

The Impact of Childhood Trauma on Attachment Styles Among Adults

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ABSTRACT

The childhood of an individual is vital in determining who they will grow up to be in the future. A safe, healthy, communicative family is bound to raise a well-functioning emotionally mature adult. Childhood trauma has been defined by the National Institute of Mental Health (USA) as “the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects. More than two-thirds of children in community samples report having experienced a traumatic incident by the age of 16. A significant research in the year 2016, determined the relationship between childhood trauma and attachment styles. In addition to this, the results of the research showed a negative, significant relationship between childhood abuse and a secure attachment style. Furthermore, the results focused on predicting the attachment styles of an individual having undergone a traumatic event. The results indicated that participants displaying relatively high levels of childhood trauma tend to report insecure types of attachment (fearful, preoccupied, and dismissing attachment styles) (Erozkan, 2016). The study aimed to understand the impact of childhood trauma and attachment styles among adults. Two tools were administered for this – the Adult Attachment Scale by Collins and Childhood Trauma Questionnaire by P. Bernstein. The result indicated a significant correlation between the two variables as well as having childhood trauma negatively predict attachment styles.

Keywords: *Childhood Trauma, Attachment Styles*

Childhood Trauma

The childhood of an individual is vital in determining who they will grow up to be in the future. A safe, healthy, communicative family is bound to raise a well-functioning emotionally mature adult. However, an event of trauma in one’s childhood can lead to chaos and if not dealt with in a psychologically safe manner, it can have adverse effects on an individual’s attachment style.

The Cambridge Dictionary of Psychology states trauma as “Any event which inflicts physical damage on the body or severe shock on the mind or both. Being the victim of a serious car incident, assault, rape or false prosecution is likely to produce shock in an individual with lasting mental consequences just as being injured in some ways inflicts damage to the body”.

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Childhood trauma has been defined by the National Institute of Mental Health (USA) as “the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects”. It is important to realise that trauma is highly subjective, what may be extremely traumatic for one individual may not have the likely effect on another.

Thus, it is essential to pinpoint what maybe a traumatic event for the generalised population. Therefore, the following are events that come under a traumatic experience for a child (a child is considered to be anyone below the age of 18 years).

Bullying – Bullying is a conscious action taken by an individual to undermine another by overpowering them either physically or emotionally. Bullying can involve emotional manipulation, gaslighting (the process of psychologically manipulating a person to the point of making them question their own reality, sanity and perception) and social ostracising a child.

Physical Abuse – Physical abuse, under childhood trauma occurs when one parent, or both parents or a caregiver physically harms a child. Physical abuse incurred on a child occurs due to various reasons. Some are – parents are trying to discipline their child, parent has a mental illness, parents need to let out their anger and frustration and, in the process, use their child as a punching bag and so on. Physical abuse is considered abuse even if the injuries are unintentional.

Sexual Abuse – The Centers for Disease Control and Prevention in the United States defined child sexual abuse as “any completed or attempted (noncompleted) **sexual act, sexual contact** with, or exploitation (i.e., **noncontact** sexual interaction) of a child by a caregiver”. The definition provided by the World Health Organisation regarding child sexual abuse also covers aspects of child pornography, verbal threats and so on. “Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: — the inducement or coercion of a child to engage in any unlawful sexual activity; — the exploitative use of a child in prostitution or other unlawful sexual practices; — the exploitative use of children in pornographic performance and materials” (WHO, 1999).

Parental Loss – It is an incredibly tough situation when a child loses their parent, even worse if their parent suffered via a long drawn physical illness. The loss of a caregiver, not just a parent can cause an emotional turmoil in a child and the impact it has is long-lasting.

Emotional Abuse and Neglect – Emotional abuse is sometimes known as psychological abuse. Emotional abuse as compared to other events, is more covert in nature. Emotional abuse is the recurrent emotional maltreatment towards a child. This includes calling a child names, degrading them, constantly criticising the child and so on.

Emotional neglect comprises of a parent being inattentive and unresponsive to a child’s emotional and developmental needs. This include providing the child with the free reins to do

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anything, such as giving them the permission to use alcohol and drugs (Talbot and Lawler, 2012).

Estimated rates of witnessing community violence range from 39% to 86%, with victimisation rates reaching 66%. Another common trauma is sexual abuse, which is thought to afflict 25 to 43 percent of young people. Although the youth catastrophe exposure is lower than that of other traumatic events, a significant number of young people are affected, with rates varying by geography and kind of disaster. Children and adolescents are estimated to account for a large proportion of the nearly 2.5 billion people affected by disasters worldwide during the previous decade.

According to Trauma Theory, when confronted with stress or a perceived or actual threat, the brain has three possible defensive responses: fight, flight, or freeze. The "trigger" activates the midbrain region, which responds by raising the production of the strong hormone cortisol. While cortisol can be protective in actual life-or-death situations, it has corrosive effects in chronic stress scenarios, when it is continually produced, and can damage or kill neurons in important parts of the brain. This is particularly dangerous in a growing brain. Fight (anger, lashing out) or flight (running away or withdrawing) or frozen will be the next behaviours (dissociation).

Chronic early childhood trauma (sometimes referred to as Complex Trauma by others) is often misunderstood. Many people assume that children, particularly new-borns and toddlers, are not as vulnerable to trauma as older children and adults. This is known as the "blank slate" theory of child development. This belief that trauma does not have as severe an impact on new-borns and early children stems in part from the fact that a young child's response to stress differs greatly from that of an adult.

When a kid is traumatised before he or she can speak, he or she has no language to assist him or her make sense of the circumstance. If the mistreatment is ongoing, the youngster learns that it is "normal" and does not recognise themselves as traumatised. Even neurobiological research demonstrates that for children who have experienced extensive trauma, the "abnormal" physiological changes produced by trauma become chronic and "normal."

Early childhood trauma, in fact, is more widespread and harder to cure than other forms of trauma. Many traumatised young children will not just "get over it." While children can be resilient, at-risk children from chronic traumatic stress situations lack the protective components that contribute to resilience.

Effects of Childhood Trauma

Childhood trauma is caused by prolonged abuse mitigated on a child. Trauma not only psychologically impacts the child, but also plays a huge role in the physiological aspects as well. The child's eating and sleeping patterns may see a drastic change. Either they indulge themselves or show complete disinterest. The child finds it difficult to concentrate and can show learning problems. This can lead to a dip in their academic achievements.

Further, they may indulge in delinquent behaviour. The effects of trauma impact children of different age groups in diverse ways. Children in preschool (2 to 5 years), are afraid of being away from their caregiver, tend to have nightmares and they show an overall lack of enthusiasm when it comes to food. Children in elementary school (5 to 10 years), have a higher chance of being anxious, they are flooded with feelings of guilt and shame. In addition to this,

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the child faces difficulty in concentrating and faces trouble sleeping. Lastly children in middle (12 to 14 years) and high school (14 to 16 years) have higher chances of feeling depressed, they may resort to self-harm and may find solace in substance and alcohol abuse. (Substance Abuse and Mental Health Services Administration, 2022).

There are five types of abuse and each abuse significantly impacts a child. The short-term effects of each are as follows:

1. Physical Abuse-

- “*Physical abuse* is defined as the infliction of bodily injury that causes significant or severe pain, leaves physical evidence, impairs physical functioning, or significantly jeopardizes the child's safety” (Basil & Zitelli, 2018).
- “Child physical abuse is the nonaccidental injury of a child. Injuries include bruises, lacerations, blunt trauma, fractures, head trauma, shaking, burns, and poisoning” (Lenane, 2007).

Physical abuse takes a toll on a child’s physiological as well as psychological health.

- Physical abuse covers a plethora of abuse and some of them are –
- Beating the child with an object, for example – a belt, a broom, a stick
- Throwing objects at a child
- Pulling the child’s hair and scratching the child
- Abusive head trauma – For example, banging a child’s head into a wall

Short-Term Impact

Impact on Physiological Health

The physiological impact is the wound caused due to the abuse. In extreme cases, physical abuse can lead to broken bones, head injuries, and so on. The physical ailments will not only harm the child mentally but will also impact their schooling and education. The child may not be sent to school, till their injury has subsided. They may face difficulty in walking and running.

Impact on Psychological Health

The child becomes extremely fearful of the adults around them. The abused child may have difficulty trusting others, including family members, and may face trouble concentrating in school. The child would have trouble in school and might be submissive or might use school as a way of letting out their frustration and anger. The child will face difficulties in school, as they are unable to concentrate and may have moods of aggression, which will have adverse effects on other children.

Long-Term Impact

Impact on Physiological Health

It was found that individuals who have faced physical abuse as children were at a higher risk of developing diabetes and were more likely to be malnutrition (Widom, 2012). Furthermore, the long-term effects of physical abuse in an adult can lead to the development of several biological issues, such as – diabetes, malnutrition, cancer, high blood pressure, and so on (Widom, Czaja, Bentley, & Johnson, 2012; Monnat & Chandler, 2015; Afifi et al., 2016). Extreme head trauma can lead to the Hippocampus getting damaged. The Hippocampus is vital in storing and organizing an individual’s memories. Damage to this essential part of the brain can cause trouble in the formation of memories and an individual’s stress response system (de Quervain et al., 1998; Sheridan et al., 2012).

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Impact on Psychological Health

It was found that adults who faced childhood physical abuse were at a higher risk of developing a depressive disorder as compared to adults who were not abused (Scott, Byambaa, et al, 2012).

The child may grow up thinking that physical abuse is an acceptable notion and could perpetuate the same in their future family. The child may grow up to be emotionally distant and may have a tough time forming physically intimate relationships.

2. Physical Neglect –

“Neglect is the failure to meet a child’s basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care” (Fortson, Gilbert, et al, 2016). Physical neglect refers to the ongoing process of not being able to provide the child with necessities needed for survival; for example – the lack of a structured house, lack of sufficient food, and so on. One of the preceding causes of physical neglect is poverty.

Short–Term Impact

Impact on Physiological Health

The lack of resources could lead to the child staying in a shoddy environment, which can later lead to the child catching diseases. The child may have to juggle helping out their parents with work, along with education (if they are being sent) and this can take a toll on a youngling’s body.

Impact on Psychological Health

The lack of basic amenities for the child can lead to the child developing low self-esteem, may have problems regulating their emotions, and so on.

Long–Term Impact

Impact on Physiological Health

Children who faced physical neglect are at a higher risk for diabetes and poor lung functioning (Widom, Czaja, Bentley, & Johnson, 2012).

Impact on Psychological Health

The psychological impact of physical neglect is the formation of unhealthy behaviors, such as stealing, tantrums, and self-punishment. They may also develop trust issues, have trouble forming a healthy attachment style, and so on.

3. Emotional Abuse

The American Psychological Association defines emotional abuse as “a pattern of behavior in which one person deliberately and repeatedly subjects another to nonphysical acts that are detrimental to behavioral and affective functioning and overall mental well-being.” Emotional abuse is also known as psychological abuse. Emotional abuse directed towards a child includes the following points:

- Verbal abuse – this includes calling the child belittling and degrading names
- Constantly putting down the child’s self-esteem.
- Constantly believing that the child cannot be right
- Gaslighting (a form of manipulation, that makes the child question their own reality)
- Discouraging the child from placing their opinions

Short-Term Impact

Impact on Physiological Health

There is not a lot of impact on a child's physiological health. In most cases, their sleeping patterns and eating patterns may cause some issues. Such as, the lack of sleep can lead to difficulty concentrating and excessive sleep can lead to lethargy and fatigue.

Impact on Psychological Health

The child may have extremely low self-esteem, as they are constantly belittled. The child may have difficulty trusting their parents, furthermore the child could feel like a burden to the parents.

Long-Term Impact

Impact on Physiological Health

The long-term impacts of emotional abuse in the physiological domain, could be the lack of sleep making resulting in the child developing Insomnia. Furthermore, if the child's self-esteem is low and they are not proud of their body image, they could go through extreme lengths to look a certain way.

Impact on Psychological Health

A study stated that children who faced emotional abuse were at higher risks of developing borderline personality disorder (Kuo, Khoury et al, 2015). In cases of intense emotional abuse, the adult may develop Post Traumatic Stress Disorder.

4. Emotional Neglect

“Emotional neglect involves inattentiveness to a child's emotional and development needs. This may take various forms, including allowing independence inappropriate for a child's development needs” (Lawler & Tablot, 2012). Emotional neglect refers to a parent or parents being unresponsive to a child's emotional needs. The parent or parents or caregiver is not emotionally present to support the child through some trying times.

“Emotional neglect can take many forms, from a parent having unrealistically high expectations or not listening attentively, to invalidating a child's emotional experiences to the point he or she begins to feel self-doubt (Summers, 2016).

Emotional neglect directed towards a child includes the following points:

- The caregiver or parent is detached and uninvolved in the child's life.
- The caregiver or parent does not have a lot of cherished memories with the child.
- The caregiver or parent does not provide help to the child; while the child is clearly in need of help.
- The caregiver or parent does not express their affection and love for the child.

Short-Term Impact

Impact on Physiological Health

The physiological health of the child may not be affected; however, one may see a dip in their sleeping and eating patterns. The child may lie on either spectrums, which is too much or too little sleep and too much or too little food.

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Impact on Psychological Health

The child may feel like they are not loved and needed in the family. This could result in them taking out their anger and frustration in school. They may develop a low sense of self and may not be confident in their abilities.

Long-Term Impact

Impact on Physiological Health

The over indulgence or under-indulgence in food and sleep, can lead to Insomnia or the development of an eating disorder. Furthermore, the child may go to risky lengths to feel loved by the parent and this could lead to some dire physiological harm.

Impact on Psychological Health

An emotionally neglected child, is more likely to have mental health issues in the future. Furthermore, when a child is emotionally neglected, they are twice more likely to develop a mental disorder; such as Depression, Post Traumatic Stress Disorder, Anxiety symptoms and so on. Such children may also grow up to find solace in substance abuse and Alcoholism.

5. Sexual Abuse

“**Sexual abuse** is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. Most victims and perpetrators know each other” (American Psychological Association).

Sexual abuse in children is forcefully entering a child’s private space and violating them. This is not limited to sexual assault, taking unsolicited pictures, flashing them and any non-consensual sexual activity perpetrated against them comes under sexual abuse.

Short-Term Impact

Impact on Physiological Health

The child may be in pain, depending on the abuse tormented against them. They may have trouble walking. The child could also be physically abused in the process, which could lead to them suffering from body pain.

Impact on Psychological Health

The child is most likely to become numb and would like to be by themselves most of the time. They would have trouble focusing as the trauma of the event would be running through their head.

Long-Term Impact

Impact on Physiological Health

The child may develop some diseases if the wounds are not treated in the right manner.

Impact on Psychological Health

The child may develop Depression, may have an aversion to sexual activities and will face trouble developing physically intimate relationships with others. As an adult, the individual may find solace in substance abuse and alcoholism and one cannot rule out Suicide as a long-term effect of sexual abuse.

The long-term effects of childhood trauma in an adult can lead to the development of several biological issues, such as – diabetes, malnutrition, cancer, high blood pressure and so on (Widom, Czaja, Bentley, & Johnson, 2012; Monnat & Chandler, 2015; Afifi et al., 2016).

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The psychological impact is the formation of Post-Traumatic Stress Disorder in an adult. Such adults display intrusion symptoms; characterised by the repetitive memory of the traumatic event. Adults, also have trouble regarding emotional regulation, this was specific to adults who have undergone sexual abuse as children (Bradley, Etkin et al, 2016). Childhood abuse and neglect also lead to an increase in substance abuse (Korgan, Plamer et al, 2017). Childhood abuse also leads to increased chances of developing mood disorders (Lippard and Nemeroff, 2019).

Many individuals also face trouble in forming healthy social bonds with other adults. Adding to this, adults having undergone childhood abuse are highly likely to form insecure attachment styles, which are mainly anxious or avoidant in nature. Anxiety attachment has played a partially mediating role between the two variables of childhood abuse and health anxiety among adults (Power, Wright et al, 2019).

2. Attachment Styles

John Bowlby defined attachment as a 'lasting psychological connectedness between human beings'. Bowlby provided an evolutionary perspective on attachment. He stated that the survival rates in infants has gradually increased over the years as infants have learned to stay in close proximity with their caregivers. Thus, there has been significant changes in a child's attachment style as they realise that by being in close proximity with their caregivers ensures protection. Mary Ainsworth, an American- Canadian psychologist undertook the research on infant-parent separation, thereby providing a distinct line on attachment styles and individual differences. The research identified four attachment patterns based on a child's response to their caregiver leaving them in another person's care. They are as follows:

- **Secure Attachment** – This is the healthiest form of attachment style. The infant has formed a secure attachment with their caregiver, which means even if they are frightened or scared, they will return to their caregiver for reassurance. They use their bond with their caregiver as a strong base to explore the world. Among adults, a secure attachment style is characterized by a positive sense of self, such individuals trust others, are open with communication and view relationships with a positive mindset.
- **Insecure - Avoidant Attachment** – The child undergoes a significant amount of distress upon the caregiver's departure. The child is reluctant to greet the caregiver and avoids greeting them. Among adults, an insecure or avoidant attachment is characterized by having trouble forming an emotionally intimate bond with others. These adults find it difficult to acknowledge their emotions and feelings towards a close relationship.
- **Insecure – Ambivalent Attachment** – This along with the above style of attachment is insecure in nature, the child exhibits extreme sadness when the caregiver leaves and greets the caregiver with a multitude of emotions, ranging from ignoring the caregiver upon their arrival to exhibiting signs of anger. Furthermore, the child refuses to seek comfort when the caregiver displays support. This type of attachment style is in contrast with the insecure – avoidant attachment. Adults with this attachment style crave emotional intimacy but are afraid that their emotions won't be reciprocated.
- **Disorganized Attachment** – The child receives the caregiver with a plethora of emotions. The child exhibits fearful behaviour under their care but also seek comfort in the arms of the caregiver. "Infants with disorganized attachment face an unsolvable dilemma: their haven of safety is also the source of their fear and distress" (Diane Benoit, 2004). Among adults, this attachment manifests itself via emotional dysregulation. These individuals have an intense fear of abandonment. Adults with

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this type of attachment are rarely able to maintain a long-lasting relationship with their partner.

Attachment Styles Among Adults – The Role in Relationships

Secure Attachment:

An adult with a secure attachment style is one that is bound to thrive in interpersonal relationships. This attachment style is the most healthy, protected attachment style one can form with others. Some characteristics of this attachment style are as follows:

- Individuals are able to form long-lasting relationships.
- Individual is not afraid of intimacy and find solace in being intimate with others.
- Individual has a healthy sense of self.
- Individual is able to communicate their feelings and emotions in a mature manner.

Anxious Attachment:

This attachment comes under insecure attachment styles. This attachment style can make the other person feel suffocated and trapped. Some characteristics of this attachment style are as follows:

- The individual has a fear of abandonment.
- The individual may be overly dependent on another person.
- The individual craves intimacy

Avoidant Attachment:

This attachment too, comes under insecure attachment styles. As the name suggests, an adult with this attachment style avoids getting into intimate relationships. Some characteristics of this attachment style are as follows:

- The individual avoids emotional intimacy in a relationship.
- The individual feels that their partner or the other person is being 'needy' and 'clingy'; when they want emotional closeness.
- The individual finds it difficult to express their emotions, which leads to them repressing their feelings.
- The individual tends to deal with difficult situations alone and does not like seeking help from the other person.

Fearful Attachment:

This attachment too, comes under insecure attachment styles. Fearful attachment comprises of the individual having high level of anxiousness and avoidance. Individuals with this attachment style are reluctant to engage in a close relationship and a dire need to be loved by others (Favez & Tissot, 2019). Some characteristics of this attachment style are as follows:

- The individual begins a relationship with high levels of avoidance and will proceed to adopt an anxious attachment style.
- Such individuals prefer to have short-lived, casual relationships; instead of long, meaningful ones.
- The individual has a low self-esteem and also perceives others in a negative manner.

Factors Affecting Attachment Styles

Other factors do play a role in an adult's attachment style. Some main factors are as follows:

1. Genetics: Research has shown genetics along with environmental interaction aid the formation of an attachment style. Several researchers have stated that genetics does play a significant role in the attachment style of a person.

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Fonagy, P., Plomin R. et al (2014) conducted a study on the influence of genetic and environmental aspects on adolescent attachment. Five hundred and fifty-one twin pairs aged 15 years were recruited from the larger Twins Early Development Study (TEDS). Attachment was assessed using a semi-structured interview, the Child Attachment Interview. The findings imply that genes may play a role in teenage attachment and indicate possibly unique aetiological processes implicated in individual variations in attachment beyond early infancy.

Omri Gillath, Phillip R. Shaver, Baek, J.M., Shaver, P.R., et al (2008) conducted a study on the genetic correlates of adult attachment style. In the study, the authors look at the links between attachment insecurities and certain genetic variants connected to emotions and social behavior. They discover that (a) anxious attachment is linked to a DRD2 dopamine receptor gene polymorphism, (b) avoidant attachment is linked to a 5HT2A serotonin receptor gene polymorphism, and (c) the rs53576 locus is linked to the anxious attachment. An OXTR oxytocin receptor gene polymorphism is not linked to attachment anxieties. These findings imply that attachment insecurities are partially explained by certain genes, yet there is still a significant amount of individual variation variance that must be explained by other genes or social events.

2. Temperament: American Psychological Association defines temperament as “the basic foundation of personality, usually assumed to be biologically determined and present early in life, including such characteristics as energy level, emotional responsiveness, demeanor, mood, response tempo, behavioral inhibition, and willingness to explore. In animal behavior, temperament is defined as an individual’s constitutional pattern of reactions, with a similar range of characteristics.”

“Temperament refers to early-appearing variation in emotional reactivity” (Mckee & Rettwe, 2005).

The temperament of an individual refers to their state of being, that is, a fundamental element of their personality. The temperament of an individual is their outlook on situations and how they present themselves and their overall mental state.

Groh, A.M., Narayan, A.J. et al (2016) conducted a meta-analytic review on attachment and temperament. This meta-analytic review investigates the relationship between early attachment (assessed at 1–5 years) and child temperament (assessed at birth–12 years) and compares the strength of this relationship to previously documented meta-analytic associations between early attachment and social competence, externalising behaviour, and internalising symptoms. Temperament was shown to be slightly linked with attachment (in)security ($d = .14$, CI [0.08, 0.19]) but moderately associated with resistant attachment ($d = .30$, CI [0.21, 0.40]) in 109 separate samples ($N = 11,440$) from varied socioeconomic and cultural backgrounds. Temperament was not linked with avoidant ($d = .10$, CI [0.02, 0.19]) or disordered attachment ($d = .11$, CI [0.03, 0.25]). Early attachment security was shown to be more significantly connected with social competence and externalising behaviours than with internalising symptoms and temperament across developmental domains.

3. Childhood Trauma and Attachment Styles: Childhood trauma or having undergone a traumatic event can have a significant impact on an adult’s attachment style. This has been proven a number of times in the recent years.

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There is a lot of research on childhood trauma and attachment styles. Most researches show that childhood trauma does have a correlation with attachment styles. However, very few show the type of attachment style childhood trauma as a whole can have on an individual's attachment style. Childhood trauma is researched is broken down into the five main domains – physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse. Each abuse leads to the formation of an insecure attachment style.

Physical abuse and physical neglect:

Research shows that physical abuse on a child, leads to higher levels of them developing an anxious attachment style Physical neglect on the other hand, lead to higher levels of them developing an avoidant attachment style (Widom, Chauhan et al, 2017).

Emotional Abuse and Neglect:

Individuals who have been emotionally abused and neglected are more likely develop an avoidant attachment style.

Sexual Abuse:

Individuals who have been victims of sexual abuse as children faced attachment-anxiety (Noll et al, 2010).

A significant research in the year 2016, determined the relationship between childhood trauma and attachment styles. In addition to this, the results of the research showed a negative, significant relationship between childhood abuse and a secure attachment style. Furthermore, the results focused on predicting the attachment styles of an individual having undergone a traumatic event. The results indicated that participants displaying relatively high levels of childhood trauma tend to report insecure types of attachment (fearful, preoccupied, and dismissing attachment styles) (Erozkan, 2016).

Children who have undergone physical abuse develop an attachment avoidant style. (Luca and Unger, 2014). Another research utilised attachment style as a mediator in determining the relationship between childhood maltreatment and the experience of betrayal trauma as an adult. The research showed that children facing trauma that is high in betrayal (that is, the trauma is induced by a caregiver, parent or family member) tend to have higher levels of betrayal trauma (Gobin & Freyd, 2009). The research findings indicated that child maltreatment is associated with adult betrayal trauma and anxious attachment partially mediates this relationship (Surrette, Simons and Hocking, 2016).

Research stated that physical abuse and physical neglect lead to two different types of attachment styles. Physical abuse lead to adults developing higher levels of anxious attachment style, whereas neglect predicted adults developing an avoidant attachment style (Widom, Chauhan, Cjaza et al, 2018). Many adults who have undergone childhood trauma develop a fearful – avoidant attachment style. This attachment style is insecure in nature. Adults using this attachment style often exhibit confusing behaviour. They want to be cherished and cared for by others, however often withdraw from relationships. They are uncomfortable with being vulnerable (either emotionally or physically) with their partner and may immediately back off when it happens.

Trauma or having undergone a traumatic event in one's life can change an individual's perception on relationships. This paper establishes to understand the type of attachment style an individual with childhood trauma (as a whole variable and not its domains) would form.

REVIEW OF LITERATURE

Mesut Işık, M. & Kirli, U. (2022) conducted a research on the mediating effect of attachment insecurity on circadian consequences of childhood trauma. The main aim of this study is to investigate the associations of childhood trauma and attachment styles with circadian preferences. A total of 673 participants were evaluated using the Morningness–Eveningness Questionnaire (MEQ), the Childhood Trauma Questionnaire 28 (CTQ-28), and the Experiences in Close Relationships-Revised (ECR-R) questionnaire. The results indicated that 14.9% ($n = 100$) of the participants were morning type, 20.6% ($n = 139$) were evening type, and 64.5% ($n = 434$) were intermediate type. Both childhood trauma and attachment-related anxiety/avoidance scores were associated with being evening type ($p < .01$). Moreover, attachment-related anxiety and avoidance fully mediated the association between childhood trauma and circadian preferences. The present study showed that attachment styles might be associated with circadian preferences.

Voestermans, D., and M. Eikelenboom (2021) studied the relationship between childhood trauma and attachment functioning in patients with personality disorders. The authors analysed adult and childhood attachment style in a sample of 75 individuals with various personality disorders and established the relationship with both the incidence and severity of childhood trauma. The authors discovered that the sample had significant attachment dysfunction and high levels of childhood trauma. The authors demonstrated, using cross-tabulations and analysis of variance, that patients with a scared or dismissive attachment style had more severe childhood trauma than patients with a preoccupied attachment style. Patients who reported affectionless control bonding with either parent experienced frequent and severe childhood trauma. Although temporal causality cannot be proved, these findings highlight the need of screening for childhood trauma in individuals with personality disorders and imply that attachment-centered psychotherapy for these patients may benefit from prior or concurrent trauma treatment.

Pellegriti, P., Santi, R., Costanzo, A. et al (2020) conducted a study on Childhood trauma, attachment and psychopathology. Three-hundred fifty-two adults aged between 18 and 73 years old ($M = 32.70$; $SD = 11.72$) completed measures on child maltreatment, attachment styles and psychopathology. A regularized partial correlation network was estimated to examine the relationships between the three constructs. The network showed 101 out of 190 non-zero correlations linking childhood traumatic experiences, anxious and avoidant attachment dimensions, and clinical symptoms. The analysis of the network showed that being exposed to emotional abuse and emotional neglect increased the risk of being exposed to other types of childhood trauma, such as physical abuse. Anxious attachment was more strongly linked to child maltreatment and psychopathology than avoidant attachment. Suicidal ideation and maladaptive personality functioning were the clinical symptoms most strongly connected with the other variables in the network. These findings might be relevant for the assessment and treatment of individuals who display clinical problems related to insecure attachment and early relational trauma.

Zhong, M., and Wang, J. (2020) conducted an investigation on insecure attachment and maladaptive emotion regulation as mediators of the connection between childhood trauma and borderline personality traits. A total of 637 patients with psychological disorders completed a battery of psychometric instruments, including the Personality Diagnostic Questionnaire, the 23-Item Borderline Symptom List, the Childhood Trauma Questionnaire, the Attachment Style Questionnaire, and the Cognitive Emotion Regulation Questionnaire. Path analyses were performed to evaluate the experience-driven paradigm of whether insecure attachment and

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maladaptive emotion regulation may moderate the association between childhood trauma and borderline personality disorder characteristics. The random forest regression was used to identify variables that contribute significantly to borderline personality disorder traits, which variables would be put into the data-driven model to further corroborate the experience-driven model. Both the experience-driven model and the data-driven model confirmed that there were three significant mediation pathways (childhood trauma insecure attachment/maladaptive emotion regulation borderline personality disorder features, childhood trauma insecure attachment maladaptive emotion regulation borderline personality disorder features; all $p < .05$), with the most weighted mediation pathway influencing the borderline personality disorder features being through insecure attachment and then through maladaptive emotion regulation. Childhood trauma mostly influenced bipolar personality disorder traits through a mix of insecure attachment and dysfunctional emotion regulation.

Perez, D., Williams, B. et al (2018) conducted a research on fearful attachment styles being correlated with Depression, Childhood Abuse and Alexithymia among Motor Functional Neurological Disorders. Fifty-six patients with motor Functional Neurological Disorders were recruited from the Massachusetts General Hospital FND Clinic. The primary study measure was the Relationship Scale Questionnaire, which was completed by all 56 patients. Furthermore, studies via self-report measures were done in order to illustrate the severity of functional neurologic symptoms and the presence of predisposing vulnerabilities perpetuating factors. In order to measure the symptoms, a couple of questionnaires were administered. They are as follows - Patient Health Questionnaire-15 (PHQ-15), Screening for Somatoform Symptoms Conversion Disorder Subscale (SOMS:CD), Connor-Davidson Resilience Scale (CD-RISC), Somatoform Dissociation Questionnaire-20 (SDQ-20), Short Form Health Survey (SF-36), Beck Depression Inventory-II (BDI), Spielberger State-Trait Anxiety Inventory (STAI-T), NEO Five-Factor Inventory-3 (NEO), Toronto Alexithymia Scale (TAS), Dissociative Experiences Scale (DES), Barrett Impulsivity Scale (BIS), Life Events Checklist-5 (LEC), Posttraumatic Stress Disorder (PTSD) Checklist-5 (PTSD-CL5) and Childhood Trauma Questionnaire (CTQ). The result indicated a positive and significant correlation between childhood trauma and fearful attachment styles among individuals with motor Functional Neurological Disorders. The correlation further adds on to the emphasis of insecure attachments in adults stemming from childhood maltreatment.

Wong, S., Bucci, S. (2017) conducted a study on associations between trauma, dissociation, adult attachment and proneness to hallucinations. This paper investigates the relative contribution of childhood adversity, dissociation and adult attachment in explaining hallucination proneness in a non-clinical sample. Students and staff with no previous contact with secondary care at the University of Manchester were recruited. Participants completed a series of self-report measures: the Launay-Slade Hallucination Scale (LSHS), the Relationship Scale Questionnaire (RSQ), the Childhood Trauma Questionnaire (CTQ), the Dissociative Experiences Schedule (DES II) and the Positive and Negative Affect Schedule (PANAS). As hypothesized, insecure attachment, childhood adversity and dissociative symptoms were correlated with hallucination proneness. Multiple regression analysis, controlling for confounds of age and negative affect, indicated that the RSQ, CTQ and DES II predicted hallucination proneness. Only DES II and RSQ avoidant attachment were significant independent predictors in the final model.

S. Koong, S. & Kang, D. (2017) investigated attachment insecurity as a mediator of the link between childhood trauma and adult dissociation. The study comprised 115 mental outpatients who visited a trauma centre. Data was gathered using the Childhood Trauma Questionnaire,

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Revised Adult Attachment Scale, and Dissociative Experience Scale. Structural equation modelling and route analysis were utilised to study the mediating effects of attachment insecurity on the link between childhood trauma and adult dissociation. Attachment anxiety totally buffered the association between more childhood trauma and increased dissociation. Sexual assault influenced dissociation by a synergistic combination of attachment anxiety and attachment avoidance. It was discovered that there was a balanced interaction between the direct and indirect effects of emotional neglect on dissociation; the indirect effect of emotional neglect on dissociation was partially mediated by attachment insecurity. Individual types of childhood trauma and adult dissociative symptoms may be explained by attachment insecurity features.

Alsadat, A. & Mohsen, A. (2017) conducted an experiment on the association between emotional divorce and childhood maltreatment; whilst early maladaptive schemas, attachment styles and emotional regulation play a mediating role. 150 married couples were chosen as a sample population. They were residents of Tehran, Iran. Five sets of questionnaires were administered on the married couples. The tests were as follows - Young Schema Questionnaire Short Form, Child Abuse and Trauma Scale, Difficulties in Emotion Regulation Scale and Adult Attachment Scale. The result showed a significant, positive correlation between the variables. A positive correlation occurred between emotional divorce and insecure attachment styles, as mediative schemas play a mediating role. Furthermore, there is a positive correlation between emotional divorce and emotional regulation. The experiment further establishes the aspect that childhood maltreatment leads to the formation of insecure attachment styles, early maladaptive schemas and difficulties in emotional regulation.

Chan, K.L. Camilla, K.M. et al (2017) conducted a meta- analysis on insecure adult attachment and child maltreatment. his meta-analytic study examined the relationship between parents' adult attachment and child maltreatment perpetration/child abuse potential. Studies examining the relationship between parents' adult attachment and child maltreatment/child abuse potential published before February 2017 were identified through a systematic search of online databases. In total, 16 studies ($N = 1,830$) were selected. Meta-analysis based on random-effects models shows a significant positive association between insecure attachment and child maltreatment (pooled effect size: odds ratio [OR] = 2.93, $p = .000$). Subgroup analyses show insecure attachment was more strongly associated with failure to thrive ($OR = 8.04$, $p = .000$) and filicide ($OR = 5.00$, $p < .05$). Medium effect sizes were found for subgroup analyses on insecure romantic attachment ($OR = 3.76$, $p = .000$), general attachment ($OR = 3.38$, $p = .000$), attachment to own child ($OR = 3.13$, $p = .001$), and to own parents ($OR = 2.63$, $p = .000$) in relation to child maltreatment.

Erozkan, A. (2016) conducted a research titled to understand the link between attachment styles and childhood trauma. 911 students from the Mugla Sıtkı Kocman University, Turkey were chosen. The students were chosen via purposive sampling and a cross – sectional method. Among the sample population, 419 students were male and 492 were female. The students lied between the age groups of 19 to 24, from freshman to senior year. Two tools were administered to determine the relationship between the two variables. The Childhood Trauma Questionnaire – Short form, which consists of 28 items to measure the five dimensions of a negative childhood experience. The dimensions are – physical abuse, emotional abuse, physical neglect, sexual abuse and emotional neglect. The second tool is a self-report questionnaire of 30 items called the Relationship Scales Questionnaire. The questionnaire measured the students' attachment style; secure, preoccupied, fearful and dismissive. Program for Social Sciences (SPSS) 19.00 and the linear structural relations

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(LISREL) 8.70 were used to calculate the data. The result of the research stated that there is a significant relationship between negative childhood experiences and attachment styles.

Madigan, S., Brumariu, L. E., Villani, V. et al (2016) conducted a meta- analysis on attachment and the relations to child internalizing and externalizing problems. The meta-analysis is a wide-ranging examination of the literature on attachment and behavioral problems in children aged 3–18 years, focusing on the representational and questionnaire measures most commonly used in this age range. Secure attachment was compared with insecure attachment and a modest association with internalizing behavior was found. Multivariate moderator analyses were used to disentangle the unique influence of each significant univariate moderator more precisely, and results revealed that effect sizes decreased as the child aged. Plus, were larger in studies in which the participants were ethnically White, where the child was the problem informant, and when the internalizing measure was depressive symptoms. Attachment and externalizing behavior were also associated and effect sizes were larger in ethnically White samples, and in those where the child was the problem informant. Avoidant, ambivalent, and disorganized attachment classifications were associated with internalizing behavior, but only disorganized attachment was associated with externalizing behavior.

Hasking, P., Newman, L. et al (2016) conducted a research on emotion regulation, childhood abuse and assault and attachment and examining the predictors of non-suicidal self- injury among adolescents. This study associated the relative risk of non-suicidal self-injury with a history of, poor attachment relationships, poor emotion regulation among adolescents and physical and sexual abuse or assault. A total of 2,637 adolescents aged between 12 to 15 years were selected. They completed questionnaires at 3 time-points: baseline, 12, and 24 months later. Across the study, 9.4% reported a history of non-suicidal self-injury. Each individual with a past or recent abuse or assault, poor attachment relationships, and poor emotion regulation was associated with non-suicidal self-injury.

Humbert, B., Langton, C., et al (2015) investigated childhood sexual abuse, attachments in childhood and adulthood, and coercive sexual behaviours in community males, as well as the primary impacts and moderating role for attachment. The researchers studied 176 adult community males to see if there was a link between self-reported coercive sexual conduct toward adult females, childhood sexual abuse (CSA), child–parent attachment types, and attachment with adult romantic partners. Attachment style with each parent and romantic partners was also studied as a possible mediator. Using hierarchical multiple regression analysis, it was discovered that avoidant connection with mothers as a kid accounted for a considerable portion of the variance in forceful sexual conduct. Similarly, even after adjusting for anxiety attachment in adulthood scores, avoidance attachment in adulthood was a significant predictor of coercive sexual conduct. When additional kinds of childhood adversity, violence, antisociality, and response bias were included, these major effects for avoidant and avoidance attachment were not statistically significant.

Bazzo, D. (2015) conducted a study on individual risk factors for physician boundary breaches, as well as the effect of childhood trauma, attachment style, and maladaptive beliefs. A sample population of 100 health care professionals attending a CME (continuing medical education) course on professional boundaries was employed, and they were asked to complete three questions. Experiences in Close Relationships Questionnaire Revised, Childhood Trauma Questionnaire, and Young Schema Questionnaire are the questionnaires. The link and correlation between the various risk variables, as well as between self-rating and expert-rating,

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were investigated. One-fifth of those polled claimed moderate to severe childhood maltreatment, while six-fifths reported moderate to severe emotional neglect. Despite this, the average attachment anxiety and attachment avoidance were modest, and experts evaluated more than half of the subjects as "secure." Childhood maltreatment was linked to avoidance and attachment anxiety, and it predicted insecure attachment and maladaptive attitudes according to experts.

Sheinbaum, T. Bifulco, A. (2015) studied insecure attachment types as mediators between poor childhood care and schizophrenia-spectrum phenomenology. 214 nonclinical young adults were interviewed for subclinical symptoms (Comprehensive Assessment of At-Risk Mental States), schizophrenia-spectrum PDs (Structured Clinical Interview for DSM-IV Axis II Disorders), poor childhood care (Childhood Experience of Care and Abuse Interview), and attachment style (Attachment Style Interview). Participants also completed the Beck Depression Inventory-II, and all analyses were done with depressed symptoms excluded. Parental hostility and role reversal were both linked to subclinical positive symptoms as well as paranoid and schizotypal Parkinson's disease features. Subclinical negative symptoms were also linked to role reversal. Angry-dismissive attachment moderated correlations between antipathy and subclinical positive symptoms, while entangled attachment mediated connections between antipathy and paranoid and schizotypal PD features.

Luca, R. & Unger, J. (2014) conducted a study on the relationship between childhood physical abuse and adult attachment styles. Fine hundred and twenty-two female students and two hundred and ninety-four male university students completed questionnaires on their, adult attachment style, child abuse history and other variables. Regression analyses was done in order to understand the impact and correlation of one variable over the other. A history of childhood physical abuse was associated with avoidance attachment while controlling for other forms of childhood abuse.

Adgate, A., Renk, K., Lowell, A. (2014) conducted a research on the role of attachment in the relationship between child maltreatment and later emotional and behavioural functioning. Four hundred twenty-four participants completed questionnaires measuring the variables of interest for this study. Results indicated that both childhood maltreatment experiences, particularly emotional abuse and attachment, particularly between the individual and their mothers and between the individual and their peers are significant predictors of later emotional and behavioral outcomes. Further, attachment contributed unique and significant variance to the relationship between childhood maltreatment experiences and later outcomes. The results implied that secure attachment may serve as a protective factor against maladaptive emotional and behavioral outcomes as children reach early adulthood.

Bentall, R., and Sitko, K. (2014) performed study on how attachment patterns impact relationships between distinct psychotic symptoms and specific childhood adversities - an analysis of the national comorbidity survey. There is some evidence of a link between childhood sexual abuse and hallucinations, as well as a correlation between insecure attachment and paranoia. The National Comorbidity Survey data were utilised to see if current attachment patterns altered the link between unfavourable childhood events and psychotic symptoms in adulthood. Sexual abuse (rape and sexual molestation) and neglect were both connected with hallucinations and paranoid delusions in various ways. Depression was also linked to sexual abuse and neglect. Anxious and avoidant attachment fully moderated the connection between neglect and paranoid views. Sexual molestation and hallucinations had no association with attachment style. The association between rape and hallucinations was

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largely mediated by anxious attachment; however, when sadness was added as a mediating variable, this impact disappeared. The findings emphasise the significance of addressing and comprehending childhood experiences in the context of contemporary attachment patterns in therapeutic therapies for psychotic patients.

Cortés, D. Cantón, J. et al. (2014) conducted a study on child sexual abuse, attachment style, and depression, as well as the influence of abuse features. The study's goal was to look at the impact of secure, avoidant, and anxious attachment styles on depressive symptoms in young female adult victims of child sexual abuse. The function of attachment style was investigated by taking into account potential interaction effects with the kind of abuse, the connection with the offender, and the duration of abuse. There were 168 female victims of child sexual abuse who took part in the study. A self-reported questionnaire was used to collect information regarding the abuse. The Attachment Style Measure was used to measure attachment style, while the Beck Depression Inventory was utilised to assess depression symptoms. Secure attachment types and anxious attachment styles were associated with low and high depression ratings, respectively. The impacts of attachment style were larger when the abuse consisted of sex and or penetration (orally), a non-family member as the offender, and when the abuse was isolated rather than ongoing. These findings support the notion that aspects of child sexual abuse (abuse kind, relationship with the perpetrator, and duration of abuse) might influence the impact of attachment style on depressive symptomatology.

Miner, M., Romine, R., and colleagues (2014) studied anxious attachment, social isolation, and indices of sex desire and compulsivity as predictors of child sexual abuse perpetration in teenage boys. The purpose of this study was to investigate the relationship between insecure attachment to parents, social isolation, and interpersonal appropriateness and child sexual abuse perpetration in teenagers. A comparison was made between two samples of teenage boys who had committed sexual offences, offences against children, and offences against peers or adults, and a sample of similarly aged males in treatment for mental health or drug use difficulties. A semi-structured interview and a computer-administered questionnaire were used to collect data. An indirect relationship between anxious attachment and sexual assaults against child victims was discovered, which was explained by measures of social participation and social isolation. These measures of participation and isolation likewise had no direct relationship with sexual crimes against kid victims, since their contribution was accounted for by a measure of Masculine Adequacy. This Masculine Adequacy, along with lower levels of Sexual Preoccupation and Hypersexuality and higher levels of Sexual Compulsivity, was linked to the commission of child sexual abuse. The interpersonal factors were not included in a model that predicted sexual offending towards peers/adults, which appeared to be mainly connected with the interaction of Sexual Compulsivity and Hypersexuality.

Maunder, R., Caplan, R., et al (2014) studied attachment, childhood maltreatment, and IBD-related Quality of Life and Disease Activity Outcomes. 205 individuals with IBD from Mount Sinai Hospital in Toronto took part in the study. Participants filled out self-report questions about their personal connections, abuse history, and IBD. Multiple regression models were fitted using three outcome variables: illness-related quality of life (QOL), ulcerative colitis disease activity, and Crohn's disease activity. Patients reporting less severe abuse and low levels of avoidant attachment had the highest QOL, while patients reporting high levels of avoidant attachment had the lowest QOL, independent of abuse intensity. Patients who reported higher levels of worried attachment had worse QOL ratings. Patients who reported less severe abuse and low levels of avoidant attachment had the least disease activity, whereas patients who reported high levels of avoidant attachment had the most ulcerative colitis—

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related disease activity, independent of abuse severity. However, there was no significant main impact or interaction of abuse by anxious attachment on ulcerative colitis–related disease activity in the case of anxious attachment. Childhood maltreatment and attachment style were not linked to Crohn's disease–related disease activity.

Harel, G. & Dottan, R. (2014) conducted a research on parents' potential for child abuse. Two hundred and thirteen Jewish and Arab parents of children up to 6 years of age completed six questionnaires assessing child-abuse potential, childhood history of abuse/neglect, attachment style, emotional control, perceived stress, and cognitive appraisal of parenthood. Results indicated that parents who experienced childhood abuse and neglect scored significantly higher in child-abuse potential than parents without a history of abuse or neglect. A Structural Equation Model indicated that anxious and avoidant attachment mediated the experiences of abuse and neglect in childhood and emotional control; whereas emotional control deficits mediated the relationship between insecure attachment and parenthood as challenge vs. threat, leading to greater child-abuse potential.

Korver-Nieberg, N., Velthorst, E. et al (2014) conducted research on childhood maltreatment, adult attachment and psychotic symptomatology: a study in patients, siblings and controls. The relation between childhood maltreatment and psychotic symptoms was investigated, taking into account levels of (insecure) attachment, in 131 patients with psychotic illness, 123 siblings and 72 controls. Childhood maltreatment was assessed with the Childhood Trauma Questionnaire (CTQ). Attachment dimensions of anxiety and avoidance were measured using the Psychosis Attachment Measure (PAM). In both patients and siblings, Childhood maltreatment predicted positive symptoms and this relationship was partly mediated by attachment style. This relationship was found to be stronger for siblings than for patients. Childhood maltreatment predicted negative symptoms in patients and siblings. In the patient sample, attachment style did not mediate the relationship between Childhood maltreatment and negative symptoms, whereas attachment style was found to be a mediator in the sibling sample. Childhood maltreatment was associated with positive and negative symptomatology in both patients and siblings. Particularly in siblings, the relationship between Childhood maltreatment and psychosis seems to be mediated by adult attachment style.

Adriano Schimmenti, A. & Bifulco, A. (2014) conducted a research on linking the lack of care in childhood to anxiety disorders in emerging adulthood and the role of attachment styles. Childhood experience of neglect and abuse, including antipathy (cold, critical parenting), attachment styles, and anxiety disorders were assessed in a high-risk sample of 160 adolescents and young adults by means of interview measures. Antipathy was associated with 12-month prevalence of anxiety disorders in the sample. Anxious–ambivalent attachment scores statistically mediated the relationship between antipathy and anxiety disorders. Clinicians treating anxiety disorders in youths need to consider that emotional neglect in childhood in the form of antipathy could lead to anxious–ambivalent internal working models operating around fear of rejection and fear of separation.

Shevlin, M. et al (2014) conducted a study on the adult attachment styles and the psychological response to infant bereavement. The study was based on a sample of 445 bereaved parents who had experienced either peri- or post-natal death of an infant. Adult attachment was assessed using the Revised Adult Attachment Scale while reaction to trauma was assessed using the Trauma Symptom Checklist. A four-class solution was considered the optimal based on fit statistics and interpretability of the results. Classes were labelled “Fearful,” “Preoccupied,” “Dismissing,” and “Secure.” Females were almost eight times more likely

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than males to be members of the fearful attachment class. This class evidenced the highest scores across all Trauma Symptom Checklist scales while the secure class showed the lowest scores.

Harding, H., Jackson, J. (2013) conducted a research titled on attachment styles and early maladaptive schemas as mediators of the relationship between childhood emotional abuse and intimate partner violence. This study tested a model examining the unique mediating effects of insecure attachment and early maladaptive schemas on the relationship between childhood emotional abuse and intimate partner violence in college women. Contrary to hypotheses that both attachment style and maladaptive schema endorsement would mediate the relationship between childhood emotional abuse and intimate partner violence and intimate partner violence, regression analyses indicated the disconnection/rejection schema domain was the only significant mediator between childhood emotional abuse and intimate partner violence ($p = .01$). This same relation held for childhood emotional abuse and intimate partner violence ($p < .001$). These findings provide preliminary clinical utility for examining schema endorsement, the use of schema therapy (Young, Klosko, & Weishar, 2003), or both with women who have emotional abuse and intimate partner violence histories.

Madigan, S., Atkinson, L., Laurin, K., & Benoit, D. (2013) undertook a meta-analysis on attachment and internalising behaviour in early childhood. The relationship between avoidant attachment and internalizing behaviour was also significant, but it was mild to moderate. The difference in effect sizes between resistant to secure attachment and resistant to avoidant attachment was not statistically significant. We discovered a modest impact size between disordered attachment with internalising behaviour in 20 research including 2,679 families; however, the effect size was not significant when corrected for possible publication bias. Although the impact sizes are small, the data supports the overall assumption that insecure attachment relationships in childhood, particularly avoidant attachment, are connected with eventual internalising behaviours.

Capri, B., Evin, S. (2013) conducted a research on Attachment styles, abuse experiences and depression. The research data obtained from 251 students at various faculties and colleges at Mersin University in the 2012 to 2013 academic year. 123 (49%) of students are females and 128 (51%) are males. The average age is 20.96. Childhood trauma experience scale, Experiences in Affiliation Inventory and the symptom checklist were administered on the participants. In order to examine the relationship between the attachment, trauma and depression scores of the students in the study, the Pearson product-moment correlation analysis was conducted and the results were analysed. The result showed a positive and significant relationship between anxious attachment, emotional trauma and depression. The results also depicted that insecure attachment styles increase depending on the existence of traumatic experiences in childhood.

Balfour, L., Demidenko, N. (2013) conducted a research on attachment insecurity and how it mediates the relationship between childhood trauma and eating disorder psychopathology. Treatment seeking adults with eating disorders ($N = 308$) completed questionnaires about childhood maltreatment, eating disorder psychopathology, and adult attachment. Structural equation models indicated that childhood trauma had a direct effect on eating disorder symptoms. Also, attachment anxiety and avoidance each equally mediated the childhood maltreatment to eating disorder psychopathology relationship. Attachment insecurity, characterized by affect dysregulation and interpersonal sensitivities may help to explain why

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eating disorder symptoms may be one consequence of childhood maltreatment in a clinical sample.

Talbot, N. Smith, P. (2011) conducted a research on the relationships of attachment style and social maladjustment to death ideation in depressed women with a history of childhood sexual abuse. The current study examined the interaction of attachment orientation and acute social maladjustment as risk factors for death ideation in a sample of women with Major Depression and histories of childhood sexual abuse. Social maladjustment was associated with greater endorsement of death ideation. Avoidant and anxious attachment orientations moderated the social maladjustment and death ideation associations in some domains. Work-related maladjustment was associated with greater odds of death ideation for those with higher attachment avoidance. Parent-role maladjustment was associated with greater odds of death ideation for those with lower attachment anxiety. Findings demonstrate strong associations between death ideation and social maladjustment, and suggest that death ideation may be specific to certain domains of adjustment for anxious and avoidant attachment styles.

METHODOLOGY

Aim

The aim of the study is to investigate the relationship between childhood trauma and its impact on attachment styles among adults.

Objectives

- To understand the relationship between childhood trauma and attachment styles
- To understand the impact childhood trauma has on an adult's attachment style

Hypotheses

- Childhood trauma does have an impact on an adult's attachment style.
- There will be a significant relationship between childhood trauma and attachment styles.

Variables

- **Independent Variable** - Childhood trauma
- **Dependent Variable** - Attachment Style

Sample

The sample of individuals were chosen from the sub-continent of India, the individuals resided in various states of India. The sample selected for this study was 104 individuals ranging between the age groups of 18 to 35 years and were mainly male, female and non-binary.

Description of tools used

The Childhood Trauma Questionnaire (Short-form)

The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) is a retrospective, self-report measure that was developed to provide a brief, reliable, and valid assessment of a broad range of traumatic experiences in childhood. More specifically, it assesses experiences of abuse and neglect in childhood, including physical, emotional, and sexual abuse and physical and emotional neglect, as well as related aspects of the child-rearing environment. The CTQ is intended for adolescents and adults. It contains 70 items arranged according to four factors: physical and emotional abuse, emotional neglect, sexual abuse, and physical neglect. Responses are quantified on a 5-point Likert-type scale according to the frequency with which experiences occurred, with 1 = "never true" and 5 = "very often true." This questionnaire

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requires 10 to 15 minutes to administer and can be administered in individual or group sessions. Drug- or alcohol-dependent patients (N = 286) were given the CTQ as part of a larger test battery. The CTQ demonstrated a Cronbach's alpha of .95 for the total scale. The CTQ also demonstrated good test-retest reliability for a subgroup (N = 40) over a 2- to 8-month interval, with an intraclass correlation for the total scale of .88. Sixty-eight of the patients were also given a structured interview for child abuse and neglect, the Childhood Trauma Interview, also developed by the authors. The CTQ demonstrated convergence with the CTI, indicating that patients' reports of child abuse and neglect based on the CTQ were highly stable, both over time and across types of instruments. Discriminant validity was supported as the CTQ factors and total score were unrelated to measures of verbal intelligence and social desirability.

Revised Adult Attachment Scale - Close Relationships

The Revised Adult Attachment Scale (RAAS; Corollins, 1996) was created to examine individual variations in attachment type. This 18-item scale has three subscales (each with six items): (a) The close subscale assesses how comfortable a person is with closeness and intimacy; (b) the depend subscale assesses how comfortable a person is depending on others and believes that people can be relied on when needed; and (c) the anxiety subscale assesses how worried a person is about being rejected and abandoned by others. The following modifications have been made to the updated scale. To begin, one item on the near subscale was substituted to increase dependability. Second, an incorrectly phrased item on the anxiety scale has been changed with a comparable item Finally, two items on the anxiety scale dealing with a strong desire to "merge" with a partner were replaced with two new things dealing with "ambivalence" regarding partnerships. Participants are asked to reply to each question in terms of their general attitude toward intimate relationships. Cronbach's alphas for the near, depend, and anxiety subscales were .77, .78, and .85, respectively, in a sample of students.

Procedure

The sample of 104 individuals were informed about the aim of the study, their consent was taken before they provided their answers to both the questionnaires - the Childhood Trauma Questionnaire (Short-form) and the Revised Adult Attachment Scale - Close Relationships.

Statistical Analysis

A correlational research design was prepared, where data was analysed using Pearson's Product moment of correlation.

RESULTS

Using the IBM SPSS Statistics 2.0 tool, the correlation and regression analysis between the two variables was deduced.

Table 4.1 Correlation between Childhood Trauma and Attachment Style.

		Childhood Trauma	Attachment Style
Childhood Trauma	Pearson Correlation	1	-.471**
	Sig. (2-tailed)		.000
	N	103	103
Attachment Style	Pearson Correlation	-.471**	1
	Sig. (2-tailed)	.000	
	N	103	104

***. Correlation is significant at the 0.01 level (2-tailed).*

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From the above table, we can see that there is a significant correlation between Childhood Trauma and Attachment Style, at the 0.01 level of significance.

Table 4.2 Model summary of the regression analysis

R	R Square	Adjusted R Square	Std. The error in the Estimate
.471 ^a	.222	.214	7.325

Predictors: (Constant), Childhood Trauma

Dependant Variable, Attachment Style

R-Square is the coefficient of determination. It is the proportion of variance in the dependent variable (attachment style) which can be predicted from the independent variables (childhood trauma). This value indicates that 22.2% of the variance in attachment styles can be predicted from the variable – childhood trauma.

Table 4.3 Model summary of the regression analysis

VARIABLE	B	β	Standard Error
Constant	44.863***		2.649
Childhood Trauma	-.241	-.471	0.045
R ²	.222		

Table no. 4 depicts the impact of childhood trauma on attachment styles. The R² value of .222 reveals that the predictor variable explained 22.2% of the variance in the outcome variable with F = 28.796. p<.001. The table thus reveals that childhood trauma negatively predicted attachment style.

DISCUSSION

This research aims at understanding the relation between childhood trauma and attachment styles. The data obtained showcased that most individuals with childhood trauma adopted an anxious attachment style, with a high dependent sub-scale, while other developed an avoidant attachment style. A very small percentage also developed a secure attachment style.

The sample of 104 individuals taken from the sub-continent of Asia consisted of 71 females, non-binary individuals, and 29 males. According to table no. 4.3 childhood trauma negatively predicted attachment styles, therefore having an impact on the variable, thus accepting the first hypothesis. According to table no.4.1, a significant correlation is present between both the variables, that is childhood trauma did depict an attachment style among individuals. Most individuals from the sample, had displayed an insecure attachment style. An insecure attachment style includes – anxious attachment style, preoccupied attachment style, fearful attachment style and avoidant attachment style.

Chauhan, P., Widom, C. (2017) researched to check the mediating role of attachment styles in childhood maltreatment. Six hundred and fifty adults were chosen and they ranged from the age groups of 32 to 49 years. A couple of questionnaires were administered to the participants and they are as follows - the Rosenberg (1965) scale, Beck Anxiety Inventory, Center for Epidemiologic Studies Depression Scale, and Close Relationships Scale-Revised. The result did show that adults who had undergone physical childhood abuse predicted higher levels of anxious attachment style. Many researchers emphasized on the occurrence of an insecure attachment style as the result of the trauma an individual had to go through due to childhood abuse or maltreatment.

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Hiebler-Ragger, M., Kresse, A. (2019) experimented on the influence of attachment styles and personality organisation on the emotional functioning of an individual having undergone childhood trauma. Six hundred and sixteen individuals were chosen and were given a couple of questionnaires - Childhood Trauma Questionnaire, Adult Attachment Scale, Inventory of Personality Organization, and Affective Neuroscience Personality Scales. The results suggest that the relationship between emotional dysfunction and childhood trauma might be the result of dysfunctional internalization processes related to traumatic early object relations. This subsequently leads to discrepancies in personality organization and the formation of insecure attachment patterns in the adult mental apparatus.

An anxious attachment style is characterised by some key elements. These key elements are – fear of abandonment, overt dependence, craving for intimacy, low self-esteem, and so on. One of the reasons for the formation of an anxious attachment style stems from a troubled childhood. Witnessing the divorce of one's parents, the death of a parent, being emotionally abused or emotionally neglected by a family member, any such events of childhood trauma can cause the fear of abandonment in an individual. "One of the overarching concerns for adults with an anxious attachment style is that they are afraid of being abandoned by someone they love, so they are constantly looking for indications that that might happen" (Campbell & Marshall, 2011).

The study aimed to understand the impact of childhood trauma and attachment styles and the study deduced a negative impact. In addition to this, a significant correlation was found between the two variables. However, not all individuals depicted an anxious attachment style, some also developed an avoidant attachment style. Yes, both of these attachment styles come under an insecure attachment style, however, one cannot specifically state that childhood trauma will 100% lead to the formation of an anxious attachment style.

Wong, S., and Bucci, S. (2017) investigated the links between trauma, dissociation, adult attachment, and hallucination proneness. This study looks at how childhood adversity, dissociation, and adult attachment all play a role in explaining hallucination proneness in a non-clinical group. At the University of Manchester, students and professionals with no prior experience in secondary care were recruited. The Launay-Slade Hallucination Scale, the Relationship Scale Questionnaire, the Childhood Trauma Questionnaire, the Dissociative Experiences Schedule II and the Positive and Negative Affect Schedule were all completed by participants. As predicted, insecure connection, early trauma, and dissociative symptoms were linked to hallucination proclivity. Multiple regression study, adjusting for age and negative affect confounds, revealed that the Relationship Scale Questionnaire, Childhood Trauma Questionnaire, and Dissociative Experiences Schedule II all predicted hallucination proneness. In the final model, only Dissociative Experiences Schedule II and Relationship Scale Questionnaire avoidant attachment were significant independent predictors.

The intensity of childhood trauma as well as the type of childhood trauma plays a vital aspect in the development of an insecure attachment style. For example, emotional neglect and abuse were associated with higher levels of avoidant attachment, whereas physical abuse was associated with higher levels of anxious attachment. Attachment is one specific aspect of the relationship between a child and a parent with its purpose being to make a child safe, secure and protected. Attachment is distinguished from other aspects of parenting, such as disciplining, entertaining and teaching.

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For those individuals with a secure attachment style, several factors could have played a role in helping them develop a healthy attachment style. Factors such as income and family size, parental age and education, major stressful events, such as loss of a parent, birth of a sibling, severe illness, marital relationships and breakdown affect the quality of attachment relationships (Gervai, 2009). Childhood trauma, if not handled with care, can wreak havoc in an individual's life. Not only will it impact their attachment style, which will subsequently impact their relationships, but it will also impact their self-esteem, and their mental health and can lead to the formation of a mental disorder.

Childhood trauma stems from childhood abuse and the intensity of the childhood abuse is enough for an individual to espouse an insecure attachment style. This is not always the case, some individuals can develop a healthy, secure attachment style. For example, in this research itself, 3.8% of the sample population represented a secure attachment style. Granted, this is a small percentage.

The limitations of the study was that the research was conducted on a small population of 104 people in the ever-growing sub-continent of India, and therefore, the result cannot be used as a generalized result for a bigger sample. Furthermore, It was difficult to find participants to fill in the questionnaires as they were victims of childhood abuse and it can induce feelings of embarrassment in some people. Lastly, it can be a harrowing experience for people to go through a traumatic event while filling in the questionnaire.

Despite the limitations, the research paper can be used in a multitude of dimensions. Such as:

- This research can be used to further implore on this topic as there is limited data on the role of childhood trauma and anxious attachment style.
- The research emphasizes the detrimental effects of childhood trauma on an individual.
- Individuals should be taught that their childhood trauma resulting in childhood abuse can well enter their adult life and that just because it was a while back, doesn't mean that it cannot have an adverse effect.
- Childhood trauma doesn't necessarily have to be physical or sexual; emotional abuse and neglect are just as harmful.
- Attachment styles are not solely formed due to childhood trauma, there are various other causes; such as environment, school life, culture, and so on.

SUMMARY AND CONCLUSION

The study aimed to understand the impact of childhood trauma and attachment styles among adults. Two tools were administered for this – the Adult Attachment Scale by Collins and Childhood Trauma Questionnaire by P. Bernstein. The result indicated a significant correlation between the two variables as well as having childhood trauma negatively predict attachment styles. In addition to this, a significant correlation was found between the two variables. However, not all individuals depicted an anxious attachment style, some also developed an avoidant attachment style. The data obtained showcased that most individuals with childhood trauma adopted an anxious attachment style, with a high dependent sub-scale, while other developed an avoidant attachment style. A very small percentage also developed a secure attachment style. The sample of 104 individuals taken from the sub-continent of Asia consisted of 71 females, non-binary individuals, and 29 males. As seen in table no.4.3 childhood trauma negatively predicted attachment styles, therefore having an impact on the variable, thus accepting the first hypothesis. According to table no. 4.1, a significant correlation is present between both the variables, that is childhood trauma did depict an

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attachment style among individuals. Most individuals from the sample, had displayed an insecure attachment style. An insecure attachment style includes – anxious attachment style, preoccupied attachment style, fearful attachment style and avoidant attachment style.

Not a lot of research has been conducted in order to determine the overall attachment style an individual may develop due to the impact of childhood trauma. Furthermore, various researches show that the type of childhood trauma plays a huge role in the formation of an attachment style.

Despite numerous recent improvements in the study of child trauma, there is still much to learn and more knowledge to acquire from said topic.

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Conflict of Interest

The author declared no conflict of interest.

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