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Relationship between Childhood Trauma and Adult Attachment Styles

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Abstract

The present correlational study investigated the association between childhood trauma experiences and adult attachment dimensions. Data were collected from 200 adults residing in urban and semi-urban areas of Kerala, India, using the Childhood Trauma Questionnaire (CTQ) and the Adult Attachment Scale (AAS). The AAS assessed attachment dimensions of closeness, dependence, and anxiety, while the CTQ measured emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Pearson's correlation analysis was employed to examine the relationships between childhood trauma and adult attachment dimensions. The findings revealed weak positive associations between childhood trauma and attachment dimensions; however, none of these relationships were statistically significant. These results highlight the complexity of attachment formation and suggest that childhood trauma alone may not be a reliable predictor of adult attachment patterns. The study underscores the need for further research to better understand the long-term psychological effects of childhood trauma and to inform interventions aimed at enhancing emotional well-being and resilience.

Keywords: Childhood, Attachment Styles, Relationship, Trauma and Adult, Adult Attachment Scale.

1. INTRODUCTION

The influence of childhood trauma on interpersonal relationships is a prominent subject in developmental psychology and mental health research, as early adverse experiences like abuse, neglect, and familial instability can produce enduring effects on emotional regulation, self-esteem, and relational dynamics. Individuals who endure trauma in their developmental years often struggle with trust and security, which may mold their attachment patterns and affect their interpersonal relationships in adulthood. Attachment theory, initially formulated by John Bowlby, offers a framework for comprehending these dynamics, positing that early disruptions in caregiving can result in insecure attachment styles, such as anxious or avoidant attachment, which are exhibited through behaviors like dependency, fear of abandonment, or emotional detachment. Comprehending the interaction of childhood trauma, attachment types, and relationship satisfaction is crucial throughout young adulthood, a phase when people typically choose intimate, committed partnerships. Investigating these links enhances theoretical understanding and informs therapeutic methodologies, like attachment-based therapy and trauma-informed care, designed to promote better, more stable relationships and general well-being.

1.1 Introductions to Variables

a. Childhood Trauma

The term "childhood trauma" refers to traumatic events that are extremely upsetting and take place dur-

ing the formative years of a person's life. These experiences have both psychological and physiological repercussions that linger for a long time. [1] These kinds of experiences might include being abused physically, emotionally, or sexually; being neglected; being exposed to domestic violence; or experiencing other negative occurrences. This early adversity has a significant influence on the development of the brain, making a difference in cognitive processes, emotional control, and social abilities. [2] As an example, prolonged exposure to stress throughout infancy may result in an increased sensitivity to unpleasant stimuli, difficulties in controlling emotions, and changed neuronal functioning in areas of the brain that are related with executive control and memory. Over two-thirds of children will have experienced at least one traumatic incident by the time they are 16 years old, according to epidemiological research. [3] This highlights the ubiquity of trauma as a public health problem as well as the relevance of trauma.

The impacts of childhood trauma are not confined to acute psychological suffering; rather, they persist into adulthood, raising the risk of mental health concerns such as anxiety, depression, and post-traumatic stress, as well as the likelihood of engaging in activities that involve taking risks. [4][5] Such long-term impacts may be mitigated by the implementation of early treatments that concentrate on cognitive, affective, and socioemotional development. [6] For instance, children may acquire resilience, adaptive coping techniques, and stronger interpersonal skills via the use of trauma-informed therapy and supportive educational programs. Because it is a fundamental element that might impact subsequent developmental outcomes, interpersonal connections, and emotional well-being, it is thus essential for researchers and clinicians alike to have a solid understanding of childhood trauma.

b. Attachment Styles

Attachment theory elucidates how initial contacts with main caregiver’s influence relationship patterns across one's life span. [7][8] Secure attachment arises when caregivers are reliably responsive and caring, cultivating trust, emotional closeness, and a feeling of security. Conversely, insecure attachment be it nervous, avoidant, or disorganized arises from inconsistent, inattentive, or abusive caring. Individuals with insecure attachment may have challenges in establishing stable and satisfying relationships. Anxiously connected individuals may exhibit intensified concerns of abandonment, while avoidantly attached adults may retreat from connection to safeguard their emotional well-being. Disorganized attachment, often accompanied with significant trauma, presents as inconsistent or erratic relationship behaviors and is correlated with the greatest risk for relational challenges. [9]

Childhood trauma greatly affects the formation of adult attachment types. [10] Early traumatic events may result in dysfunctional internal functioning models, causing people to see themselves as undeserving of affection and to expect others to be unreliable or dangerous. These internalized schemas influence people' interactions in romantic, family, and societal relationships. Nonetheless, adult attachment is not only influenced by early experiences; later relationships, social support, and individual coping mechanisms all contribute to the evolution of attachment patterns throughout time. Analyzing the connection between childhood trauma and adult attachment offers essential understanding of long-term psychological effects and underscores the need of therapeutic therapies aimed at fostering relational stability and emotional control.

c. Relationship Satisfaction

One's subjective assessment of happiness, fulfillment, and general pleasure within the context of a romantic connection is what is meant by the term "relationship satisfaction". [11] When it comes to their capacity to communicate effectively, trust their partners, and settle problems in a constructive manner,

those who are securely connected tend to report greater levels of relationship satisfaction. [12] Their ability to sustain intimacy, maintain emotional closeness, and assist their partners throughout difficult times is improved. They are better able to reconcile emotional closeness with autonomy. This equilibrium is a factor that helps to the stability of the relationship, the emotional well-being of both parties, and overall pleasure within the partnership.

Conversely, persons with insecure attachment often encounter difficulties that detract from relationship enjoyment. Individuals with anxious attachment may exhibit increased reliance, emotional instability, and a fear of abandonment, while those with avoidant attachment may emotionally withdraw or find it challenging to articulate their needs. Childhood trauma significantly contributes to the formation of insecure attachment patterns, hence indirectly influencing relationship satisfaction in adulthood. Early negative experiences might hinder the development of solid internal working models, leading to challenges in emotional intimacy, trust, and relationship stability. Understanding the connection between attachment patterns, childhood trauma, and relationship satisfaction is thus crucial for both research and therapeutic practice, as it gives insight into relational outcomes and informs therapies targeted at promoting emotional and relational well-being.

2. OBJECTIVES

- To examine the relationship between childhood trauma and adult attachment dimensions.
- To assess whether experiences of childhood trauma significantly influence adult attachment styles.

3. HYPOTHESIS

- **H1:** Higher levels of childhood trauma will be associated with lower levels of closeness in adult attachment.
- **H2:** Higher levels of childhood trauma will be associated with lower levels of dependency in adult attachment.
- **H3:** Higher levels of childhood trauma will be associated with higher levels of attachment-related anxiety.

4. METHODOLOGY

4.1 Research Design

This study used a quantitative, correlational research methodology to examine the relationship between adult attachment styles and childhood trauma. Standardized self-report instruments, including the Adult Attachment Scale and the Childhood Trauma Questionnaire, were used to collect data. The correlational design was considered appropriate since it provided insight into naturally occurring correlations by allowing the assessment of the direction and strength of relationships between the study variables without alteration.

4.2 Sample Size and Study Area

The research had 200 individuals, with a mean age of 27 years, who were 18 years of age or older. In order to provide a fairly representative demographic profile, participants were chosen from Kerala, India's urban and semi-urban districts. Kerala is a good location for psychological study because of its diversified sociocultural population and high literacy rate. Online channels were used to recruit participants, giving access to people from all parts of Kerala. This sampling scenario offered a suitable group to investigate the connection between adult attachment types and childhood trauma experiences.

4.3 Instruments

In the research, two different standardized tools were applied. The CTQ is comprised of 28 self-report questions in all. The following questions assess many forms of abuse: emotional, physical, sexual, and neglect. On a 5-point Likert scale, from "Very Rarely True" to "Never True," respondents indicate their frequency of occurrence. The AAS is a questionnaire that consists of 18 questions that are assessed on a Likert scale with five points. It assesses three aspects of attachment: closeness, dependence, and anxiety. These dimensions are used to categorize attachment patterns as either secure, anxious, or avoidant behavior.

4.4 Procedure

The recruitment of participants was carried out using several internet platforms, which ensured that persons from metropolitan and semi-urban areas of Kerala were included. Prior to participation, participants were given comprehensive information on the objectives and methods of the research, and informed consent was acquired from them about their participation. Both the CTQ and the AAS were administered using a protected online survey platform that provided instructions that were easy to understand. In order to protect the anonymity and confidentiality of the participants, we did not gather any personally identifying information from them. Additionally, we did not include replies that were inconsistent or incomplete in the final analysis.

4.5 Data Analysis

Statistical software, such as SPSS, was used to analyze the quantitative data collected from the surveys. Including means and standard deviations, descriptive statistics, were calculated to summarize the individuals' characteristics and their scale scores. Pearson’s product-moment correlation analysis was used to evaluate the research hypotheses by investigating the associations between childhood trauma scores and adult attachment characteristics, namely closeness, reliance, and attachment-related anxiety. Statistical significance was assessed at the 0.05 threshold.

4.6 Validity and Reliability

The AAS and the CTQ both have solid psychometric qualities. Over a three-and-a-half-month period, the CTQ demonstrated a test-retest reliability of around.80 and a reliability coefficient ranging from.81 to.95 across subscales, indicating its validity. Results from the test-retest correlations ranging from.52 to.71 over two months, as well as Cronbach's alpha values of.69 for Close,.75 for Depend, and.72 for Anxiety, have been reported by the AAS, showing acceptable reliability and stability.

5. RESULTS

The study was to investigate the connection between childhood trauma and adult attachment qualities, namely closeness, dependence, and anxiety. Pearson's correlation analysis was used to accomplish this. An overview of the associations between early traumatic experiences and patterns of adult attachment is provided by the findings. These findings highlight the direction and strength of relationships among the variables that were investigated, and they provide insight into the ways in which childhood trauma is related to emotional closeness, dependence on others, and attachment-related anxiety in adulthood.

Table 1: Descriptive Statistics of Study Variables

Variable	M	SD
Childhood Trauma Questionnaire (CTQ)	52.34	15.27
Close Attachment	3.41	0.78

Depend Attachment	3.29	0.81
Anxiety Attachment	3.12	0.85

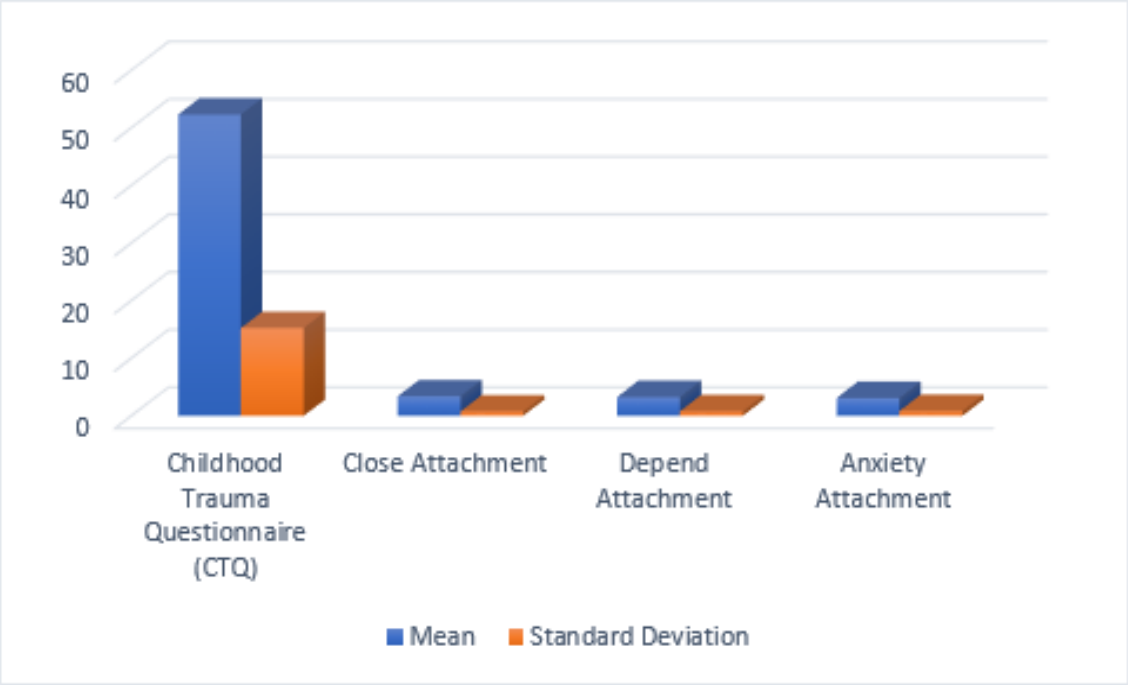

Figure 1: Descriptive Statistics of Study Variables

This table provides a graphical representation of the descriptive data on childhood trauma and adult attachment characteristics. Participants reported experiencing a moderate amount of childhood trauma, as indicated by the mean score on the Childhood Trauma Questionnaire. The participants, on average, expressed a moderate level of comfort with emotional intimacy and dependence on others, according to the mean scores for the Close and Depend attachment dimensions throughout the study. Additionally, the Anxiety attachment component revealed a moderate degree of anxiety in relation to the fear of being rejected or forgotten. The descriptive statistics presented here, taken as a whole, exhibit sufficient variety and provide a fundamental comprehension of the distribution of the variables under investigation.

Table 2: Correlation between Childhood Trauma and Close Attachment

Statistic	**Value**
Pearson Correlation (r)	0.02
Coefficient of Determination (r^2)	0.0004
p-value	0.80
Degrees of Freedom (df)	198
Sample Size (N)	200

Table provides the results of a Pearson correlation study that investigated the connection between the Close attachment dimension and the traumatic experiences that occurred throughout childhood. This analysis was conducted to test Hypothesis 1, which stated that higher levels of childhood trauma would

be associated with lower levels of closeness in adult attachment. Higher levels of childhood trauma were not substantially connected with comfort with emotional proximity in adult relationships, according to the findings, which demonstrate a very little positive association that was statistically non-significant. This indicates that the correlation was not significant. It would seem from this that the experiences of traumatic events that occurred throughout childhood did not have a substantial impact on an individual's propensity to seek or sustain emotional connection with other people into maturity.

Table 3: Correlation between Childhood Trauma and Depend Attachment

Statistic	Value
Pearson Correlation (r)	0.03
Coefficient of Determination (r^2)	0.001
p-value	0.65
Degrees of Freedom (df)	198
Sample Size (N)	200

The table shows how the Depend attachment dimension is related to the correlation between traumatic experiences in childhood. The second hypothesis tested here was that adults with a history of severe trauma in childhood will exhibit less dependence in their attachment styles as adults. According to the data, there is a modestly positive link that did not reach the level of statistical significance. This implies that people' comfort in relying on others for emotional support was not significantly connected to the occurrence of childhood trauma. This suggests that early bad experiences may not significantly alter the degree to which individuals are dependent on others in adult attachment relationships.

Table 4: Correlation between Childhood Trauma and Anxiety Attachment

Statistic	Value
Pearson Correlation (r)	0.12
Coefficient of Determination (r^2)	0.02
p-value	0.10
Degrees of Freedom (df)	198
Sample Size (N)	200

The following table illustrates the relationship between traumatic experiences in childhood and the anxiety attachment component. This analysis corresponds to Hypothesis 3, which predicted that higher levels of childhood trauma would be associated with higher attachment-related anxiety. Although there was a little positive connection between the two variables, the association did not meet the criteria for statistical significance. According to this research, greater levels of childhood trauma were not consistently connected with larger concerns of rejection, abandonment, or insecurity in adult attachment relationships. This finding shows that this association is not consistent.

Table 5: Summary of Correlation Results between Childhood Trauma and Attachment Dimensions

Attachment Dimension	Pearson's r	p-value	Result
Close	0.02	> .05	Not Significant
Depend	0.03	> .05	Not Significant
Anxiety	0.12	> .05	Not Significant

The following table provides a summary of the correlation findings across all adult attachment dimensions, including Closeness, Dependence, and Anxiety. These results directly relate to all hypothesis which proposed that higher levels of childhood trauma would be associated with lower closeness, lower dependence, and higher attachment-related anxiety, respectively. The overall pattern of results indicates that none of the attachment dimensions showed a statistically significant relationship with childhood traumatic experiences. Considering all of the evidence, it seems that traumatic experiences in infancy are not always indicative of how an individual would connect in adulthood. As a result, theories H1, H2, and H3 failed to hold water. Beyond early traumatic events, a complex interaction of social, contextual, and psychological elements likely shapes attachment patterns in adults.

Table 6: Descriptive Statistics of CTQ Subscales

CTQ Subscale	Mean	Standard Deviation
Emotional Abuse	12.45	4.23
Physical Abuse	10.78	3.89
Sexual Abuse	8.56	2.74
Emotional Neglect	11.90	4.01
Physical Neglect	9.65	3.50

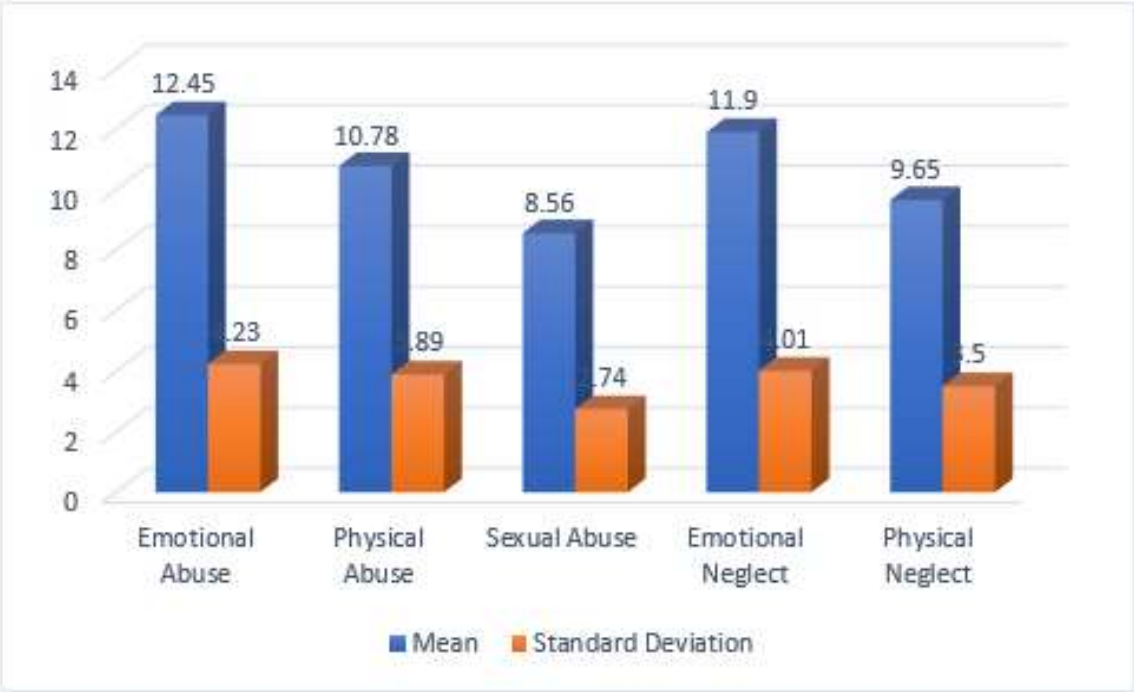

Figure 2: Descriptive Statistics of CTQ Subscales

The following table presents descriptive data for the five subscales of the CTQ. Subjects reported moderate levels of trauma across all subscales, with somewhat greater levels of emotional abuse (M = 12.45, SD = 4.23) and neglect (M = 11.90, SD = 4.01) than other types of trauma. The subscale measuring sexual abuse had the lowest mean score (8.56) and standard deviation (2.74), indicating a lower prevalence in this population. This data shows that while all individuals had some sort of childhood trauma, emotional abuse was much more prevalent. If various sorts of unpleasant experiences have varied effects on different aspects of adult attachment, our subscale-level study may help shed light on those differences.

Table 7: Descriptive Statistics of Adult Attachment Dimensions by Gender

Attachment Dimension	Male (Mean ± SD)	Female (Mean ± SD)	Non-binary (Mean ± SD)
Close	3.50 ± 0.70	3.40 ± 0.79	3.30 ± 0.00
Depend	3.35 ± 0.80	3.28 ± 0.81	3.20 ± 0.00
Anxiety	3.15 ± 0.85	3.12 ± 0.85	3.10 ± 0.00

This table breaks down the adult attachment dimensions of closeness, dependency, and anxiety by gender and displays the means and standard deviations of each. On the whole, participants reported feeling somewhat at ease with emotional intimacy (Close) and dependence on others (Depend), along with a moderate amount of anxiety stemming from attachment. Close (M = 3.50) and Depend (M = 3.35) had somewhat higher male subgroup mean scores than female subgroup mean scores (Close M = 3.40; Depend M = 3.28), while Anxiety values were equivalent across the sexes. In comparison to the other groups, the one non-binary individual did not do significantly worse. These descriptive findings point to the lack of significant gender differences in adult attachment patterns within this group, suggesting that these differences are small. A more thorough comprehension of the characteristics of the participants and any demographic impacts on their attachment behaviors may be achieved by include this breakdown.

Table 8: Overall Correlation Matrix between CTQ Subscales and Attachment Dimensions

CTQ Subscale	Depend	Close	Anxiety
Physical Abuse	.04	.03	.08
Emotional Abuse	.02	.01	.10
Sexual Abuse	.01	-.01	.12
Emotional Neglect	.03	.02	.11
Physical Neglect	.02	.01	.09

The Pearson correlation coefficients between each CTQ subscale and the three dimensions of adult attachment (Depend, Close, and Anxiety) are shown in the table. For example, there was a weak positive association between Sexual Abuse and Anxiety (r=0.12) and other trauma subscales and Anxiety, although none of these relationships were statistically significant (p >.05). Close and Depend attachment subscales on the CTQ also showed very low correlations, suggesting no significant link. Individual forms of childhood trauma do not substantially predict adult attachment styles in this group, as shown in this comprehensive matrix, which supports the results shown in Tables 2–5. Providing correlations at the

subscale level allows for a more nuanced analysis of the data and verifies that both the overall and individual trauma measures consistently lack meaningful associations.

According to the results of the research, there was no statistically significant connection between childhood trauma and any of the adult attachment qualities, including closeness, dependence, or anxiety. Despite the fact that there were some weakly positive correlations found between childhood trauma and these attachment qualities, none of the connections reached the level of statistical significance. The findings of this study imply that when childhood trauma is viewed in isolation, it may not have a significant effect on patterns of attachment in adulthood. The findings suggest that adult attachment patterns are likely formed by a complex interaction of various elements that go beyond early traumatic events. These aspects include subsequent interpersonal interactions, societal support, and individual coping strategies.

6. DISCUSSION

This study used the Childhood Trauma Questionnaire and Adult Attachment Scale to assess how childhood trauma affects adult closeness, dependency, and anxiety. Childhood trauma did not show a statistically significant impact, indicating it may not affect attachment-related behaviors. Minor positive trends were seen, but they were not statistically significant, suggesting that adult attachment patterns may be influenced by a complex mix of biological, psychological, and social factors beyond early negative experiences. Research shows attachment and trauma impacts are complicated. [13] Childhood trauma may impact brain structure and stress-regulation systems, although resilience, relationships, and environment can mitigate these effects. [14] Childhood trauma has been associated to insecure attachment or interpersonal issues, especially in clinical populations [15], but the current study's generally non-significant results may be attributed to sample features, coping strategies, or adaptive relationship experiences later in life. [16] The modest link between attachment-related anxiety and some trauma types confirms previous findings that mild neglect may create emotional insecurity without affecting bonding. These results show that childhood trauma and adult attachment are complicated and need longitudinal research, bigger samples, and possible mediating factors to better understand the long-term psychological impacts of early unpleasant experiences.

7. CONCLUSION

This study explored the relationship between childhood trauma and adult attachment dimensions, including closeness, dependence, and anxiety. The findings indicated that childhood trauma did not have a statistically significant impact on adult attachment traits, suggesting that early adverse experiences alone may not reliably predict attachment patterns in adulthood. Although weak positive associations were observed, they did not reach significance. These results suggest that adult attachment is influenced by multiple factors, such as later interpersonal experiences, social support, coping strategies, and broader sociocultural contexts. A detailed examination of CTQ subscales further confirmed that no specific type of childhood trauma significantly predicted adult attachment outcomes. Overall, the findings emphasize the importance of adopting a comprehensive, lifespan perspective when examining attachment development and highlight the need for future research to incorporate longitudinal designs and additional psychosocial variables.

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