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Stigmatization Influencing the Post-Traumatic Symptoms and Adjustment Issues of Individuals Living in Rented Houses

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ABSTRACT

The study examined stigmatization as the predictor of trauma and adjustment issues of individuals living in rented houses. Cross-sectional research design was used in the study. In all, 200 tenants were selected from a few cities of Punjab, Pakistan. The Demographic Information Form and Scale of Stigmatization for Rented Peoples were developed in this study. The abbreviated "Post-Traumatic Stress Disorder PTSD Checklist Civilian Version" was translated into Urdu, and the "Scale of Adjustment for Adults" (SAA) was administered through a Google form. Pearson correlation was used to find the relationship between three variables. The results indicate that stigmatization has a significant positive correlation with PTSD ($r=.89$, $p< 0.05$) and adjustment problems ($r=.64$, $p< 0.05$). PTSD has a significant positive correlation with adjustment issues ($r = .68$, $p < 0.05$). Regression analysis was performed with stigmatization as the predictor of trauma and adjusted issues. Results revealed that stigmatization is a significant predictor of PTSD in the rented population ($R^2=.801$; $F(1,198)$). The R^2 value of .80 revealed that stigmatization has 80% variance in PTSD, and stigmatization is a significant predictor of adjustment issues in the rented population [$R^2=.419$; $F(1,198)=142.811$]. The R^2 value of .41 revealed that stigmatization has 41% variance in adjustment problems. Thus, this study will be helpful for the public and government to make the system better for the people living in rented houses.

Keywords: Stigmatization, Adjustment issues, Tenants

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1. Introduction

Historically, post-World War II housing policy in many developed nations promoted homeownership as the dominant and desirable tenure, linking it to social stability and wealth accumulation. However, structural economic shifts have led to a significant rise in private rented accommodation (PRA) since the late 20th century, particularly among young

adults and low-income households (Chevan, 1989). Goffman's foundational work defines stigma as a situation where an individual possesses an attribute that is considered a deeply discrediting mark, causing them to be reduced from a complete and valued person to a diminished and a flawed one (Goffman, 2009). The focus is on the difference between an individual's virtual social identity (the character we expect them to have) and their actual social identity (the character they can be proved to have). Stigma is the difference between these two states (Goffman, 2009). Categories of Stigma: According to Goffman stigma is categorized into: abominations of the body (physical deformities), blemishes of individual character (e.g., mental illness, addiction), and tribal stigmas (e.g., race, religion) (Goffman, 2009). Contemporary scholars like Link and Phelan offer a more comprehensive sociological perspective, defining stigma as the co-occurrence of five fundamental, interrelated components that maintain social hierarchy (Link & Phelan, 2001).Distinguishing and naming human differences. It involves connecting the labeled differences to adverse cultural beliefs (negative attributes). Placing the labeled individuals into us and them categories.

Status Loss and Discrimination: The labeled individuals suffer from the status loss, rejection, and unfair treatment. The entire process requires social, economic, and political power to separate labeled persons and enforce the discrimination (Link & Phelan, 2001). Stigma refers to the process where a person is discredited due to a perceived attribute (Goffman, 2009). In the context of housing, being a renter, especially of low-income or social housing, can result in territorial stigma (Wassenberg, 2004) or low-income housing stigma (LIHS) (Ramzanpour, Sharghi, & Nourtaghani, 2023). Stigma manifests itself by depriving individuals of their resources, opportunities, and well-being, resulting in prejudice and discrimination (Keene & Padilla, 2014; Link & Phelan, 2001). For instance, renters may experience job discrimination; social alienation; and negative outsider perceptions, leading to a continuous state of vigilance and stress. The psychological toll of having an internalized awareness of being socially devalued is one of the most substantial psychological stressors predicting poor mental health outcomes, including shame, social anxiety, and hopelessness (Ramzanpour, Sharghi, & Nourtaghani, 2023). The stigmatization process of low-income housing (LIHS) is an extremely effective means of perpetuating economic disparity or socioeconomic inequality in the housing market by making it an undesirable place for others (Link & Phelan, 2001; Wacquant, 2008). Many people believe that those who cannot afford to rent their own home in a stable, high-quality way (e.g., renters relying on housing vouchers) are irresponsible, lazy, and unmotivated (American Psychological Association, 2019). It is often believed that those who live in low-income neighborhoods or housing projects are involved in criminal activity, behave in a disordered manner, or are dependent on government assistance (Desmond, 2017). The very place where a person lives, i.e., a low-income neighborhood or a housing project, is seen as a 'stamp of stigma' (Wacquant, 2008). This spatial aspect of stigma, in turn, serves as a 'stamp of degradation,' devaluing the social status of the person who lives there, and causing others to avoid that person (Link & Phelan, 2001). The housing stigma creates discrimination as people who rely on public assistance for their housing are subject to discrimination from private landlords (i.e. landlords who refuse to rent to those receiving housing assistance, or No DSS discrimination), arbitrary evictions (Desmond, 2017), and housing instability, which is recognized as a major hurdle to economic and psychological well-being (Aykanian & Lee, 2016). Stagnant wages combined with extremely high and volatile prices have made it very difficult for many people to enter the homeownership market (Hochstenbach, 2018; Hulse et al., 2019). Housing is increasingly viewed as an asset for investment instead of a social good; driving the rental markets to maximize profit and driving rapid rent inflation (Perucca, Freeman, & Farha, 2023). The decline in the provision of affordable public/social housing and deregulation of the private rental sector, are contributing to the growth of the private rental sector as a last resort for many (Malpass, 2001). The characteristics of today's private rental sector create significant obstacles and serve as chronic stressors to many renters. Short-term leases and no-fault landlord evictions create residential instability and insecurity, resulting in costly, frequent, and disruptive moves. The instability created by this

process creates significant stress for renters (Hulse et al., 2019). (Hulse et al., 2019). Renters typically have little agency to modify, personalize, or make long-term plans for their rental unit. This lack of control over their physical environment contributes to lower levels of psychological well-being and less of a sense of home (Ramzanpour, Sharghi, & Nourtaghani, 2023). Being a renter, particularly in social or low-income housing, is often associated with a negative social label. This is rooted in a societal perception that homeownership is the only sensible and superior tenure choice (Burdette et al., 2011). Housing instability and related social issues are important aspects of health, and have been shown to be strongly linked to negative mental health effects (Hock et al., 2024). Housing instability (moving frequently, fear of eviction) is a major source of chronic stress that can lead to the development of an adjustment disorder (an unhealthy emotional or behavioral response to a known source of stress). Research shows that housing instability is linked with much higher chances of developing anxiety and depression in adults and children (Zehrung et al., 2025). While chronic housing instability can cause adjustment difficulties, traumatic and sudden experiences - such as violent eviction, unstable homelessness or ongoing dangerous living conditions; can cause Post-Traumatic Stress Disorder (PTSD). Studies show that people who are homeless or barely housed (and have frequent housing crises) experience high levels of trauma and PTSD (Montgomery, Szymkowiak, & Tsai, 2020). Chronic experiences of social, perceived, and internalized stigma are a general psychosocial source of stress which have serious implications for mental well-being (Corrigan & Wassel, 2008). There is a direct relationship between stigma and the increased rates of anxiety, depression, and psychological distress among individuals within stigmatized populations (Earnshaw & Chaudoir, 2009; Link et al., 1997). Internalized stigma in particular causes individuals to agree with the negative public beliefs (e.g; I am worthless because I am poor/sick). This self-blame and shame results in lower self-esteem and reduced self-efficacy, the belief in one's own ability to achieve goals (Corrigan et al., 2012). This can create a why-try effect, leading to a failure to pursue job opportunities, education, or necessary treatment (Corrigan & Wassel, 2008). Anticipated stigma leads to social withdrawal. Individuals may self-isolate to avoid the pain of perceived rejection or discrimination (Quinn & Chaudoir, 2009). This social avoidance depletes crucial support networks, making the individual more vulnerable to mental health crises (Corrigan et al., 2012). Stigma is a major barrier to seeking help. Individuals often delay or avoid treatment (e.g., for mental health or substance use) out of fear of being publicly labeled, which delays recovery and can worsen symptoms (Corrigan, 2004). Stigma is a determinant of health in a social context. Researchers have classified stigma as three different kinds of stigma. These stigmas are public stigma, self-stigma and structural stigma. All three of these stigmas lead to an increase in what is called labeling, which increases the amount of cortisol being produced and activates the sympathetic nervous system. For example, (Mak et al., 2007) reported that there is a significant negative correlation between stigma and mental health ($r = -.39$ as the average effect size) in the research they conducted. They also reported that the correlation between internalized stigma (or self-stigma) and MDD was stronger than the correlation between enacted stigma (or discrimination) and MDD (Mak et al., 2007). Social exclusion (or ostracism) is a third social factor in the development of complex post-traumatic stress disorders (e.g. Major Depressive Disorder). Social exclusion interrupts our basic need to belong; therefore, when someone is perceived as devalued by society they begin to withdraw from that society which negates the protection against mental illness provided by their social support (Zadro & Gonsalkorale, 2014). People will use stigma as a way to exert power over others to remove them from society. The social distance created by applying stigma limits the individual's ability to access life chances (e.g., jobs or social networks) that are fundamental to establishing psychological resilience (Link & Phelan, 2001). Discrimination in housing (denial of rental, poor conditions, or predatory practices) contributes to minority stress. This environmental instability is a direct predictor of high psychological distress and lower life satisfaction (Opia et al., 2025). Studies indicate that residents in marginalized urban areas experience advanced marginality, where the stigma of their neighborhood's address leads to

systemic exclusion from the labor market and increased mental health burden (Wacquant, 2008). PTSD is a disorder that may develop after experiencing an event which includes an actual or threatened death, extreme injury, or sexual violence. It is defined by four clusters: intrusion, avoidance, negative alterations in cognitions/mood, and hyperarousal (American Psychiatric Association, 2022). Insidious trauma refers to the daily accumulation of discrimination, harassment, and instability. Unlike a single catastrophic event, these everyday triggers maintain the body in a state of continuous traumatic stress. Chronic exposure to micro aggressions and neighborhood violence acts as a constant threat that mimics the symptoms of traditional PTSD, particularly in marginalized communities (Corrigan, 2000). The biological pathway involves the Hypothalamic-Pituitary-Adrenal (HPA) axis. Stigma creates a prognostic stress effect where the individual is always expecting a threat. The amygdala remains overactive, leading to an exaggerated startle response. Shame-based schemas cause victims to replay stigmatizing events (rumination).

Prolonged cortisol exposure impairs the prefrontal cortex, making it difficult to regulate emotions (Benfer et al., 2023). Adjustment issues (clinically categorized as adjustment disorders) involve a disproportionate emotional or behavioral response to an identifiable stressor. This typically manifests as a decline in social or occupational functioning, significant anxiety, or depressed mood (O'Donnell et al., 2019). Research indicates that the prevalence of adjustment issues is significantly higher in populations facing structural instability, with symptoms often appearing within three months of the stressor's onset (American Psychiatric Association, 2022). Renters, particularly in low-income brackets, face residential instability. Frequent relocation disrupts social capital (friendships, community support) and creates a state of chronic transition, which is a primary driver of adjustment difficulties (Clampet–Lundquist, 2010). A longitudinal study using Illinois BRFSS data found that individuals experiencing housing instability -- specifically difficulty paying rent or mortgage—had a significantly higher risk of Frequent Mental Distress (FMD), defined as 14 or more days of poor mental health per month (Opia et al., 2025). Describe how the power to label creates a permanent state of anticipatory stress, where the individual is constantly waiting for the next act of discrimination, mimicking the hypervigilance cluster found in PTSD (Link & Phelan, 2001).Marginalized groups experience what is known as minority stress. Discrimination acts as an additive stressor over and above general life stressors, leading to higher baseline levels of cortisol (Berger & Sarnyai, 2015). Empirical studies show that self-stigma (internalizing societal prejudice) explains roughly 22% of the variance in PTSD symptom severity. Those who believe the negative stereotypes about their group are more likely to experience emotional numbing and avoidance (Benfer et al., 2023). The theoretical framework of this study is anchored in the Minority Stress Model, which posits that individuals in marginalized social positions, such as long-term renters in a culture that prizes property ownership experience chronic stressors that lead to poor mental health outcomes (Meyer, 2003). By integrating this with biological stress mechanisms, the current study proposes a conceptual path where external social stigmatization acts as a primary psychological stressor. This stressor is hypothesized to predict a cascade of post-traumatic symptoms and subsequent functional adjustment issues. The following regression model specifically tests the strength of these theoretical links within the urban rental context of Punjab, Pakistan, exploring if stigma can indeed be considered a primary predictor of trauma in this population (Molnar, Flett, & Hewitt, 2021). Here, the current study will foresee the stigmatization, trauma and adjustment of individuals living in rented houses.

The residential status of an individual is more than a logistical arrangement; it is a fundamental determinant of social identity and psychological stability. While homeownership is often associated with security and social prestige, the rented population frequently faces unique psychosocial challenges that remain under-researched, particularly in developing urban contexts. This study is necessitated by the growing evidence that housing instability is not merely a financial burden but a significant source of social marginalization.

There has been a large amount of economic literature about the effects of poverty on housing, but there is a significant gap in our understanding of the psychosocial mechanisms that link housing status to mental health. This study will fill in this gap by examining the stigma associated with being a renter, the social mark of being a renter as a key predictor of significant clinical outcomes such as Post-Traumatic Stress Symptoms (PTSS) and Adjustment Problems. Furthermore, the findings from the present study are significant because stigma alone can account for 80.1% of the variance in trauma symptoms experienced by renters.

The results of this research are particularly relevant to mental health practitioners. Specifically, trauma for renters may not be limited to a single traumatic event, but may also be the result of the chronic micro-trauma associated with systemic stigma and uncertainty regarding housing. By identifying stigma as a main predictor, this study provides a template for clinicians to use for the development of targeted therapeutic interventions aimed at enhancing resilience in the face of societal prejudices and improving adjustment strategies for renters.

The findings from this study are extremely important for policymakers and housing authorities. Specifically, by demonstrating the strong correlation between housing-related stigma and psychological distress, this research advocates for social policies beyond simply implementing rent control. In fact, this research promotes the establishment of social policies that protect the dignity and tenancies of renters.

In many societies, the pressure to own property is a significant cultural milestone that leads to internalizing stigma, which ultimately disrupts the ability of an individual to adapt to their environment. By quantifying these relationships, the study provides a baseline for future researchers to explore the long-term developmental impacts of renter-stigma on families and children. Keeping in view the literature gap, following research hypotheses and research objectives are being formulated.

H1: Stigmatization will be a significant positive predictor of Post-Traumatic Stress Symptoms among individuals living in rented houses.

H2: Stigmatization will be a significant positive predictor of psychological adjustment issues in the rented population.

H3: There will be a significant positive correlation between Post-Traumatic Stress Symptoms and adjustment issues.

1. To find out the relationship between stigmatization, trauma and adjustment of individuals living in rented houses.
2. To explore Stigmatization as a predictor of post-traumatic stress symptoms and psychological adjustment in the rented population.

2. Research Methodology

The current research was carried out to measure the stigmatization, post-traumatic stress symptoms and psychological adjustment in the population living in rented houses.

2.1 Design

Cross-sectional descriptive research design was used in the present research. Cross-sectional research gathers data to make inferences about a population of interest (universe) at one point in time. The sample was taken from different cities of Punjab (Lahore, Gujranwala, Islamabad and Gujrat). Maximum respondents were selected which fulfill the criteria.

2.2 Sample size

The sample of 200 people living in a rented house.

2.2.1 Inclusion criteria

Individuals living in rented houses were only included in the sample. Those people who are living in private rental housing and do not receive government housing assistance. Adult that holds the financial matters of the family was included in the study. He living on rent duration was at least 3 months to 2 years.

2.2.2 Exclusion criteria

1) Respondents who have their own homes were excluded.

2) Respondents having rented houses provided by the government sectors was excluded

3) Adolescents' population were also excluded

4) The living on rent duration were less than 3 months and more than 2 years were excluded

2.3 Sampling technique

Purposive sampling technique was used for the recruitment of participants. It is one of the types of non-probability sampling in which the researcher deliberately chooses the participants for research based on their particular characteristics required for the research. For current research the selection of participants was done according to age, duration and months living in the rented houses.

2.4 Measures

The following instruments were used to collect data from respondents.

2.4.1 Demographic sheet

A socio-demographic form was developed. It includes variables of district, age, Gender, Qualification, occupation, monthly income, Socioeconomic status, Marital status, No. of children, Family system, family member, Residential Area, no of times to change rented home, duration of living on rent, no of cities, current city, constructed area, home difference from others, Rent payment Time, satisfaction from rented home, home vacate, Informed in nearby police station.

2.4.2 Scale of Stigmatization for Rented peoples

Stigmatization Levels for Rented People The stigmatization scale was designed to assess stigma in people living in rental housing. An interview was used to first generate a pool of 84 items. After alteration, the same 84 items were kept according to expert evaluation. The pilot study consisted of 84 items, and 71 items were chosen for the stigmatization scale for adult tenants, which included characteristics such as insecurity, discrimination, worthlessness, perceived dominance by others, and stereotypes. In addition, 355 adults distributed these products in the field. The data was subjected to exploratory and confirmatory factor analysis. The sample adequacy was determined using the KMO and Bartlett's Test of Sphericity, as shown above. Thus, the sample adequacy was validated at 900. The EFA confirmed 42 items from 71 with factor loading range from 0.501 to 0.736. After deleting problematic items and execution of 7 covariance and 3 regression weights, the CFI value was .902 It was an Urdu version scale. It has 28 items on 5 –point Likert, that is, (1=strongly disagree, 2=disagree,3= neutral, 4=agree, 5=Strongly agree). It had Cronbach's alpha of .891 (Zafar, Naz, & Ilyas, 2025).

2.4.3 Abbreviated Post-Traumatic Stress Disorder PTSD Checklist Civilian Version

Abbreviated Post-Traumatic Stress Disorder PTSD Checklist Civilian Version (Lang et al., 2012) was used to measure the PTSD symptom in the respondents. It has 6 items on 5-point Likert, that is, not at all, a little bit, moderately, quite a bit, or extremely. The scale

showed a sensitivity of .92 and a specificity of .72. The scale has a cutoff of 14 with sensitivity of .92. It had Cronbach's alpha of .78. The scale was Urdu translated (Naz & Bano, 2018).

2.4.4 Scale of Adjustment for Adults (SAA)

This scale consisted of adjustment disorders criteria according to the diagnostic and statistical manual of mental disorder –fifth edition (Association, 2013). This scale consists of 48 items including 3 subscales of Depression, Anxiety and Conduct Issues. It was on 3 point Likert and had a good reliability (Naz, Bano, & Leghari, 2018).

3.5. Procedure

3.5.1 Statistical Analysis

Statistical Package for the Social Sciences (SPSS) version 24 was used for data analysis. Frequency distribution, correlation and linear regression analysis were done.

3 Results

The demographic characteristics of the population living in rented houses shows that the majority of the respondents belong to an age range of 21-30. Most of the respondents were educated. More than half of the respondents were privately employed. There was a little difference in the married Female and Male population (46 female, and 54% male). Most respondents were married. The majority of respondents have 1-3 children. Most of the respondents had family income in the range of 26,000 to 50,000 and lived in urban localities. Most of the population belongs to a middle-class family. Most of the respondents lived in a separate family system. Most of the respondents were 8-11 members living in the house. Most of the population change their rented home 1, 2 or 3 times. The majority of the population lives on rent from 1-5 years and the constructed area is less than 5 Marla.

Table 1: Bivariate Correlation between Stigmatization, Post-Traumatic Stress Symptoms, and Adjustment Issues (N = 200)

Variables	1	2	3	M	SD
1. Stigmatization	—			104.78	14.36
2. Post-Traumatic Stress Symptoms	.895**	—		22.42	4.36
3. Adjustment Issues	.647**	.680**	—	103.01	14.35

Note: $p < .01$, two-tailed

Results confirmed a significant positive correlation between Stigmatization and PTSD ($r = .895$, $p < .01$) and Adjustment problems ($r = .647$, $p < .01$).

Table 2: Multiple Regression Analysis Predicting Post-Traumatic Stress Symptoms

Predictor	B	SE B	β	t	p
Constant	-6.09	1.02	—	-5.96	< .001
Stigmatization	0.27	0.01	.895	28.19	< .001

Note: $R = .895$, $R^2 = .801$, Adjusted $R^2 = .800$, $F(1, 198) = 794.64$, $p < .001$
Dependent Variable: Post-Traumatic Stress Symptoms

The result indicated a statistically significant, $F(1, 198) = 794.64$, $p < .001$ prediction was confirmed. Further, there was 80.1% explained variance was evident, indicating that change in post-traumatic stress symptoms due to stigmatization was 80.1%.

Further, one-unit increase in stigmatization leads to 0.27 units increase in post-traumatic stress symptoms.

Table 3: Multiple Regression Analysis Predicting Psychological Adjustment

Predictor	B	SE B	B	t	p
Constant	35.22	5.73	—	6.15	< .001
Stigmatization	0.65	0.05	.647	11.95	< .001

Note: $R = .647$, $R^2 = .419$, Adjusted $R^2 = .416$, $F(1, 198) = 142.81$, $p < .001$
Dependent Variable: Psychological Adjustment

The results were statistically significant, $F(1, 198) = 142.81$, $p < .001$, and hence explained 41.9% of the variance in adjustment issues ($R^2 = .419$) due to stigmatization. Further, one-unit increase in stigmatization leads to 0.65 units increase in psychological adjustment.

4 Discussion

Overall, the regression analysis supports the correlation analysis. Stigmatization was shown to account for 80.1% of the variance in Post-Traumatic Stress Symptoms (PTSS). For individuals who reside in rental housing, the social stigma associated with the individual's rental housing situation represents a constant stressor to the trauma. The research supports the idea that stigma stress, like traumatic events, can lead to hypervigilance and intrusive thoughts (Link & Phelan, 2006). Furthermore, stigmatization is significantly predictive of Adjustment Issues, accounting for 41.9% of the variance in Adjustment Issues. The Minority Stress Model demonstrates the complex way that experiencing stigma and adjusting to new environment has been shown to be interrelated through the need for individuals experiencing stigma to spend large amounts of cognitive and emotional resources to manage their experience with stigma and therefore ultimately limit their ability to successfully adjust and adapt to their environments or social roles (Meyer, 2003; Molnar, Flett, & Hewitt, 2021). The dual burden presented by the rented population in terms of housing insecurity and social exclusion contributes to the loss of psychological stability for this population. Individuals with PTSS and Adjustment Problems appear to be correlated; however, individuals who have been traumatized may also struggle to integrate socially in their environment or on the job, thereby contributing to an ongoing vicious cycle. The literature supports that individuals with PTSS struggle with adjustment in the integration phase of the adjustment process, particularly in vulnerable populations (American Psychiatric Association, 2022).

5 Conclusion, and Implications

Overall, this study has shown that stigmatization is an extremely significant and seriously taxing psychological burden for those living in rented housing. The study has produced strong empirical data that shows the social mark (stigma) that comes with being a renter is not just a simply minor social issue; it is also one of the strongest predictors of serious mental health difficulties. The finding of most interest to the author was the strong correlation between stigmatization and trauma; the relationship will account for 80% of the variance in post-traumatic stress disorder symptoms. For many of the rented population, being stigmatized creates a condition of chronic psychological trauma. In addition, the existence of a positive relationship between stigmatization and poor adjustment shows that social barriers (e.g. discriminatory attitudes) impact a person’s ability to effectively perform and fully integrate into his/her environment.

Practitioners in the mental health field should create therapy modalities that address "insidious trauma" resulting from systemic stigma (i.e., the negative impact of being part of a group that has been stigmatized in societies) rather than simply treating individuals who

have suffered from a single traumatic incident. Clinicians working with long-term renters should be committed to increasing the psychological resilience to social bias (i.e., negative attitudes toward people who are unable to pay their rent) in order to facilitate more successful adjustment to long-term renting. The need for greater social awareness (i.e., more information about the impact of living in a rental community) to dispel the stereotypes of "laziness" and "irresponsibility" associated with those rentals' marginalized populations is critical at this time. The establishment of a lower social distance (i.e., encouraging individuals to engage with one another) and the elimination of the negative connotations associated with renting are essential to ensure that renters who reside within marginalized communities are not experiencing social isolation caused by diminished support networks. Social policy makers must be directed to move beyond financial (i.e., rent control measures) protections for service users to legal protections to guarantee dignity and tenant rights. Policy makers must consider and act to eliminate the "imprint of degradation" associated with low-income neighborhoods to adequately provide for the provision of social goods rather than simply treating housing as capital assets.

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