integration to growth, few NET trials have included validated PTG measures or examined mechanisms that jointly predict symptom reduction and growth, particularly in university student samples across cultures (Tedeschi & Calhoun, 2004; Schauer et al., 2011). Cultural context influences both expression and intervention uptake. Studies from Pakistan and other South Asian settings emphasize stigma, limited mental-health infrastructure, and specific sociopolitical stressors (Khalily, 2011; Frost et al., 2024). Comparatively, high-income settings like Australia have stronger service architectures but still show disparities among subgroups. These differences call for culturally adapted, flexible NET delivery (e.g., video NET, intensive NET) and careful attention to acceptability.

Much of the NET evidence is from refugee, clinical, or child/adolescent samples; there is comparatively less research on NET's effectiveness for adult students in non-conflict, community settings. There is also a shortage of cross-national phenomenological work that centers lived meaning-making (which IPA can supply) while measuring symptom and growth outcomes quantitatively. Finally, moderators and mechanisms (e.g., social support, narrative coherence, cultural fit) are underexplored. The literature reviewed above supports the present study's rationale and design in clear ways:

The high prevalence of trauma among youth and students (Frost et al., 2024) establishes the problem: students are at risk for PTSD and functional impairment, yet campus services may not meet culturally-specific needs. Evidence that NET is effective in many contexts—but with heterogeneous results—points to the need to test NET specifically with adult student populations and to consider delivery modes and cultural adaptations (Rocca et al., 2025). Theoretical and empirical work on PTG indicates that trauma treatment research should assess positive change as well as symptom reduction (Tedeschi & Calhoun, 2004), yet NET trials rarely foreground PTG in student samples—creating a clear gap. Taken together, these findings justify a mixed-method, phenomenologically informed evaluation of NET with adult students from culturally different contexts (e.g., Pakistan and Australia) that measures both PTSD symptom clusters and PTG domains and explores lived experience (meaning-making, narrative change, cultural fit). Accordingly, this review validates the study's research questions that ask (a) whether NET reduces PTSD symptom domains among adult students in community settings, and (b) whether NET promotes PTG and its subcomponents, and how cultural context shapes these processes.

2. Method

2.1 Research Design

This study adopted a quantitative, randomized controlled trial (RCT) design to rigorously examine the effects of Narrative Exposure Therapy (NET) on both Post-Traumatic Stress Disorder (PTSD) and Post-Traumatic Growth (PTG) among adult students who had experienced significant psychological trauma. The RCT design was selected for its ability to minimize bias through random allocation, allowing for a clear comparison between participants receiving the intervention and those in the control group. This approach aligns with the study's objective of establishing causal inferences about NET's effectiveness.

2.2 Sampling and Participants

A simple random sampling strategy was used to recruit $N = 100$ adult students, aged between 18 and 25 years ($M = 21.74$, $SD = 2.11$), from both Australia and Pakistan. The sample was balanced by gender, with 50 males (50%) and 50 females (50%).

2.2.1 Inclusion criteria required participants to: Self-report a history of significant psychological trauma. Meet the diagnostic threshold for PTSD based on the Post-Traumatic Stress Disorder Checklist for DSM-5 (PCL-5).

2.2.2 Exclusion criteria included: Presence of comorbid psychiatric Diagnoses. Current receipt of psychological treatment. Being under the age of 18.

Following screening, participants were randomly assigned to either the experimental group ($n = 50$), which received NET, or the control group ($n = 50$), which did not receive any intervention during the study period.

2.3 Ethical Considerations

Ethical approval for this research was granted by the Institutional Review Board (IRB) of the University of Sargodha under reference number SU/Acad/25/234, dated October 19, 2024. Written informed consent was obtained from all participants prior to enrollment. The study followed the American Psychological Association (APA) ethical guidelines, ensuring confidentiality, voluntary participation, and the right to withdraw without penalty.

2.4 Data Collection Procedures

The study utilized a series of validated and culturally adapted assessment tools:

2.4.1 Checklist of Traumatic Events (Urdu Version): A 16-item instrument developed by Maqbool (2024) to assess exposure to traumatic experiences.

2.4.2 Post-Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) – Urdu-translated version by Maqbool (2024), originally developed by Weathers et al. (2013).

2.4.3 Post-Traumatic Growth Inventory – Short Form (PTGI-SF) – Developed by Joseph et al. (2006) and translated into Urdu by Maqbool (2024) to measure positive psychological changes following trauma.

2.5 Intervention Procedure

Participants in the experimental group received Narrative Exposure Therapy delivered across six weekly individual sessions, each lasting 60–90 minutes, facilitated by a trained clinical psychologist. The sessions adhered to the structured NET protocol as developed by Miller and Davis (2013) and were conducted in quiet, private settings to ensure emotional safety. The control group did not receive any form of psychological treatment during the intervention period. Both groups completed post-test assessments two weeks after the final intervention session.

2.6 Data Analysis Techniques

Data were analyzed using IBM SPSS Statistics (Version 25.0). Descriptive statistics (mean, standard deviation) were computed for all

demographic and scale variables. A mixed-design ANOVA was conducted to evaluate both within-group and between-group differences across pre- and post-test measures. Statistical significance was set at $p < .05$.

3. Results

The present study aimed to investigate the impact of therapeutic intervention on PTSD and post-traumatic growth among adult students from two nations with traumatic experiences. Data were analyzed using SPSS-25. First, the demographic characteristics of the participants ($N = 100$) were summarized using frequencies and percentages to provide a clear overview of the sample. Next, the psychometric properties of the scales were examined, including reliability coefficients, to ensure the consistency and validity of the measures used. Finally, descriptive statistics such as means and standard deviations were calculated, and mixed ANOVA was performed to explore differences and interactions across groups, allowing a comprehensive understanding of the intervention's effects on both PTSD symptoms and post-traumatic growth.

Table 1

Demographic Characteristic of Research Participants ($N = 100$)

Characteristics	<i>n</i>	%	Characteristics	<i>n</i>	%
Age			Marital status		
18-21 years	50	50.0	Married	22	22.0
22-25 years	50	50.0	Unmarried	51	51.0
Gender			Widow	21	21.0
Women	50	50.0	Grate	6	6.0
Men	50	50.0	Any Mental Disorder in Family		
Country			Yes	48	48.0
USA	50	50.0	No	52	52.0
Pakistan	50	50.0	Family System		
			Joint	46	46.0
			Nuclear	54	54.0

Table 1 shows frequency and percentage of C-PTSD adults be located in high rank of setting with respect to country, age, gender, marital status, family system and any mental disorder in family. Equal number of country group from Australia ($n = 50$, 50.0%) and Pakistan ($n = 50$, 50.0%). Equal number of age group 18-21 years ($n = 50$, 50.0%) and 22-25 years ($n = 50$, 50.0%). Equal number of women ($n = 50$, 50.0%) and men ($n = 50$, 50.0%). Greater number of unmarried ($n = 51$, 51%) as compared to married ($n = 22$, 22%), widow ($n = 21$, 21%) and grade ($n = 6$, 6%). Greater number nuclear family system ($n = 54$, 54%) as compare to joint family system ($n = 46$, 46%). Greater number of no ($n = 58$, 58%) as compared to yes ($n = 42$, 42%) on any mental disorder in family.

4. Discussion

The findings provide compelling support for both hypotheses proposed and underscore the therapeutic role of NET in both symptom reduction and positive psychological transformation. The first hypothesis, asserting that Narrative Exposure Therapy significantly reduces symptoms of PTSD and its subscales—including re-experiencing, avoidance, negative alterations in cognition and mood, and hyperarousal—among adults with traumatic experiences in the experimental group as compared to the control group, was strongly supported.

Table 2
Psychometric Properties of Scales(N=100)

Variables	Experimental								Control							
	Before				After				Before				After			
	M	SD	Range	α	M	SD	Range	α	M	SD	Range	α	M	SD	Range	α
PTSD	66.12	7.46	2.74-3.72	.85	68.74	3.24	3.22-3.62	.83	13.20	7.75	52-80	.89	67.86	9.24	3.16-3.62	.92
Re-Experiencing	16.62	2.21	2.90-3.60	.75	2.98	1.81	.54-.66	.73	16.84	2.05	3.22-3.48	.82	16.82	4.80	3.28-3.44	.70
Avoidance	6.54	1.23	3.26-3.28	.71	6.90	.81	3.38-3.52	.74	1.32	1.25	.64-.68	.79	6.68	1.26	3.38-3.48	.76
Alterations in Cognition and mood	23.36	3.41	3.10-3.70	.70	24.34	1.84	3.36-3.62	.70	4.78	4.11	.58-.78	.86	24.16	3.35	3.38-3.62	.80
Hyper Arousal	19.60	1.69	2.74-3.72	.76	20.66	1.59	3.28-3.52	.79	20.02	3.42	3.16-3.52	.80	4.12	2.64	.52-.80	.73
Post-traumatic growth	5.14	2.47	.36-.90	.89	11.32	4.50	.98-1.28	.86	45.86	1.60	4.42-4.70	.93	11.58	42.57	1.02-1.32	.83
Relation to other	1.32	1.30	.42-.90	.71	9.16	.68	4.54-4.62	.71	2.38	1.33	1.12-.126	.74	2.50	1.78	1.22-1.28	.79
New Possibilities	.94	.81	.46-.48	.78	9.28	.67	4.60-4.68	.75	2.28	1.38	1.04-1.24	.72	2.46	1.65	1.14-1.32	.74
Personal Strength	.94	.84	.42-.52	.78	9.04	.69	4.42-4.62	.85	2.52	1.37	1.24-1.28	.89	2.34	1.68	1.14-1.20	.89
Spiritual Change	.94	.58	.46-.48	.96	9.16	.73	4.46-4.70	.78	2.08	1.29	1.02-1.06	.74	2.08	1.63	1.02-1.06	.75
Appreciation of Life	1.00	.67	.36-.64	.80	9.22	.73	4.60-4.62	.71	2.06	1.13	.96-1.10	.72	2.20	1.71	1.02-1.18	.77

Table 2 shows that all variables and their subscales have satisfactory internal consistency and therefore reliable to use in the study.

This aligns with a wide body of literature indicating that NET enables patients to reorganize fragmented traumatic memories into coherent narratives, promoting emotional processing and cognitive restructuring (Robjant & Fazel, 2010). Meta-analyses confirm its broad effectiveness in PTSD treatment across diverse populations and cultural settings (Lely et al., 2019). A reduction in re-experiencing symptoms confirms NET’s effectiveness in reducing flashbacks, nightmares, and intrusive thoughts through structured re-exposure and emotional habituation (Miller & Davis, 2013). This reduction suggests that the emotional charge of traumatic memories diminishes when the trauma is contextualized within the life story. The observed decrease in avoidance behaviors is consistent with prior research suggesting that as traumatic experiences are integrated into autobiographical memory, their emotional salience

decreases, making avoidance less necessary (Neuner et al., 2004). It also indicates a reduction in negative alterations in cognition and mood. NET has been shown to facilitate the reappraisal of maladaptive beliefs, foster emotional regulation, and improve overall mood and self-worth. The concerning reductions in hyperarousal symptoms, such as heightened startle response and irritability, reflect NET’s capacity to desensitize individuals to trauma triggers and regulate physiological responses through narrative processing (Zang et al., 2013).

The second hypothesis—that PTG and its components—relationships with others, new possibilities, personal strength, spiritual change, and appreciation of life—among adults with traumatic experiences in the experimental group as compared to the control group would

increase after NET—was also validated. This supports a growing recognition that therapeutic approaches like NET can foster not only symptom relief but also resilience, psychological strength, and meaning-making (Pace et al., 2009). The study also confirmed improvements in interpersonal relationships. NET helps individuals gain insight into their suffering, which can deepen empathy and connection with others (Pettersen et al., 2014). The anticipated increase in new possibilities was upheld. NET appears to restore hope and motivation, allowing individuals to pursue life goals with renewed clarity (Teodorescu et al., 2012). The effect on personal strength was also supported. Through the retelling of survival narratives,

NET helps trauma survivors view themselves as resilient, fostering a sense of self-efficacy (Gwozdziwycz & Mehl-Madrona, 2013). An increase in spiritual change, as expected, is consistent with evidence that NET facilitates existential growth and spiritual reflection as part of the recovery process (Pace et al., 2009).

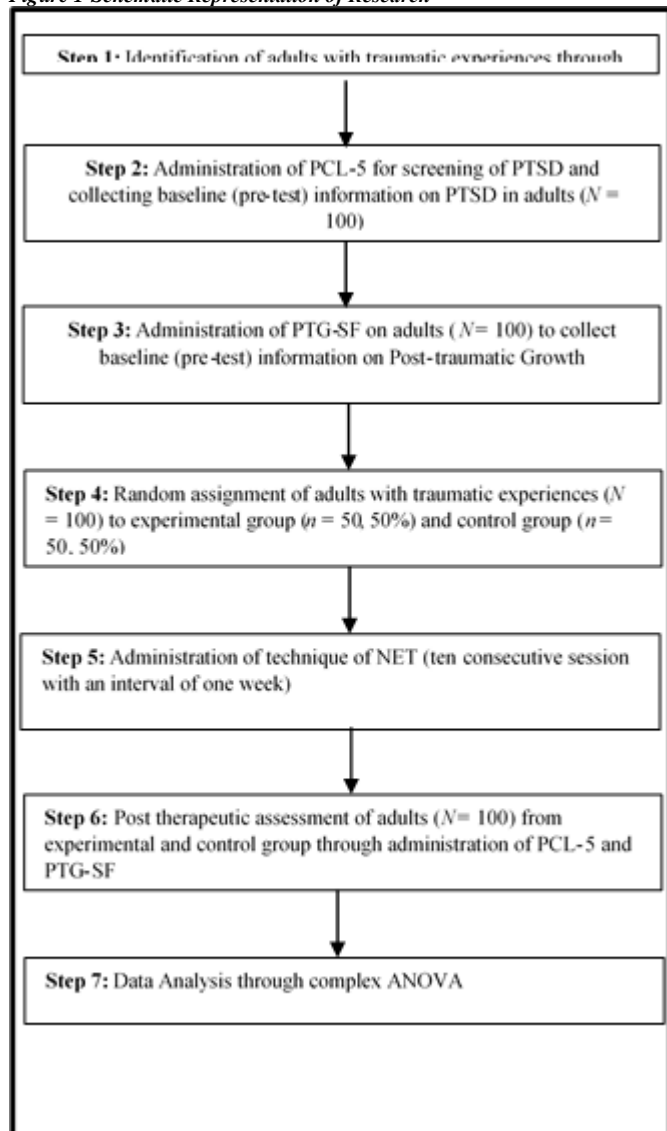
Table 3
Mean, Standard Deviation and Mixed ANOVA Statistics (N=100)

Variables	Conditions	Pre-experiment		Post-experiment		ANOVA		
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	Effect	<i>F</i> -Ratio	η^2
PTSD	Experimental group	66.12	7.46	13.20	7.76	Conditions	747.172***	.95
	Control group	68.74	3.24	67.86	9.25	Conditions x groups	699.086***	.94
Re-experiencing	Experimental group	16.62	2.21	2.98	1.34	Conditions	815.628***	.95
	Control group	16.84	1.43	16.82	2.19	Conditions x groups	810.858***	.95
Avoidance	Experimental group	6.54	1.23	1.32	1.25	Conditions	268.458***	.88
	Control group	6.90	0.81	6.86	1.26	Conditions x groups	260.354***	.87
Negative Alteration in Cognition and Mood	Experimental group	23.36	3.42	4.78	4.12	Conditions	458.749***	.92
	Control group	24.34	1.85	24.16	3.35	Conditions x groups	441.312***	.92
Hyper Arousal	Experimental group	19.60	1.69	4.12	2.65	Conditions	502.878***	.92
	Control group	20.66	1.59	20.02	3.43	Conditions x groups	426.187***	.91
Post-traumatic growth	Experimental group	5.14	2.47	45.86	1.60	Conditions	1116.929***	.97
	Control group	11.32	4.50	11.58	6.53	Conditions x groups	1088.764***	.96
Relation to Others	Experimental group	1.32	1.35	9.16	.68	Conditions	408.516***	.91
	Control group	2.50	1.79	2.38	1.34	Conditions x groups	384.253***	.91
New Possibilities	Experimental group	.94	.82	9.28	.67	Conditions	525.241***	.93
	Control group	2.28	1.39	2.46	1.66	Conditions x groups	481.792***	.92
Personal Strength	Experimental group	.94	.84	9.04	.69	Conditions	502.418***	.92
	Control group	2.52	1.37	2.34	1.68	Conditions x groups	549.131***	.93
Spiritual Change	Experimental group	.94	.58	9.16	.74	Conditions	640.199***	.94
	Control group	2.08	1.29	2.01	1.64	Conditions x groups	640.199***	.94
Appreciation of Life	Experimental group	1.00	.67	9.22	.74	Conditions	637.489***	.95
	Control group	2.26	1.13	2.20	1.71	Conditions x groups	595.501***	.94

Note. ****p* < .001

Table 3 shows the findings of mixed ANOVA indicating significant mean differences across experimental and control group on all variables, more especially mean differences are in anticipation directions.

Figure 1 Schematic Representation of Research



Limitations and Implications

A number of limitations must be noted, even though the current study offers valuable insights into the therapeutic advantages of Narrative Exposure Therapy (NET) for people who have experienced traumatic events. First, because the study sample relied on participants from a particular geographic or clinical setting, it might not be entirely representative of the larger population of trauma survivors, which could limit how broadly the results can be applied. Second, because of the brief follow-up period, it is unclear whether symptom reduction and post-traumatic growth (PTG) outcomes will be sustainable over the long run. Third, reliance on self-report measures may introduce social desirability bias or inaccuracies because of participants' subjective interpretation of the questions, even though standardized tools were used to assess PTSD and PTG.

Additionally, the absence of qualitative data limits the understanding of the participants' lived experiences and the nuanced ways in which NET contributed to their recovery. Cultural factors, which may significantly influence trauma processing and response to treatment, were not deeply explored. Lastly, while the randomized controlled trial design strengthens the causal inference, blinding was not feasible for participants and therapists, which could have introduced performance or expectancy effects.

Despite these limitations, the findings underscore the potential of NET as an effective trauma-focused intervention in reducing PTSD symptoms and promoting PTG among adults with complex trauma histories. Clinicians and mental health practitioners, particularly in low-resource or conflict-affected settings, may consider incorporating NET as part of an evidence-based therapeutic toolkit due to its structured, brief, and narrative-driven approach. The therapy's adaptability to diverse cultural and socio-political contexts makes it particularly promising for implementation in communities with high trauma prevalence.

For future research, longitudinal studies with diverse samples and extended follow-up periods are recommended to examine the durability of therapeutic gains. Mixed-method approaches combining quantitative outcomes with qualitative insights could enrich the understanding of how NET fosters emotional healing and identity reconstruction. Additionally, studies comparing NET to other trauma therapies such as EMDR or TF-CBT within specific cultural frameworks would contribute to a more nuanced understanding of intervention efficacy and appropriateness across populations.

Conclusion

Collectively, these findings highlight Narrative Exposure Therapy's clinical significance in simultaneously addressing trauma-related pathology and promoting personal growth. This study adds new information to the literature by validating NET's efficacy in a non-refugee, South Asian adult students' population, an understudied group in trauma research. It further reinforces NET's applicability beyond war-torn or displaced populations, making it a viable therapeutic option in community mental health settings within culturally diverse contexts.

Aim of Study

The primary aim of this study is to examine the effectiveness of therapeutic interventions, particularly Narrative Exposure Therapy (NET), in reducing symptoms of Post-Traumatic Stress Disorder (PTSD) and fostering Post-Traumatic Growth (PTG) among adult students with traumatic experiences in two culturally distinct nations: Pakistan and Australia. The study seeks to understand how differences in social environments, cultural attitudes, mental health infrastructures, and trauma exposure levels impact the way students from each country respond to therapy. A key objective is to explore how NET contributes to emotional regulation, psychological resilience, and the development of more adaptive coping mechanisms after therapy. Additionally, the study aims to identify and compare the extent of positive psychological changes—such as improved self-perception, stronger interpersonal relationships, and a renewed sense of meaning in life—that may emerge following treatment.

Beyond individual therapeutic outcomes, the research also intends to uncover the cultural and systemic barriers that may hinder or facilitate the effectiveness of trauma-focused therapy in each context. By doing so, the study aspires to offer meaningful insights into the design of culturally responsive, trauma-informed mental health services in educational settings. It also aims to amplify the voices of students by incorporating their personal narratives, thus capturing the depth and

complexity of their trauma and recovery journeys. Moreover, the study will investigate gender and socio-demographic variations in therapy outcomes, especially among marginalized or underrepresented groups. Another important goal is to contribute comparative data that can support policy development and mental health advocacy in both developed (Australia) and developing (Pakistan) nations. Lastly, this research seeks to foster greater mental health awareness and reduce the stigma associated with trauma and help-seeking among student populations, ultimately promoting a more inclusive and supportive academic environment.

Scope of Study

Population Focus. The study targets adult university students (aged 18–35) from Pakistan and Australia who have experienced one or more traumatic events and meet the criteria for PTSD as per DSM-5 guidelines.

Therapeutic Intervention. The core intervention examined in the study is Narrative Exposure Therapy (NET), a short-term, trauma-focused cognitive-behavioral treatment designed to reconstruct fragmented traumatic memories into a coherent autobiographical narrative.

Mental Health Outcomes. The study focuses on two key outcomes: Reduction in PTSD symptoms, such as re-experiencing, avoidance, negative mood, and hyperarousal. Enhancement of Post-Traumatic Growth (PTG), including improved personal strength, better relationships, new possibilities, spiritual growth, and increased appreciation of life.

Cross-Cultural Comparison. The study investigates how cultural, social, and institutional differences between Pakistan and Australia affect the therapeutic process and outcomes, with an emphasis on how stigma, access to care, and cultural perceptions of trauma influence mental health recovery.

Methodological Approach. A mixed-method design will be employed, combining quantitative assessments (e.g., standardized PTSD and PTG scales) with qualitative interviews to gain deeper insights into participants' lived experiences and cultural narratives of trauma and recovery.

Application and Relevance. Finding will help improve culturally sensitive mental health practices in higher education institutions, promote trauma-informed academic environments, and contribute to global literature on cross-cultural therapeutic efficacy.

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