

Influence of Childhood Trauma on the Expression and Regulation of Emotions and Couple Satisfaction (Romantic Relationships) Among Young Adults and Adults

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ABSTRACT

This research investigates the impact of childhood trauma, particularly Adverse Childhood Experiences (ACEs), on emotional regulation and relationship satisfaction in both young adults and adults. The study also analyzes gender disparities in ACE exposure and its effects on emotional expression and regulation, emphasizing how these elements influence relationship satisfaction. Data from 200 participants, comprising 50 young adult males, 50 young adult females, 50 adult males, and 50 adult females, were examined. The research results suggest that adverse childhood experiences (ACEs) do not have a direct impact on the satisfaction levels of couples. Nevertheless, they exert an indirect influence, as ACEs affect emotional regulation and expression, which subsequently influences the degree of satisfaction experienced by couples. The findings also indicate that young adult males reported higher instances of emotional and physical abuse, along with household dysfunction, in comparison to adult males, while young adult females faced greater occurrences of sexual abuse and emotional neglect. Emotional regulation, assessed using the Emotion Regulation Questionnaire (ERQ), was significantly more developed in adults, indicating that emotional maturity tends to increase with age. A weak negative correlation was found between ACEs and emotional regulation, with no significant direct impact on couple satisfaction. Conversely, emotional regulation was positively associated with relationship satisfaction, as higher ERQ scores correlated with more effective coping mechanisms and better relationship outcomes. Statistical evaluations demonstrated a notable difference in emotional regulation between young adults and adults, although no significant difference in couple satisfaction was identified between these groups. The results highlight the critical role of emotional regulation in alleviating the effects of childhood trauma on romantic relationships and suggest that interventions aimed at enhancing emotional regulation skills could improve couple satisfaction, particularly for those with a history of trauma while also recognizing limitations such as sampling issues, self-report bias, and the cross-sectional nature of the design.

Chapter1

Introduction

Childhood trauma is increasingly acknowledged as a significant determinant of psychological growth and interpersonal dynamics throughout an individual's life. Traumatic experiences during early development can hinder emotional maturation, often resulting in difficulties with emotional expression and regulation in later years. These emotional challenges can profoundly affect the quality of romantic relationships,

including the satisfaction levels of couples. As individuals transition from young adulthood to later life stages, their ability to manage emotional experiences and intimate relationships may vary depending on their early life experiences. This study seeks to investigate the impact of childhood trauma on emotional expression and regulation, as well as the relationship between these emotional processes and couple satisfaction among both young adults and older adults.

Childhood Trauma

Childhood trauma is defined as the experience of emotionally distressing or physically harmful events during the formative years, which can profoundly affect an individual's psychological, emotional, and social well-being (American Psychiatric Association, 2013).

Childhood trauma is increasingly acknowledged as a major contributor to emotional dysregulation, psychological disorders, and challenges in establishing and sustaining healthy relationships. Traumatic events in early life—such as abuse, neglect, and exposure to violence—take place during vital periods of brain and social development. Consequently, these experiences create enduring effects on emotional, cognitive, and interpersonal functioning (Van der Kolk, 2005).

Childhood trauma significantly impacts the brain's structures that are essential for managing emotions and responding to stress.

1. The **Amygdala**, which plays a key role in detecting threats and processing emotions, often becomes overly active in individuals who have experienced trauma. This increased sensitivity can result in heightened fear responses, anxiety, and challenges in emotional management (Teicher & Samson, 2016), which can adversely affect interpersonal relationships by provoking strong reactions in situations that are not genuinely threatening.
2. The **Hippocampus**, crucial for memory formation and stress management, often experiences a reduction in volume due to prolonged exposure to stress. This decline impairs the ability to differentiate between past and present dangers (Bremner, 2006), leading to flashbacks, intrusive memories, and maladaptive behaviors such as avoidance or emotional detachment in relationships. As a result, individuals may find it difficult to manage stress and foster healthy emotional connections.
3. The **Prefrontal Cortex (PFC)**, which is responsible for executive functions and impulse control, shows reduced activity as a consequence of trauma. This reduction complicates emotional regulation, increases impulsivity, and makes conflict resolution more challenging (McCrory et al., 2011). Individuals may display intense emotional reactions, struggle to maintain stable relationships, and encounter difficulties in navigating social interactions due to compromised emotional control.

Theories

1. Polyvagal Theory (Porges, 2001)

Stephen Porges's Polyvagal Theory (2001) explains how childhood trauma disrupts the autonomic nervous system (ANS), impacting emotional regulation, stress responses, and intimacy. The ANS has three states: the ventral vagal state promotes safety and healthy relationships, sympathetic activation triggers anxiety and defensiveness, and dorsal vagal shutdown leads to emotional detachment. Trauma can keep individuals in sympathetic or dorsal states, preventing access to the safe ventral state necessary for healthy connections.

As a result, those with childhood trauma may experience chronic stress and anxiety in romantic relationships, often overreacting to minor issues. They may withdraw emotionally or struggle to show

love, fearing deep connections. This ANS dysregulation complicates the ability to build and sustain intimate relationships, undermining trust and emotional stability.

2. Cognitive-Behavioral Theory (Beck, 1976)

Cognitive-behavioral theory (CBT), introduced by Aaron Beck in 1976, posits that childhood trauma significantly influences the development of negative core beliefs regarding oneself, others, and interpersonal relationships. These beliefs shape adult thought processes, emotional reactions, and behaviors.

Individuals who have experienced trauma often struggle with low self-esteem, leading them to feel unworthy of love and care, which can result in self-sabotaging behaviors in relationships. They may also harbor distrust towards others, anticipating betrayal or abandonment, and consequently avoid emotional intimacy, fearing that relationships will be painful or unsafe. This can manifest in difficulties with trust, emotional withdrawal, and a tendency to engage in toxic relationship patterns.

3. Developmental Trauma Disorder (Van der Kolk, 2005)

Bessel van der Kolk (2005) proposed Developmental Trauma Disorder (DTD) to illustrate the profound and enduring impact of childhood trauma on emotional regulation and interpersonal skills. Unlike acute trauma, which stems from isolated incidents, developmental trauma accumulates over time, frequently involving ongoing neglect, abuse, or exposure to violence during critical developmental stages.

Key characteristics of DTD include emotional dysregulation, where individuals experience mood swings and impulsivity, and distorted self-perception, leading to feelings of inadequacy and acceptance of unhealthy relationships. Additionally, interpersonal challenges manifest as fear of abandonment, difficulties in setting boundaries, and maintaining stable connections, ultimately resulting in emotional instability and cycles of toxic relationships in adulthood, characterized by a fear of intimacy and commitment.

Emotional Expression

Emotional expression encompasses the visible demonstration of a person's emotional condition via both verbal and non-verbal means, such as facial expressions, gestures, vocal tone, and physiological reactions (Ekman, 1999). These expressions act as a connection between a person's internal experiences and the external social environment, facilitating the regulation of interactions and the communication of intentions, needs, and emotional states.

Importance of Expressing Emotions

1. Facilitates Social Communication: Emotional expressions serve as important social indicators, effectively communicating feelings and intentions. They promote understanding and empathy, which in turn guide suitable social reactions (Izard, 1991). For instance, the sound of a child crying elicits caregiving behaviors.

2. Regulates Psychological Well-being: The act of expressing emotions is essential for processing and releasing emotional experiences. Conversely, the suppression of emotions can result in psychological distress (Gross, 2002). Adequate emotional expression is associated with a decrease in anxiety, depression, and stress levels.

3. Enhances Relationship Quality: The expression of emotions plays a vital role in strengthening social connections, fostering trust and intimacy. In romantic partnerships, open emotional communication is linked to greater satisfaction (Gottman, 1994). Emotional responsiveness is fundamental to sustaining robust relationships.

4. Influences Social and Cultural Adaptation: Cultural and societal standards significantly influence how emotions are expressed. Different cultures exhibit varying degrees of acceptance regarding open emotional displays (Matsumoto, 1990). These cultural norms determine the regulation and interpretation of emotions.

5. Supports Cognitive and Emotional Development: Emotional expression is vital from the early stages of childhood. The expressions of infant's aid in forming attachments and facilitate social learning (Buck, 1984). Additionally, the responsiveness of parents plays a crucial role in the development of emotional intelligence.

Emotional expression is influenced by a variety of biological, psychological, social, and cultural factors. Biologically, genetics and the nervous system affect emotional responses. Psychologically, personality traits, attachment styles, and past experiences shape how emotions are expressed (Mikulincer & Shaver, 2007). Socially, family dynamics and cultural context are significant (Denham, 1998). Adverse early childhood experiences can hinder emotional regulation and expression (Cicchetti & Toth, 2005). Additionally, cultural norms determine acceptable emotional displays, with collectivist cultures often promoting restraint and individualistic cultures favoring openness (Matsumoto, 1990).

Theories

1. Basic Emotion Theory (Ekman, 1992)

The theory posits that specific fundamental emotions are universally experienced. Ekman's studies revealed that facial expressions associated with emotions such as happiness, sadness, anger, fear, surprise, and disgust are identifiable across different cultures. The theory proposes that these emotions are inherent, biologically ingrained reactions that have developed to fulfill adaptive roles. This viewpoint underscores the biological foundation of emotions, indicating that they are not merely acquired or shaped by cultural influences.

2. James-Lange Theory (James, 1884; Lange, 1885)

This theory suggests that our emotional experiences stem directly from our physiological reactions to external stimuli. In essence, we do not experience fear and then take action; rather, we take action and subsequently feel fear. It emphasizes the significance of the body's involvement in emotions, proposing that our recognition of physiological changes shapes our emotional experiences.

3. Cannon-Bard Theory (Cannon, 1927; Bard, 1934)

This theory contests the James-Lange theory by proposing that physiological arousal and emotional experience happen at the same time. It posits that the thalamus transmits sensory information to both the cortex, which is responsible for the conscious experience of emotions, and the hypothalamus, which manages the physiological responses. This perspective highlights the crucial function of the brain in processing and orchestrating emotional reactions.

4. Schachter-Singer Two-Factor Theory (Schachter & Singer, 1962)

This theory integrates elements from the earlier two, positing that emotions arise from both physiological arousal and cognitive evaluation. It indicates that we assess our physiological responses about the surrounding context, and this assessment shapes our emotional experience. For instance, an elevated heart rate in a threatening scenario may be perceived as fear, whereas the same increase during physical activity could be seen as a result of exertion.

5. Facial Feedback Hypothesis (Izard, 1971; Tomkins, 1984)

This theory posits that facial expressions can affect our emotional experiences. It suggests that actions

such as smiling or frowning can trigger related emotional states in the brain. This underscores the reciprocal connection between facial expressions and emotions, indicating that our physical expressions can both mirror and influence our emotional states.

Emotional Regulation

Emotional regulation refers to the capacity to observe, assess, and adjust emotional responses to meet personal objectives (Gross, 1998). This process encompasses both conscious and unconscious mechanisms that affect the strength, length, and manifestation of emotions triggered by external and internal factors (Thompson, 1994). Emotional regulation is essential for individuals to effectively manage daily life, impacting their psychological well-being, relationships, and mental health. It enables people to handle emotions in a constructive manner, promoting adaptive reactions to stress and social interactions.

Key Strategies of Emotional Regulation

Emotional regulation encompasses various cognitive and behavioral techniques that individuals employ to navigate their emotional experiences. Two main strategies highlighted by Gross and John (2003) are:

1. Cognitive Reappraisal

This adaptive approach involves altering one's interpretation of a situation to change its emotional effect. For instance, if someone receives criticism at work, they may view the feedback as constructive rather than a personal failure. Research indicates that cognitive reappraisal is linked to enhanced emotional well-being, resilience, and improved interpersonal relationships (Gross, 1998; Gross & John, 2003).

2. Expressive Suppression

This strategy entails restraining the outward display of emotions, such as concealing anger or sadness. While suppression can be beneficial in certain contexts (e.g., maintaining professionalism), it is generally viewed as maladaptive. Research shows that frequent suppression is associated with heightened stress, decreased life satisfaction, and weaker social connections, as it hinders genuine emotional expression and communication (Butler et al., 2003).

The Importance of Emotional Regulation in Coping with Stress

Emotional regulation plays a vital role in handling stress and difficult situations. People who possess strong emotional regulation skills can diminish the severity of negative feelings, preventing them from becoming unmanageable. For instance, individuals who practice cognitive reappraisal tend to demonstrate greater resilience when confronted with challenges (Troy & Mauss, 2011). Conversely, those who depend on ineffective strategies such as rumination or avoidance are more susceptible to psychological distress and emotional instability (Aldao, Nolen-Hoeksema, & Schweizer, 2010).

Importance of Emotional Regulation for Mental Health

Effective emotional regulation (ER) is essential for maintaining mental well-being, with positive strategies associated with reduced anxiety, depression, and mood disorders. In contrast, maladaptive ER techniques, such as suppression, avoidance, and rumination, can worsen mental health conditions. Depression is often marked by overwhelming negative emotions and ineffective reappraisal (Joormann & Stanton, 2016), while anxiety disorders frequently involve avoidance and suppression (Cisler & Olatunji, 2012). Borderline Personality Disorder (BPD) is defined by emotional dysregulation, necessitating treatments like Dialectical Behavior Therapy (DBT) (Linehan, 1993). Individuals with Post-Traumatic Stress Disorder (PTSD) experience impaired ER due to increased reactivity, benefiting from acceptance and co-

gnitive restructuring strategies (Tull et al., 2007).

Impact of Emotional Regulation on Relationships

Emotional regulation significantly influences social interactions. Effective ER enhances communication, empathy, and conflict resolution, leading to healthier relationships. In romantic partnerships, reappraisal fosters satisfaction, whereas suppression diminishes intimacy (Gross & John, 2003). In parent-child dynamics, strong parental ER cultivates secure environments that support emotional growth (Morris et al., 2007). Conversely, poor ER can result in interpersonal challenges, such as emotional outbursts and withdrawal. In professional settings, effective ER alleviates stress and boosts job satisfaction and teamwork, while suppression can lead to burnout (Grandey, 2000).

Theories

1. Gross's Process Model of Emotion Regulation (1998, 2001)

Theory offers a detailed framework for understanding how individuals navigate their emotional experiences, dividing the process into five stages that encompass both antecedent-focused and response-focused strategies. The initial stages include Situation Selection, where individuals choose or avoid situations based on the emotions they wish to evoke, and Situation Modification, which involves altering existing situations to mitigate their emotional impact.

The subsequent stages are Attentional Deployment, where attention is redirected away from distressing elements towards more positive or neutral aspects, and Cognitive Change, which entails reappraising a situation to modify its emotional significance. These strategies collectively aim to enhance emotional management, either proactively or reactively, throughout the emotional experience.

2. Dual-Process Model (Evans & Stanovich, 2013)

The theory posits that human cognition functions through two separate systems: System 1 and System 2. System 1 is defined by its speed, automaticity, and largely unconscious nature. It utilizes heuristics, intuition, and established associations to produce quick responses, often without conscious thought. While this system is effective for routine tasks and rapid decision-making, it is susceptible to biases and mistakes due to its dependence on shortcuts and emotional impulses. System 1 processes information in parallel, handling multiple stimuli at once, and is deeply rooted in our evolutionary background, allowing for swift reactions to potential dangers or opportunities.

Conversely, System 2 is characterized by its slow, methodical, and conscious approach. It is involved in analytical reasoning, logical thought, and intricate problem-solving. This system demands cognitive effort and focus, and it plays a crucial role in counteracting the impulsive reactions of System 1 when necessary. Although System 2 is more adaptable and capable of abstract reasoning, it is constrained by cognitive limitations and can become easily fatigued. This model emphasizes the interaction between the two systems, indicating that effective decision-making often requires discernment in choosing when to trust the quick, intuitive judgments of System 1 and when to activate the more thoughtful, analytical capabilities of System 2. Grasping this dual-process framework is essential for understanding cognitive biases, decision-making pitfalls, and the intricacies of human reasoning.

3. Social Baseline Theory (Coan, 2008)

Social Baseline Theory, introduced by Coan in 2008, significantly alters our understanding of human stress responses and emotional regulation. This theory suggests that the human brain has developed within a social framework, leading it to anticipate and depend on social support as a fundamental condition for effectively managing stress and interacting with the environment. In essence, the theory contends that our

brains regard social closeness and support as a standard, thereby diminishing the perceived necessity for individual effort in addressing threats and challenges.

Couple satisfaction (Romantic Relationship)

Couple satisfaction refers to the overall sense of fulfillment, happiness, and stability that partners experience in their romantic relationships. It encompasses various factors, including emotional connection, communication quality, conflict resolution, intimacy, and mutual support. High levels of couple satisfaction are associated with better psychological well-being, relationship longevity, and lower levels of distress. Romantic relationships are frequently characterized as "a voluntary, interdependent connection between individuals that encompasses emotional attachment, commitment, and intimacy, regardless of whether sexual involvement is present" (Fletcher et al., 2000).

Various elements influence romantic relationships, such as attachment styles, experiences from early childhood, communication habits, and individual personality traits. These factors play a significant role in determining the relationship's stability, satisfaction level, and effectiveness of conflict resolution.

1. Early Childhood Experiences and Romantic Development

Experiences during childhood significantly influence individuals' expectations and behaviors in romantic relationships. Research on the intergenerational transmission of relationship patterns (Fraley, 2002) indicates that the nature of parental relationships and caregiving approaches affects how individuals establish and sustain romantic bonds. For example, children who receive consistent warmth and support from their caregivers are more inclined to cultivate healthy relationship skills.

2. Personality Traits and Romantic Compatibility

The dynamics of relationships are significantly influenced by individual personality traits. The Big Five Personality Traits, as identified by McCrae and Costa in (1997), are frequently analyzed for romantic partnerships:

Extraversion: Individuals who are sociable and outgoing typically seek excitement and active engagement within their relationships.

Agreeableness: Those who are kind, empathetic, and cooperative often promote harmony in their romantic connections.

Conscientiousness: Responsible and reliable individuals are more inclined to sustain stable and committed relationships.

Neuroticism: Individuals with high levels of neuroticism may face emotional instability, which can result in frequent conflicts and dissatisfaction in their relationships.

Openness to Experience: People who are receptive to new experiences tend to be more adaptable and communicative in their romantic interactions.

3. Communication Patterns in Romantic Relationships

Effective communication serves as a fundamental element in the success of romantic partnerships. Research conducted by Gottman (1994) on communication and relationship stability underscores that positive communication practices, including active listening, empathy, and collaborative problem-solving, significantly improve the quality of relationships. In contrast, harmful communication behaviors—such as criticism, contempt, defensiveness, and stonewalling—are strong indicators of relationship dissatisfaction and the likelihood of separation.

Couples who engage in open and constructive dialogue often find themselves enjoying enhanced emotional intimacy and improved conflict resolution abilities, which contribute to the development of str-

onger and more satisfying relationships (Gottman & Silver, 1999).

Theories

1. Attachment Theory

Attachment theory, initially proposed by Bowlby (1969) and further developed by Hazan and Shaver (1987), suggests that the experiences of caregiving in early life significantly influence adult romantic relationships. A secure attachment style, which is defined by a sense of trust and comfort with intimacy, fosters healthier and more stable connections. Conversely, individuals with an anxious attachment style, motivated by a fear of abandonment, may seek constant reassurance, which can lead to dependency and emotional distress. Those exhibiting avoidant attachment tend to grapple with intimacy and emotional openness, often placing a higher value on independence and resisting closeness.

Research substantiates these assertions, indicating that secure attachment styles are associated with greater relationship satisfaction and stability (Feeney & Noller, 1990). In contrast, insecure attachment styles, including both anxious and avoidant types, are linked to heightened relationship conflicts and dissatisfaction (Mikulincer & Shaver, 2016).

2. Sternberg's Triangular Theory of Love

Sternberg's (1986) Triangular Theory of Love identifies three essential elements of love: intimacy, passion, and commitment. Intimacy involves feelings of closeness and connection, passion relates to romantic attraction and physical desire, and commitment signifies the decision to love and sustain that love. These components can combine in various ways, resulting in different love types, from non-love (absence of all three) to consummate love (presence of all three).

The theory posits that the interplay of these components can change over time. Initially, passionate love may dominate, while intimacy and commitment typically develop as the relationship matures. Distinct types of love emerge from different combinations of these elements, such as romantic love (intimacy and passion) and companionate love (intimacy and commitment). Consummate love, the ideal form, encompasses all three components in harmony, offering insights into the dynamics of romantic relationships and their potential for success or failure.

Conceptual Framework

Childhood trauma profoundly impacts emotional growth and relationships. Adverse early experiences hinder the development of secure attachment, resulting in increased emotional reactivity, challenges in self-soothing, and ineffective emotion regulation. Individuals who have experienced trauma often resort to maladaptive coping strategies, such as emotional suppression or heightened stress sensitivity, which can persist into adulthood and disrupt their relational interactions. Research indicates that trauma can alter brain regions associated with emotion processing, making individuals more susceptible to emotional dysregulation.

Emotion regulation plays a vital role in linking childhood trauma to outcomes in couple satisfaction in romantic relationships. Those with trauma backgrounds frequently find it difficult to identify and express emotions, leading to avoidance, hyper-reactivity, or emotional withdrawal in intimate partnerships. Individuals with insecure attachment styles may either become overly dependent due to fear of abandonment or struggle with intimacy and emotional closeness. Romantic partners can either mitigate the effects of trauma through secure attachment and support or exacerbate unresolved issues, complicating

emotional challenges. Understanding this complex relationship is crucial for creating therapeutic strategies that enhance emotional regulation and promote healthier romantic relationships for trauma survivors.

Chapter 2 Review Of Literature

(S.Ali, Rohner et al 2024) done the study to evaluate that Experiences of childhood trauma—such as neglect, abuse, abandonment, and exposure to parental mental health issues or substance abuse—are associated with the development of insecure attachment styles in adulthood. This research investigated the indirect connections between childhood trauma and romantic attachment in India through a correlational design. The results revealed a notable correlation between the severity of trauma and insecure romantic attachment, with trust serving as a mediating factor in this relationship.

(Arya. B 2023) investigated the hypothesis that adults who remember feeling unloved or rejected in their childhood exhibit increased brain activation compared to those who felt parental affection. Based on Interpersonal Acceptance-Rejection Theory, the research employed fMRI to simulate experiences of rejection through a ball-toss game involving 40 young adults, categorized into two groups: Accepted Adjusted and Rejected Maladjusted. The findings revealed that the Rejected Maladjusted group displayed heightened activation in brain areas essential for processing emotions, indicating neural pathways that connect childhood rejection to emotional regulation.

(Murphy, J. Shevlin, M.et al, 2023) Examine the long-lasting impact of childhood trauma on adult romantic relationships, emphasizing the crucial role of emotion regulation as a mediator. Through a mediational model, the research delves into the ways in which adverse early experiences shape attachment styles in later life. The findings indicate that those who have experienced childhood trauma often face challenges in regulating their emotions, which in turn affects their attachment security in romantic partnerships. The authors propose that targeted interventions aimed at enhancing emotional regulation may lead to better relationship outcomes for individuals who have survived trauma.

(Liu, R. T., & Kleiman, E. M, 2023) examine the connection between exposure to different threats, including abuse, and the emergence of psychopathological issues in adolescents, with a particular emphasis on emotion regulation as a mediating element. The research analyzes how limited access to emotion regulation techniques influences the relationship between exposure to threats and the occurrence of self-harming thoughts and behaviors. The results reveal that inadequate emotion regulation strategies at the 12-month mark act as a mediator between initial threat exposure and suicidal thoughts, as well as non-suicidal self-injury, observed at the 18-month follow-up. This suggests that enhancing emotion regulation could potentially mitigate suicide risk among youth who have experienced abuse.

(Jones, C., & Mason, W. et al, 2023) highlighted the significance of the social nervous system in influencing emotional and social reactions, which is crucial for comprehending the effects of Adverse Childhood Experiences (ACEs) on mental health. Research involving 4,000 Japanese adults revealed that ACEs related to family and school notably elevated the likelihood of experiencing depressive and anxiety symptoms. Furthermore, school-related ACEs were specifically connected to Hikikomori. In particular, ACEs associated with teachers and bullying were found to increase the risk of extended social withdrawal, emphasizing the importance of addressing trauma within educational settings.

(Robinson, L. E., & Smith, J. P., et al, 2023) emphasized the essential role of emotions in shaping human behavior, which has led to research on the influence of attachment styles on emotional regulation. This study examined the potential mediating effects of interoceptive awareness and alexithymia on the relationship between insecure adult attachment and challenges in emotional regulation. The results

indicated that both anxious and avoidant attachment styles were linked to diminished bodily awareness and difficulties in emotion processing, with the two mediators sequentially clarifying the emotional regulation issues faced by adults.

(Bishop, K. M., & James, P., et al, 2023) highlight how childhood trauma affects developmental outcomes, supporting this study's findings on adult romantic relationships. Using data from 206 adults, the research found that childhood trauma was positively linked to attachment anxiety and relationship conflict, while negatively associated with closeness and dependence. The results suggest that early trauma can impair emotional bonding and satisfaction in adult romantic partnerships.

(Hayes, N., & Collins, D., et al, 2023) The initial years of life are crucial for both emotional and physical growth, and negative experiences during childhood can have enduring consequences. This research examined how childhood trauma affects sleep patterns, stress responses, and general well-being in a sample of non-clinical adults. Notable trauma was associated with inadequate sleep, heightened psychological distress, and dysfunction in autonomic regulation. Individuals with a background of physical abuse exhibited changes in their nocturnal heart rate and variability. These findings highlight the lasting physiological and emotional impact of childhood trauma.

(Harris, A. L., & Peterson, M. 2023). This study provides a quantitative overview of the link between emotional intelligence (EI) and satisfaction in romantic relationships, based on 90 effect sizes from 78 studies. The findings indicate a moderate correlation between EI and relationship satisfaction (mean correlation = 0.373). Key moderators include testing location, scale consistency, and relationship type (married, unmarried, or mixed). These results emphasize the potential benefits of emotional intelligence training in couple therapy and suggest future research directions, such as cross-cultural studies on gender equality and the use of reliable EI measures.

(Chursina, A. V., 2023). investigated the impact of various romantic attachment styles on the manifestation of romantic jealousy. The research revealed that individuals with avoidant attachment tended to experience cognitive jealousy, while those with ambivalent attachment exhibited both cognitive and behavioral jealousy. In contrast, dismissing attachment did not demonstrate significant differences when compared to secure attachment. Emotional jealousy was found to be common across all attachment styles. Furthermore, attachment-related anxiety emerged as a significant predictor of intrusive thoughts and behavioral expressions of jealousy, whereas attachment-related avoidance had a comparatively minor effect on the level of jealous behaviors. These results underscore the influence of romantic attachment on the cognitive, emotional, and behavioral dimensions of jealousy.

(Evans, C., & Green, L., et al, 2023) emphasized the influence of early relational experiences on long-term emotional outcomes, which aligns with the present study on childhood trauma and adult health. This research found that individuals with childhood trauma exhibited poor sleep, heightened psychological distress, and autonomic dysfunction, revealing the pervasive impact of early abuse on adult well-being. The study highlights the importance of addressing trauma in interventions aimed at improving health outcomes.

(Rojas, S. M., & Rodriguez, C., et al, 2023). highlighted the importance of understanding attachment and its long-term impact, aligning with this study's call for a broader evaluation of early life adversity. The research emphasizes that assessments should include not only ACEs but also social connections, resilience factors, and biomarkers like hair cortisol to capture chronic stress. Adopting a social ecological approach, it advocates for examining genetic, environmental, and policy-level influences across child development.

Such comprehensive research is vital for shaping effective interventions, prevention strategies, and public health policies.

(Dekel, R, Solomon, S et al, 2022). the influence of childhood trauma on emotional attachment and satisfaction in adult romantic relationships. Utilizing tools such as the CTQ-SF, AAS, and the Love & Relationships inventory, the research revealed that individuals with higher levels of trauma experienced increased attachment anxiety, as well as heightened relationship conflict and ambivalence. Additionally, a negative relationship was observed between trauma and feelings of closeness and dependence, suggesting that early traumatic experiences have a profound impact on the emotional dynamics within romantic relationships.

(Masten, C. L., & Coan, J. A et al, 2022) underscored the significance of emotion regulation as a vital competency that affects learning and academic achievement. Studies indicate that with age, individuals enhance their emotional management skills, aided by the maturation of prefrontal brain areas associated with cognitive control. This review illustrates how the regulation of both positive and negative emotions, influenced by social interactions, carries important consequences for educational methodologies.

(Park, S. M., & Kim, H. S. et al, 2022) establish the cognitive basis for comprehending the emotional repercussions of psychological maltreatment experienced during childhood, which encompasses emotional abuse and neglect. This systematic review and meta-analysis seeks to assess the enduring impacts of such maltreatment on mental health outcomes in adulthood, including anxiety, depression, PTSD, suicidal thoughts, and aggression. Adhering to PRISMA-P guidelines, the review will incorporate studies from various databases and implement a thorough quality assessment to guide clinical practices and future research initiatives.

(Carter, B., & Waugh, C. E., et al, 2022) emphasized how cultural factors influence emotional expression, which connects to the present study's findings on self-regulation (SR) and peer interactions in middle childhood. This research reveals that adverse peer experiences (APEs), such as victimization and rejection, are linked to poorer SR skills, including inhibition and emotional reactivity. The study highlights a bidirectional relationship where APEs contribute to declines in SR, which, in turn, increase future peer challenges. These results stress the importance of fostering positive peer interactions and SR skills in childhood development.

(Lopez, A., & Martinez, P., et al, 2022) highlighted the significance of emotional development during early childhood, particularly the impact of attachment on emotion regulation throughout an individual's life. This article examines ten years of research focused on how attachment insecurity, especially in the forms of anxiety and avoidance, influences variations in emotion regulation strategies among individuals. Both correlational and experimental studies indicate that these attachment styles influence emotional processing via unique cognitive, behavioral, and neural pathways. Grasping these patterns is essential for understanding emotional functioning in both children and adults.

(Johnson, C. & Miller, T., 2022) Offer a critical analysis of the James-Lange theory of emotions, proposing an alternative viewpoint that enhances our comprehension of the origins of emotions. This research further explores the neural correlates connected to childhood trauma, uncovering the specific effects of abuse and neglect on brain functionality. It was found that childhood neglect correlates with regions responsible for cognitive and executive functions, whereas abuse impacts areas associated with emotional regulation and defense mechanisms. These results underscore the importance of early psychological interventions to mitigate the likelihood of enduring psychiatric disorders in individuals who have experienced childhood trauma.

(Stewart, R., & Campbell, A. et al, 2022) highlighted the important role of emotions in influencing behaviors like comparing one's appearance and self-evaluation. This research explored the connections between depression, stress related to appearance, and comparisons with celebrities and peers, focusing on self-compassion in young adults in Pakistan. The findings indicated that comparisons regarding appearance heightened psychological distress, whereas self-compassion served to mitigate the adverse impacts of depression and appearance-related stress, although it did not affect eating restrictions.

(R. K. R., & Kambeitz, J., 2022). investigated the effects of childhood maltreatment (CM), with a particular emphasis on emotional abuse, on depressive symptoms in adulthood through the application of machine learning methods. The results indicated that emotional abuse, especially its subjective aspects such as individuals' perceptions and responses to the abuse, emerged as the most significant predictor of adult depressive symptoms. The study underscored that predictive models utilizing specific CM items were more effective than those relying on broader CM domain scores. These results underscore the critical role of subjective experiences in childhood maltreatment and suggest a need for further research and clinical attention to the enduring psychological effects of emotional abuse.

(Ramos, C., & Almeida, T., et al, 2021). Expanding on this premise, the study delves into the lasting impacts of childhood abuse on adult self-esteem and emotional regulation. The results indicate that experiencing victimization in childhood hinders the development of emotional regulation, resulting in difficulties in interpersonal relationships and self-worth. This research, carried out with a Portuguese sample, underscores the critical interaction between these elements, stressing the importance of interventions that target both self-esteem and emotional regulation for those impacted by childhood abuse.

(Banaj, N., & Pellicano, C. 2020). Explores the relationship between childhood trauma and stigma, emphasizing that trauma negatively affects self-identity, psychological development, and emotional management. Individuals who have experienced trauma frequently internalize feelings of blame and shame, which can foster self-blame and self-loathing. Such emotional reactions may lead to stigmatization, particularly among survivors of childhood sexual abuse, who often endure elevated levels of shame and guilt. This shame is associated with affective disorders and psychological suffering. The research underscores the importance of therapeutic approaches aimed at alleviating self-stigma in traumatized children.

(W. J., & Buyukcan-Tetik, A., et al, 2018). investigated the connection between trait mindfulness, acceptance of one's partner, and overall relationship satisfaction through three separate studies. The results revealed a positive correlation between trait mindfulness and partner acceptance, with partner acceptance serving as a mediator in the relationship between mindfulness and relationship satisfaction. Dyadic analyses indicated that the advantages of mindfulness and partner acceptance on relationship satisfaction are shared between partners. These studies offer preliminary evidence that partner acceptance is a vital mechanism that connects mindfulness to improved relationship satisfaction in romantic relationships.

Research Gap

The identified gaps in research highlight the urgent need for a more detailed and thorough examination of the long-term effects of childhood trauma on older adults. The absence of longitudinal studies that specifically monitor the progression of trauma-related consequences beyond young adulthood creates a significant gap in our comprehension of how these experiences evolve and interact with age-related changes. This issue is particularly pertinent, as emotional dysregulation and difficulties in relationships may manifest differently during midlife and later years due to both physiological and psychological

transformations. Additionally, the predominant focus on younger adults in current research overlooks the distinct experiences of individuals who faced childhood trauma within socio-cultural environments that often lacked awareness and resources. It is crucial to understand how different types of trauma, such as emotional neglect compared to physical abuse, uniquely impact individuals over the age of 40 to develop effective interventions. Furthermore, the lack of research on resilience factors within this demographic hinders our capacity to create strategies that foster healing and promote healthy aging.

To fill these gaps, future research should emphasize longitudinal studies that track individuals from early adulthood into their later years, allowing for an in-depth analysis of the progression of trauma-related effects. It is essential for research to explore the distinct impacts of various types of trauma, taking into account their cumulative effects over many years. Furthermore, attention should be given to resilience factors such as social support, coping strategies, and access to therapeutic resources, as these elements are vital for identifying protective factors that can alleviate the negative consequences of childhood trauma. Lastly, integrating cultural and societal influences into research frameworks will enhance our understanding of how these factors affect emotional expression and the management of romantic relationships among older adults with a history of childhood trauma. This thorough approach will aid in the creation of targeted interventions and support systems that foster emotional health and promote healthy relationship dynamics within this at-risk population.

Rationale Of The Study

Expanding on the rationale, investigating the effects of childhood trauma on adults and seniors over the age of 40 provides valuable insights into the long-term consequences of early adversity. The brain's development is particularly vulnerable to trauma, resulting in changes to neural pathways that influence emotional regulation, stress responses, and social interactions. These changes can establish a basis for persistent challenges in establishing and sustaining healthy romantic relationships. For individuals over 40, these effects may be intensified by years of life experiences, potentially leading to entrenched patterns of emotional dysregulation, insecure attachments, and dysfunctional relationships.

Additionally, the societal environment in which these individuals were raised often lacked the awareness and resources that are available today for addressing childhood trauma. This demographic may have endured trauma that was unrecognized, unacknowledged, or untreated, resulting in internalized distress and maladaptive coping strategies. By concentrating on this age group, we can illuminate the specific challenges faced by those who dealt with childhood trauma without the advantages of modern understanding and support. Moreover, the interplay between aging and trauma creates a complex scenario. As individuals grow older, they may undergo physiological and psychological changes that interact with the lingering effects of childhood trauma. For example, the stress associated with aging, combined with existing emotional vulnerabilities, can intensify trauma-related distress. Furthermore, the risk of cognitive decline and health complications can complicate the expression and management of emotions. This research seeks to distinguish between typical age-related changes and the lasting impact of childhood trauma, thereby reducing the risk of misdiagnosis and ensuring appropriate care.

Emotional regulation challenges arising from childhood trauma can lead to increased anxiety, depression, anger, or emotional detachment in older adults, adversely affecting their ability to establish and sustain intimate relationships, which may result in feelings of isolation. Romantic partnerships often exhibit conflict, avoidance, or dependency, indicative of unresolved attachment issues from early life. This research aims to develop targeted interventions, such as trauma-informed therapy and attachment-based

strategies, to meet the specific needs of older adults with childhood trauma histories. The goal is to foster resilience, healing, and improved relationships, ultimately enhancing quality of life and understanding the long-term impacts of trauma in this often-neglected demographic.

Methodology

Aim

Influence of childhood trauma on the expression and regulation of emotions and couple satisfaction (romantic relationships) among young adults and adults.

Objectives

1. To study the correlation between childhood trauma, expression and regulation of emotion, and couple satisfaction.
2. To study the effect of childhood trauma and expression and regulation of emotion on couple satisfaction.
3. To study the difference in adverse childhood experiences among males and females in young adults and adults.
4. To study the difference in emotion among males and females in young adults and adults.
5. To study the difference in couple satisfaction among males and females in young adults and adults.
6. To study the difference in adverse childhood experiences among young adults and adults.
7. To study the difference in expression and regulation of emotion among young adults and adults.
8. To study the difference in couple satisfaction (Romantic Relationship) among young adults and adults.

Hypothesis

1. There will be a significant difference in adverse childhood experiences among young adults and adults.
2. There will be a significant difference in adverse childhood experiences among males and females in young adults and adults.
3. There will be a significant difference in the expression and regulation of emotion among young adults and adults.
4. There will be a significant difference in emotion among males and females in young adults and adults.
5. There will be a significant difference in couple satisfaction (Romantic Relationship) among young adults and adults.
6. There will be a significant difference in couple satisfaction among males and females in young adults and adults.
7. There will be a significant correlation between trauma, expression, and regulation of emotion, and couple satisfaction.
8. There will be a significant effect of childhood trauma and expression and regulation of emotion on couple satisfaction

Sample Design

The study comprises a sample of 100 individuals, evenly divided between 50 young adults and 50 adults. Within this group, there are 25 males and 25 females in each category.

The research employed a convenient and snowball sample design, which involves the selection of a subset of the population in a random manner. The technique ensures that every individual within the population

has an equal and similar probability of being chosen. Snowball and convenience sampling methods present significant practical benefits in research, particularly when investigating populations that are difficult to access. Snowball sampling is effective for locating and engaging participants within particular social networks, making it well-suited for studying niche or concealed groups. Conversely, convenience sampling facilitates rapid data collection from easily accessible participants, proving to be both cost-effective and time-efficient for exploratory research.

Inclusion Criteria

The target population is young adults between the ages of 18 and 25 and 26 and 39.

The population which are in committed relationships with their partners.

Individuals who have provided their consent.

Exclusion Criteria

The population who are not young adults between the ages of 18 and 25, and 26 and 39.

The population who are not in committed relationships with their partners.

Individuals who have not provided their consent.

Research Design

This study will utilize a quantitative, correlational research design to examine the influence of childhood trauma on the expression and regulation of emotions, as well as couple satisfaction, among young adults (18–29) and adults (30–45). The study will assess whether early traumatic experiences are associated with current emotional and relational patterns in romantic relationships.

This design is chosen because it allows for the statistical testing of associations between variables,

Independent Variable: Expression and Regulation of Emotions, Couple Satisfaction (Romantic Relationship)

Dependent Variables: Childhood Trauma

Tools Used

1. Adverse Childhood Experience Questionnaire for Adults (ACE)
2. The Emotion Regulation Questionnaire (ERQ)
3. Couple Satisfaction Index (CSI-16)

Tools Description

• **Adverse Childhood Experience Questionnaire for Adults (ACE)**

This tool was developed by Dr. Vincent Felitti and Dr. Robert Anda and is used to assess exposure to childhood traumatic experiences. The Target population is Adults reflecting on their experiences before turning 18. It comprises 10 questions, each corresponding to a specific category of adverse experience.

Scoring: Scoring is based on binary responses (Yes/No), with each "Yes" contributing 1 point, resulting in a total score range of 0 to 10.

Domains: Domains include emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parental separation or divorce, witnessing domestic violence, household substance abuse, household mental illness, and having an incarcerated household member.

Interpretation: A higher total score indicates an increased risk for negative health outcomes.

Use and Limitations: This tool is utilized in clinical, research, and community environments to guide care decisions. It is important to note that the assessment does not account for all forms of trauma, such as bullying or racism, and it does not evaluate resilience or protective factors.

Reliability and validity : The ACE Questionnaire is a prominent instrument utilized to assess exposure to various types of childhood trauma, such as abuse, neglect, and dysfunction within the household. It has proven to be highly reliable, with research indicating strong internal consistency, as evidenced by Cronbach's alpha values typically between 0.70 and 0.88. This indicates that the items within the questionnaire effectively measure interconnected aspects of adverse childhood experiences across diverse populations. Regarding validity, the ACE Questionnaire demonstrates robust content and construct validity, as its items are grounded in comprehensive research that connects early adversity to long-term health consequences. Additionally, it shows predictive validity, with elevated ACE scores consistently linked to a higher likelihood of physical illnesses, mental health disorders, and behavioral problems in adulthood. These attributes render it an essential tool for both research purposes and clinical evaluations.

• The Emotion Regulation Questionnaire (ERQ)

The tool was developed by James J. Gross and Oliver P. John in 2003. The Emotion Regulation Questionnaire (ERQ) evaluates variations among individuals in two fundamental strategies for regulating emotions: Cognitive Reappraisal and Expressive Suppression. Both strategies are essential for comprehending emotional and psychological well-being.

Scoring and Domain:

Domain	Description	Items	Scoring
Cognitive Reappraisal	Reinterpreting a situation to change its emotional impact	6 items	Higher = better emotion management
Expressive Suppression	Inhibiting emotional expressions	4 items	Higher = more suppression of emotion

Responses are evaluated using a 7-point Likert scale, where 1 signifies strong disagreement and 7 indicates strong agreement. Separate scores are computed for each subscale.

Interpretation: Elevated reappraisal = adaptive coping mechanisms and psychological resilience. Elevated suppression = associated with increased stress and diminished well-being.

Use and Limitations: used in clinical psychology, organizational behavior research, educational environments, cross-cultural studies, and emotion regulation training programs. The approach is restricted to two strategies, neglecting others such as rumination and avoidance, and may fail to account for cultural variations in emotional expression and regulation.

Reliability and Validity: The Emotion Regulation Questionnaire (ERQ), created by Gross and John in 2003, is a prominent self-assessment instrument aimed at evaluating two primary strategies for emotion regulation: cognitive reappraisal and expressive suppression. The ERQ exhibits high internal consistency, with Cronbach's alpha coefficients generally exceeding 0.80 for the cognitive reappraisal subscale and surpassing 0.70 for the suppression subscale. Additionally, its test-retest reliability has been validated through various studies over time. In terms of validity, the ERQ demonstrates strong construct validity,

showing significant correlations with related psychological constructs, including emotional expressivity, mood regulation, and indicators of mental health. Its factorial validity is reinforced by consistent two-factor structures observed across different populations, highlighting its effectiveness and applicability in both clinical and non-clinical environments.

- **Couple Satisfaction Index (CSI-16)**

The questionnaire was developed by Dr. Funk and Rogge (2007). The CSI-16 is a self-assessment instrument created to evaluate relationship satisfaction among romantic partners.

Scoring: Sixteen items were evaluated using 6- or 7-point Likert scales. The total score can range from 0 to 81. A higher score indicates a higher level of satisfaction.

Domains Assessed: The CSI-16 does not utilize separate subscales; instead, it measures overall relationship satisfaction by combining emotional intimacy, conflict, support, and happiness into a single, unified score.

Interpretation: A score exceeding 51.5 generally indicates satisfaction. Conversely, a score below 51.5 may suggest feelings of dissatisfaction or distress.

Uses and Limitations: This scale is used in Clinical psychology and couples therapy, Research focused on marital quality and relationship outcomes, and Longitudinal studies examining relationship satisfaction. The assessment does not cover specific areas of relationships, such as communication or finances. Additionally, self-reporting bias and cultural sensitivity may influence the interpretation of results across different populations.

Reliability and Validity: The Couple Satisfaction Index-16 (CSI-16) is a prominent questionnaire designed to evaluate relationship satisfaction among couples. Analysis of the CSI-16 has revealed exceptional reliability, characterized by high internal consistency (with Cronbach's alpha frequently surpassing 0.95), which indicates that the items reliably measure the same fundamental aspect of couple satisfaction. Regarding validity, the CSI-16 exhibits robust construct validity, showing strong correlations with other recognized measures of relationship quality, as well as discriminant validity, effectively differentiating between satisfied and dissatisfied couples. Its concise format, strong psychometric properties, and responsiveness to shifts in relationship dynamics render it a dependable and valid instrument for both clinical and research applications.

Statistical Analysis

A **Pearson correlation** analysis will be performed to explore the connections between childhood trauma, emotional expression/regulation, and couple satisfaction. This analysis will evaluate the strength and direction of relationships among the total ACE score, scores from an emotion regulation scale (such as DERS or ERQ), and the Couple Satisfaction Index (CSI-16). The results will include correlation coefficients (r) and significance values (p). It is anticipated that a positive correlation will exist between all the variables.

To assess the combined impact of childhood trauma and emotional regulation on satisfaction in romantic relationships, a **Multiple Linear Regression** analysis will be conducted. The dependent variable will be couple satisfaction, measured by the CSI-16 total score, while ACE scores and emotion regulation scores will act as independent variables. This analysis aims to identify both the individual and collective effects of trauma and emotional regulation on couple satisfaction. The overall model fit (R^2), regression coefficients (β), and significance levels (p) will be reported.

An independent samples **t-test** will be performed to compare emotion regulation scores between two age groups: young adults (18–25 years) and older adults (26 years and above). The goal is to assess the impact of age on emotional regulation and expression. Descriptive statistics, including means and standard deviations, will be provided alongside the t-value, degrees of freedom, p-value, and effect size (Cohen's d). Levene's test will first check for equal variances, and the data will be examined for normality and outliers.

To explore age-related differences in romantic relationship satisfaction, another independent samples **t-test** will utilize CSI-16 scores as the dependent variable, with age group as the independent variable. This analysis will reveal any significant differences in satisfaction levels between young adults and older adults. Group means, t-statistics, p-values, and effect size will be reported, with normality and homogeneity of variances tested beforehand to validate the t-test's application.

Procedure

The study employed a quantitative, cross-sectional survey design to examine the relationship between childhood trauma, emotional expression and regulation, and couple satisfaction among young adults and adults. Participants were recruited through purposive and snowball sampling using online platforms and offline networks. After obtaining informed consent, participants were provided with a structured questionnaire comprising four key sections: demographic information, the Adverse Childhood Experiences (ACE) Questionnaire to assess childhood trauma, a standardized measure such as the Difficulties in Emotion Regulation Scale (DERS) or Emotion Regulation Questionnaire (ERQ) to evaluate emotional expression and regulation, and the Couple Satisfaction Index-16 (CSI-16) to measure satisfaction in romantic relationships. The total time to complete the survey was approximately 15–20 minutes. All data were collected anonymously and stored securely. The scores obtained were statistically analyzed using SPSS/R to examine correlations, regression models, and group differences based on the predefined research objectives. Before the main analyses, assumption testing was conducted to check for normality, outliers, and reliability of the instrument.

Descriptive Statistics

Descriptive statistics were employed to summarize the primary variables of the study, which included childhood trauma, emotional expression and regulation, and couple satisfaction. For each variable, measures of central tendency (mean and median) and measures of dispersion (standard deviation and range) were calculated. These statistical analyses facilitated an understanding of the data's distribution and overarching trends, while also establishing a basis for subsequent analyses of correlations, group comparisons, and regression effects in accordance with the study's aims. In our research, we specifically utilized mean and standard deviation.

Mean: The mean, often referred to as the average, is a statistical measure of central tendency that is calculated by dividing the total sum of all values in a dataset by the number of observations. This single value serves to encapsulate the general magnitude or typical score of a variable. In the field of psychological research, the mean is frequently utilized to gauge the overall levels of constructs such as trauma exposure, emotional regulation, or relationship satisfaction among participants.

Standard Deviation: The standard deviation is a statistical measure that reflects the degree of variability within a dataset, indicating how much individual scores deviate from the mean. A low standard deviation implies that the scores are tightly grouped around the mean, whereas a high standard deviation signifies a

broader range of values. In psychological research, the standard deviation is crucial for evaluating the consistency or variability of responses, which is vital for understanding the reliability and generalizability of the results.

Result Analysis

The study explores the Influence of childhood trauma on the expression and regulation of emotions and couple satisfaction (romantic relationships) among young adults and adults.

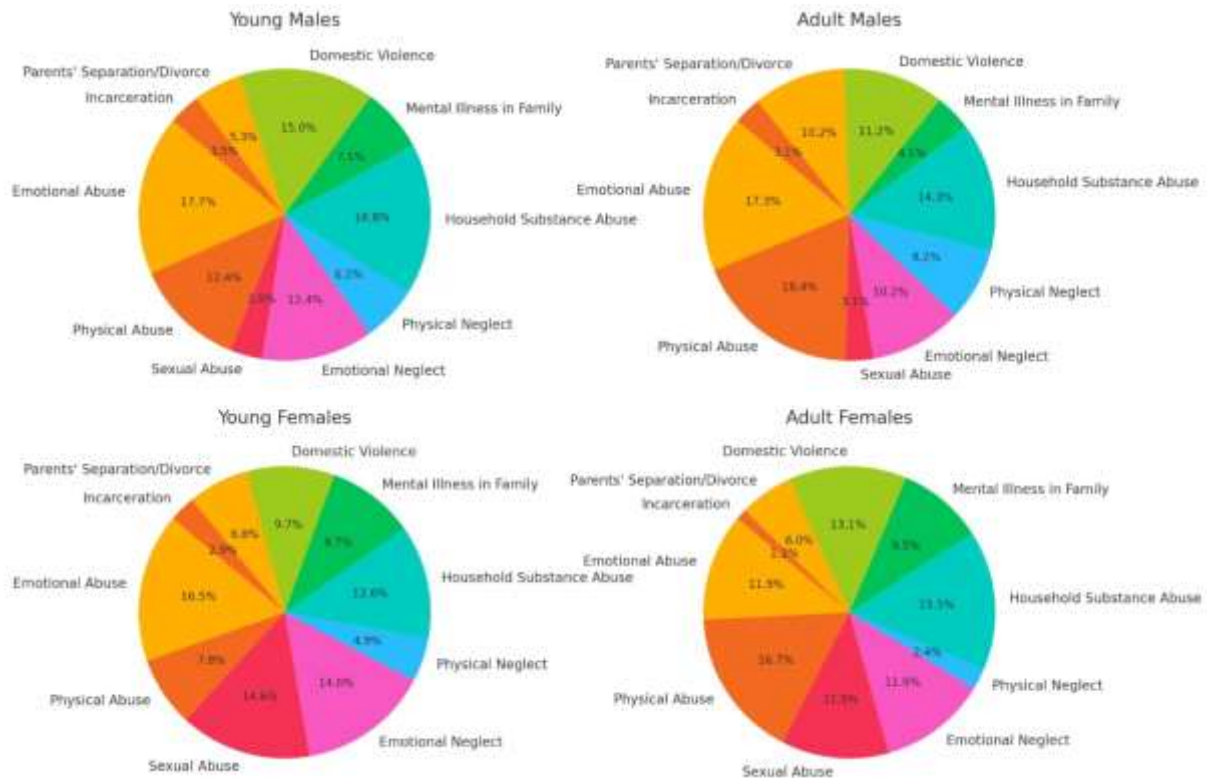
Table4.1 Showing adverse childhood experiences among males and females in young adults and adults.

Domains	Sub-domains	Young Adult Males	Young Adult Females	Adult Males	Adult Females
Abuse /Neglect	Emotional Abuse	20/25	17/25	17/25	10/25
	Physical Abuse	14/25	8/25	18/25	14/25
	Sexual Abuse	4/25	15/25	3/25	10/25
	Emotional Neglect	14/25	15/25	10/25	10/25
	Physical Neglect	7/25	5/25	8/25	2/25
Household Dysfunctions	Substance Abuse	19/25	13/25	14/25	13/25
	Mental Illness	8/25	10/25	4/25	8/25
	Domestic violence	17/25	10/25	11/25	11/25
	Parents' separation/ Divorce	6/25	7/25	10/25	5/25
	Incarceration	4/25	3/25	3/25	1/25

Percentage Table 4.1 A

Sub-domain	Young Males	Adult Males	Young Females	Adult Females
Emotional Abuse	80.0%	68.0%	68.0%	40.0%
Physical Abuse	56.0%	72.0%	32.0%	56.0%
Sexual Abuse	16.0%	12.0%	60.0%	40.0%
Emotional Neglect	56.0%	40.0%	60.0%	40.0%
Physical Neglect	28.0%	32.0%	20.0%	8.0%
Household Substance Abuse	76.0%	56.0%	52.0%	52.0%
Mental Illness in Family	32.0%	16.0%	40.0%	32.0%
Domestic Violence	68.0%	44.0%	40.0%	44.0%
Parents' Separation/Divorce	24.0%	40.0%	28.0%	20.0%
Incarceration	16.0%	12.0%	12.0%	4.0%

Pie chart Representation:



The percentage table and pie chart illustrate the following findings:

1. Young adult males experience considerably higher levels of emotional abuse, substance abuse, domestic violence, and mental health issues compared to adult males.
2. Adult males report a greater incidence of physical abuse and parental separation compared to young adult males.
3. Young adult females indicate higher rates of emotional abuse, sexual abuse, and neglect compared to adult females.
4. Adult females demonstrate a marked increase solely in instances of physical abuse compared to young adult females.

Table 4.2 There will be a significant difference in adverse childhood experiences among young adults and adults.

Population	N	Mean	S. D
Young Adults	50	4.32	1.544444
Adults	50	3.64	1.257792

	t-value	Significance	Interpretation
ACE	3.285	0.0014	Hypothesis Accepted

- The null hypothesis posited that there is no meaningful difference in adverse childhood experiences (ACEs) when comparing young adults to adults.

- The t-test yielded a t-value of 3.285 with a p-value of approximately 0.0014, which is below the significance threshold ($\alpha = 0.05$).
- Given the low p-value, we reject the null hypothesis, leading us to conclude that a statistically significant difference exists in ACEs between young adults and adults.

Table 4.3 Showing the significant difference in the expression and regulation of emotion among young adults and adults.

Population	N	Mean	S. D
Young Adults	50	43.24	9.861407
Adults	50	50.34	10.44638

	t-value	Significance	Interpretation
ERQ	3.51	0.00097	Hypothesis Accepted

The table presented indicates the following:

- A t-value of 3.51 with a p-value less than 0.001 indicates a statistically significant difference between the two groups, young adults and adults.
- Given that $p < 0.05$, it is possible to reject the null hypothesis, which asserts that there is no difference.

Table 4.4

This shows a significant difference in couple satisfaction (Romantic relationship) among young adults and adults.

Population	N	Mean	S. D
Young Adults	50	56.88	16.23632
Adults	50	57.78	10.9736

	t-value	Significance	Interpretation
CSI-16	0.746164	0.457355	Hypothesis Rejected

The information provided in Tables 4.4 reveals the following:

- The p-value of 0.457355 significantly exceeds the threshold of 0.05, leading us to not reject the hypothesis.
- There is no statistically significant difference observed in the CSI scores between the two groups.

TABLE 4.5

There will be a significant difference in adverse childhood experiences among male and female young adults and adults.

Table 4.5 A Female

Population	N	Mean	S. D
Young Adult Female	25	4.12	1.666333
Adult Female	25	3.28	1.30767

	t-value	Significance	Interpretation
ACE	2.675	0.01	Hypothesis Accepted

- Given that the p-value (approximately 0.010) is below the significance threshold of 0.05, we reject the null hypothesis.
- A statistically significant difference exists in adverse childhood experiences (ACEs) between young adult females and adult females.
- In summary, the evidence suggests that young adult females and adult females have encountered ACEs in distinct ways, and this variation is unlikely to be attributed to random chance.

Table 4.9 B Males

Population	N	Mean	S. D
Young Adult males	25	4.52	1.417745
Adult males	25	4	1.118034

	t-value	Significance	Interpretation
ACE	2.055	0.045	Hypothesis Accepted

- The p-value obtained is 0.045, which is below the significance threshold of $\alpha = 0.05$.
- Consequently, we reject the null hypothesis.
- This indicates that there is a statistically significant difference in adverse childhood experiences when comparing male young adults to adults.

Table 4.6

There will be a significant difference in emotion among males and females in young adults and adults.

Table 4.6A Females

Population	N	Mean	S. D
Young Adult females	25	45.76	8.45714
Adult females	25	51.72	10.27748

	t-value	Sig.(two-tailed)	Interpretation
ERQ	2.879	0.0059	Hypothesis Accepted

- Given that $p \approx 0.0059$, which is less than 0.05, the findings are statistically significant at the 5% threshold.
- This indicates substantial evidence to dismiss the null hypothesis.
- This indicates a notable difference in emotional responses between young adult females and adult females.

Table 4.6 B Males

Population	N	Mean	S. D
Young Adult males	25	40.72	10.6674
Adult males	25	48.96	10.63986

	t-value	Sig.(two-tailed)	Interpretation
ERQ	3.872	0.0002	Hypothesis Accepted

- A two-tailed t-test revealed a statistically significant difference in emotional levels between young adult males and adult males, $t(50) = 3.872$, $p < .001$.
- The extremely low p-value suggests that this difference is unlikely to be a result of random variation, leading us to reject the null hypothesis, which posits no difference.
- This finding indicates that age significantly influences emotional responses in males, with young adults and adults displaying different emotional patterns.

Table 4.7

There will be a significant difference in couple satisfaction among males and females in young adults and adults.

Table 4.7 A Females

Population	N	Mean	S. D
Young Adult females	25	59.56	18.5227
Adult females	25	57.44	13.2164

	t-value	Sig.(two-tailed)	Interpretation
CSI	0.658	0.512	Hypothesis Accepted

- A notable difference exists in relationship satisfaction among females when comparing young adults to adults.
- Given that the p-value (0.512) significantly exceeds 0.05, we do not reject the null hypothesis. Thus, there is no significant difference in relationship satisfaction among females between young adults and adults.

Table 4.7 B Males

Population	N	Mean	S. D
Young Adult males	25	54.2	13.42262
Adult males	25	58.12	8.422787

	t-value	Sig.(two-tailed)	Interpretation
CSI	1.75	0.083	Hypothesis Accepted

- A notable disparity exists in relationship satisfaction between males within the young adult and adult populations.
- No significant disparity is present in relationship satisfaction between males among young adults and adults.

Table 4.8

Showing the Correlation between childhood trauma, expression and regulation of emotion, and couple satisfaction in an 18–39-year sample.

Table 4.8A: Showing mean and standard deviation of ACE, ERQ, and CSI-16.

Variables	Mean	Standard Deviation
ACE	3.98	1.442361
ERQ	46.79	10.71796
CSI-16	57.33	13.79434

Table 4.8B: showing the correlation and interpretation.

Variables	Correlation value (r)
ACE- ERQ	-0.14925
ERQ- CSI-16	0.245334
ACE- CSI-16	-0.00423

The above tables, 4.8A and 4.8B, interpret the following:

- A weak and negative correlation exists between Adverse Childhood Experiences (ACE) and Emotion Regulation (ERQ), indicating a slight inverse relationship.
- A positive and moderate correlation is observed between Emotion Regulation (ERQ) and Coping Strategies Inventory-16 (CSI-16), suggesting that higher levels of ERQ may be associated with more effective coping strategies.
- There is no significant relationship between Adverse Childhood Experiences (ACE) and Coping Strategies Inventory-16 (CSI-16).

Table4.9

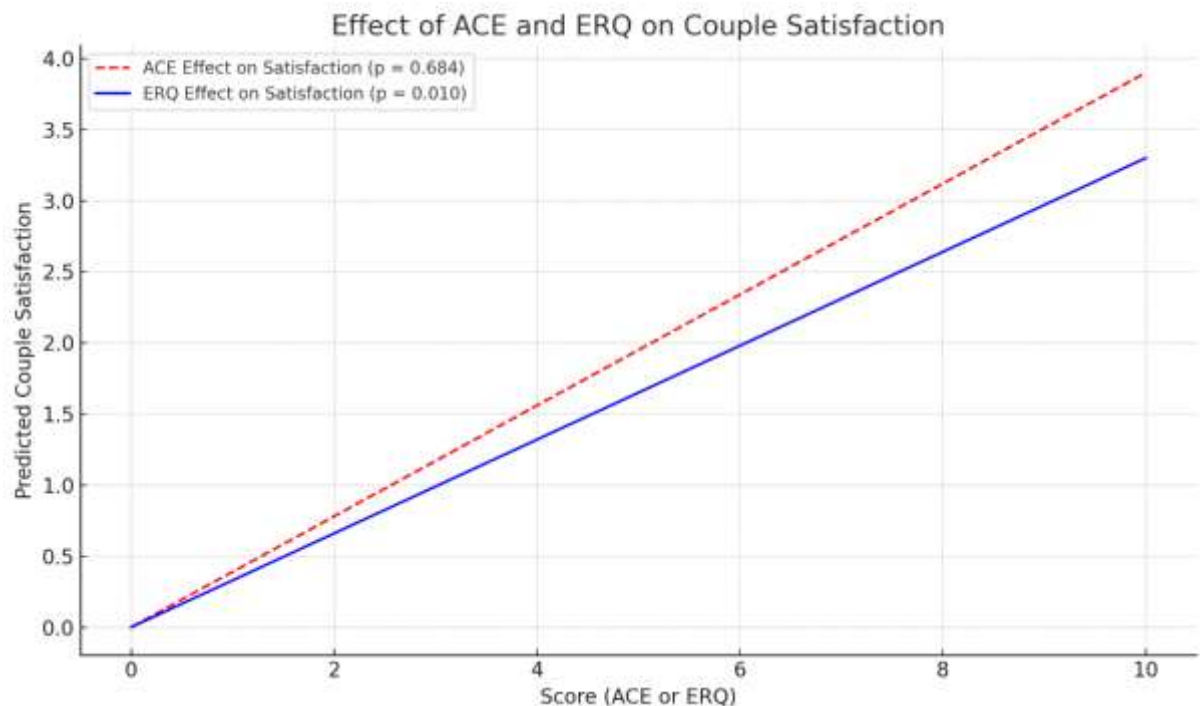
Showing the effect of childhood trauma and expression & regulation of emotion on couple satisfaction.

Predictor	Coefficient value	t-value	p-value	Partial r	Partial R ²
ACE	0.39	0.41	0.684	0.042	0.02
ERQ	0.33	2.63	0.010	0.258	0.258

The interpretation of Table 4.9 is as follows:

- The results indicate that adverse childhood experiences do not have a significant effect on the couple satisfaction index, as the p-value is greater than 0.05.
- Conversely, the emotion regulation questionnaire demonstrates a significant effect on CSI as the p-value is smaller than 0.05.

Graph Representation: Representing the relationship between ERQ (Emotion Regulation) and ACE (Adverse Childhood Experience) on CSI (Couple satisfaction) scores.



- The red dashed line denotes the influence of ACE scores, which appears relatively stable, indicating a non-significant correlation.
- In contrast, the blue line represents ERQ, displaying a more pronounced upward trajectory, suggesting a significant positive effect on couple satisfaction.

Discussion

This study examined how childhood trauma affects emotional expression, regulation, and relationship satisfaction among both young adults and adults. The research involved 100 participants, evenly split into two groups of 50—young adults and adults—each comprising 25 males and 25 females. A combination of convenience and snowball sampling methods was utilized to effectively reach a varied population. The main objective was to determine the impact of adverse childhood experiences (ACEs) on emotional functioning and satisfaction in romantic relationships, as well as to explore any differences between the two age groups. Data collection tools included the ACE questionnaire, the Emotion Regulation Questionnaire (ERQ), and the Couple Satisfaction Index (CSI-16).

The results of this research indicate that adverse childhood experiences (ACEs) do not directly influence couple satisfaction. However, they do have an indirect effect, as ACEs impact emotional regulation and expression, which in turn affects the level of satisfaction within couples. Findings also show notable differences in age and gender regarding exposure to Adverse Childhood Experiences (ACEs), emotional regulation, and relationship satisfaction. Young adults, especially males, reported elevated instances of emotional and physical abuse, along with household dysfunctions such as substance abuse and domestic violence, in comparison to older adults. Conversely, young females reported higher occurrences of sexual abuse and emotional neglect. These trends imply that both gender and age significantly affect the characteristics and consequences of childhood trauma. Furthermore, adults, regardless of gender, exhibited

markedly superior emotional regulation compared to younger individuals, suggesting that emotional regulation improves with age, likely as a result of increased maturity and life experiences.

Although ACEs displayed a weak negative correlation with emotional regulation and did not have a significant direct effect on couple satisfaction, emotional regulation was found to be positively correlated with and a significant predictor of relationship satisfaction. This indicates that the capacity to effectively manage and express emotions may be vital for sustaining healthy romantic relationships, potentially mediating the long-term repercussions of childhood trauma. No significant differences in couple satisfaction were found between young adults and older adults or across genders, highlighting that while trauma may influence emotional abilities, its effects on relationships are complex and may vary based on individual coping mechanisms and emotional growth over time.

Conclusion

This research aimed to examine how childhood trauma affects emotional expression, emotional regulation, and relationship satisfaction in both young adults and adults. The study involved a sample of 100 participants, consisting of 50 young adults and 50 adults, with an equal gender distribution in each category. To evaluate the relevant variables, three standardized instruments were employed: the Adverse Childhood Experiences (ACE) Questionnaire, the Emotion Regulation Questionnaire (ERQ), and the Couple Satisfaction Index (CSI-16). The investigation focused on identifying correlations and differences between groups, particularly regarding the impact of early traumatic experiences on emotional functioning and relationship satisfaction in later life.

The findings indicate that adverse childhood experiences (ACEs) do not directly influence couple satisfaction. However, they do have an indirect effect, as ACEs impact emotional regulation and expression, which in turn affects the level of satisfaction within couples. This study highlights significant gender and age-based differences in the experience of Adverse Childhood Experiences (ACEs), emotional regulation, and couple satisfaction, with notable implications for understanding the long-term impact of trauma. Young adult males reported higher levels of emotional and physical abuse, as well as exposure to substance abuse and domestic violence, while young adult females faced higher rates of sexual abuse and emotional neglect. These differences suggest that the nature of childhood trauma varies across genders and developmental stages. Additionally, while ACEs exhibited a weak negative correlation with emotional regulation and no direct significant relationship with couple satisfaction, emotional regulation itself emerged as a crucial factor in relationship satisfaction. Both young adults and adults demonstrated notable differences in emotional regulation, with adults scoring significantly higher, which aligns with the notion that emotional maturity tends to improve with age. Despite the significant influence of emotional regulation on couple satisfaction, the study did not find significant differences in relationship satisfaction between young adults and adults, nor between males and females within these groups. This implies that while trauma influences emotional regulation, its effect on couple satisfaction may be more complex and mediated by factors such as coping strategies, relationship dynamics, and life experiences, highlighting the importance of fostering emotional regulation skills to mitigate the long-term effects of childhood trauma on romantic relationships.

Limitations

1. Sampling Technique Bias: The reliance on convenience and snowball sampling restricts the applicability of the findings due to potential homogeneity among participants.

2. Self-Report Measures: The use of self-report questionnaires may introduce biases related to social desirability, memory inaccuracies, and emotional states, compromising data reliability.
3. Cross-Sectional Design: The cross-sectional nature of the study limits its ability to establish causal relationships, leaving the direct impact of childhood trauma on emotional regulation and couple satisfaction uncertain.
4. Limited Diversity in Age Groups: The study's focus on only two broad age categories neglects a more nuanced analysis of different age groups, which may exhibit varying emotional and relational patterns.
5. Unmeasured Confounding Variables: The absence of control for factors such as mental health, relationship quality, cultural background, and socioeconomic status may significantly affect emotional regulation and couple satisfaction.
6. Generalization to Other Types of Relationships: By concentrating exclusively on romantic relationships, the study may miss the broader implications of childhood trauma and emotional regulation on other important relationships, including friendships and family ties.

Suggestions for Further Research

1. Employ longitudinal methodologies to examine the long-term effects of childhood trauma on emotional regulation and relationship satisfaction, thereby strengthening causal inferences.
2. Increase sample diversity by including a broader range of demographics—encompassing ethnicity, socioeconomic status, geography, and education—to improve generalizability and uncover subgroup variations.
3. Integrate clinical assessments conducted by professionals with self-reports to enhance data validity and mitigate biases related to self-reported trauma or emotional regulation.
4. Investigate mediating and moderating factors such as attachment style, resilience, support systems, and personality traits that may influence the connection between trauma and relationship satisfaction.
5. Conduct comparative studies to explore the impact of childhood trauma on various interpersonal relationships, including friendships, workplace dynamics, and parental roles, for a comprehensive understanding of its social implications.

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