The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 11, Issue 4, October- December, 2023
DIP: 18.01.169.20231104, DOI: 10.25215/1104.169
https://www.ijip.in

Research Paper

Unpacking The Impact of Childhood Trauma on Empathy and Emotional Intelligence: A Correlational Study

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ABSTRACT

This empirical study delves into the intricate relationship between childhood trauma and the development of empathy and emotional intelligence in adulthood. Using a correlational design, the study examines the nuanced ways in which early life experiences of trauma can significantly impact an individual's capacity to accurately perceive and respond to the emotional states of others, as well as regulate their own emotional experiences. The study involved a sample of 100 participants, aged between 18 and 60 years old, who completed a battery of standardized questionnaires measuring childhood trauma, empathy, and emotional intelligence. The results showed that while the relation between childhood trauma and emotional intelligence is thought to be statistically significant, the correlation between childhood trauma and empathy is not. Particularly, it was discovered that those who had experienced severe levels of childhood trauma had slightly higher levels of emotional intelligence and empathy than those who had experienced low or moderate levels. These results imply that childhood trauma may have a long-term effect on a person's understanding and control of their emotions as well as their capacity for empathy. Limitations, Implications for clinical interventions and future research are discussed.

Keywords: *Childhood trauma, Empathy, Emotional Intelligence*

Childhood trauma, as discussed in a variety of articles, journals and books, is a significant etiological component that appears to play a role in the emergence of several severe problems and illnesses in both childhood and adulthood. Childhood trauma can take many different forms, including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and minimization or denial. A pattern of behavior known as emotional abuse, sometimes known as psychological abuse, harms a child's sense of self-worth and has a detrimental effect on their emotional development. The individual who is emotionally abusing the child may also reject, criticize, threaten, belittle, and berate the youngster in addition to withholding love and support through the form of making fun of the child, calling them names, and insulting them. Abusing a child emotionally is a matter of control and power. The perpetrator utilizes emotionally harmful and unpleasant words and acts to manipulate and control the child. Physical abuse is frequently referred to as any nonaccidental bodily harm to the child and can take the shape of punching, kicking, burning, biting, or any other behavior that leaves the child physically

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Received: August 20, 2023; Revision Received: November 30, 2023; Accepted: December 04, 2023

impaired. Any act that causes bodily harm to a kid or adolescent is considered physical abuse. Any interaction between a child and an adult (or another child) in which the child is exploited to sexually stimulate the perpetrator or an observer is considered child sexual abuse. Both touching and non-touching actions can constitute sexual abuse. Voyeurism, exhibitionism, or exposing the child to pornography are examples of non-touching behaviors. When a child's parents or parents are unable to appropriately meet their emotional needs, it is known as childhood emotional neglect. Emotional abuse inflicted on children is not always emotional neglect. Abuse frequently involves an intentional act; it's a decision made with malice towards others. While purposeful disrespect for a child's feelings can constitute emotional neglect, it can also refer to a failure to respond to or acknowledge a child's emotional needs. Even though their children are neglected emotionally, parents can still give them care and essentials. Simply put, they overlook or improperly handle this one crucial support area. Physical abuse occurs when a parent or other carer fails to give a child the requirements for survival and development. This covers not just the most fundamental physical requirements—such as food, clothing, and shelter—but also the desire for a safe environment free from violence and unnecessary damage. In addition, poor adult supervision of a child, child desertion, and outright expulsion of a child from the household can all be considered forms of physical neglect. In cases where complete denial is unlikely, minimizing or minimization is a form of deceit that combines denial with rationalization. Exaggeration is the exact opposite of it. When dealing with guilt, minimizing or downplaying the importance of an experience or emotion is a common tactic.

A number of mental health conditions are also brought on by the horrifying and sometimes life-threatening external events one might face during their developing years. Trauma and maltreatment during developing years can result in an array of negative outcomes for the person suffering from it. If we just focus on the clinical implications, conduct disorder, borderline personality, major depressive disorder, attention deficit hyperactivity disorder, phobic disorder, dissociative disorder, obsessive-compulsive disorder, panic disorder, adjustment disorder, and even conditions that are not yet recognized as precursors for multiple personality or acute dissociative disorder could be possibly diagnosed. Childhood trauma is mostly associated with a variety of adverse psychological effects amongst adults as the number one reason is often the children going through tough times often grow up in such environment where they are not provided with appropriate opportunities that guides proper emotional development. Children experiencing trauma many-a-times struggle with regulating their emotions and even with interpersonal relationships. Early life trauma, such as child maltreatment, often results in long-term negative sequel over the life course including neurological changes, somatoform symptoms, emotional dysregulation, interpersonal problems, behavior problems, and psychiatric disorders (i.e., depression, anxiety, post traumatic stress disorder, somatization)

Even while there is a wealth of academic research on the harmful effects of trauma, several new studies indicate that adversity may also promote posttraumatic growth, such as compassion and prosocial behavior. Research has not yet shown a connection between traumatic experiences, particularly those that occur in childhood, and adult traits of empathy. Empathy as defined by Merriam-Webster is the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another. Individuals who have overcome hardship are typically more willing to reach out and assist those in need given that childhood trauma increases our willingness to empathies with others and it fosters the ability to put ourselves in their shoes.

But on the other hand, according to a few other studies, traumatized children might find it difficult to develop empathy for other people. This might be because stressful events might alter the brain's structure and prevent areas connected to empathy from developing. Children who have suffered trauma may also have trouble controlling their emotions, which can make it difficult for them to comprehend and react to other people's emotions in a healthy way. Additionally, children who have experienced trauma may struggle with issues related to trust and attachment, which may limit their capacity for empathy.

Based on studies, traumatic experiences in childhood can hinder the growth of emotional intelligence. Children who go through trauma, such as abuse or neglect, may have trouble controlling their emotions and having trouble recognizing and expressing their own feelings. This may result in several undesirable consequences, such as social interaction issues and challenges in other fields of life. Emotional intelligence refers to the ability to identify, understand, and manage one's own emotions, as well as the emotions of others. It is considered an important factor in personal and professional success, as it can impact how individuals interact with others and navigate social situations. According to a study, people who underwent childhood trauma had lower levels of empathy, a vital aspect of emotional intelligence. People with trauma also struggled to recognize and understand emotional expressions, which can make it harder for them to empathies with others. But it's important to remember that not everyone who experiences childhood trauma will have emotional intelligence problems.

The goals of the present research are to contribute to the growing body of knowledge on childhood trauma, identify the population's correlational factors for emotional intelligence and empathy, and determine whether there are any differences in the outcomes between patients who experienced adverse childhood events and those who did not. The purpose of the following literature review is to provide pertinent solutions by reviewing studies on various forms of childhood traumas, their effects, and the role that emotional intelligence and empathy play in trauma.

The aim of the first paper that was reviewed was to test if traumatic experiences that occur exclusively during childhood link to empathy levels in adulthood, and in order to find a solution to that question two studies were conducted. In the first study they asked adults to report if they had a history of childhood trauma and to complete a measure of trait empathy, the Empathy Quotient and in the second study the participants of an independent sample of adults to complete the same task using a different empathy measure, the Interpersonal Reactivity Index. Both the studies examined the self-report empathy of adults who reported experiencing childhood trauma and compared to adults who did not. They even examined the severity and age of the trauma faced by the participants and correlated it with the empathy levels. The 40-item empathy quotient was given to a total of 387 adult participants (309 were designated to the trauma group and 79 designated to the non-trauma group), who were also asked to rate each statement's level of agreement or disagreement on a four-point scale. A modified version of the Childhood Traumatic Events Scale, which inquiries about traumatic experiences that happened before the age of 17 but not including, was completed by each participant. The results of the first study showed that the trauma group scored higher on affective empathy compared to the non-trauma group. Trauma severity results were found to be positively correlated with empathy quotient except sexual abuse. Cognitive empathy was also found to be positively correlated with the severity of the experience of death of a family member or friend. Affective empathy was also found to be positively

correlated with the severity of parental or other traumas. Lastly social skills were positively correlated with the severity of violence.

Then the second study was conducted. The aim of the second study was to replicate the first study with a different sample size and alternate empathy measure. In this study, 442 participants (348 designated to be the trauma group and 94 were designated to be the non-trauma group) were taken, and they were given the chance to complete the 28-item interpersonal reactivity index. The IRI. consists of a total scale score labelled as Global Empathy, and four facet scales: Perspective Taking, Empathic Concern, Fantasy, and Personal Distress. The results showed that there was zero correlation between the severity of specified traumas and IRI scores. Perspective taking was positively correlated significantly with the severity of a death; and Empathic Concern was positively correlated significantly with severity of a death and severity of a parental upheaval. Other results showed no significant effects of age during the trauma on IRI scores I.e., for global empathy and fantasy. Findings showed that on average, adults who reported experiencing a traumatic event in childhood had elevated empathy levels compared to adults who did not experience a traumatic event. Specifically, affective components of empathy were elevated across both samples and measures. Cognitive components of empathy were elevated in the second Study, but only approached significance in the first Study. Importantly, within the trauma groups, the severity the childhood trauma was positively linked to empathy levels. There were three notable non-significant findings. First, there was no significant difference between groups for Cognitive Empathy in the first Study. This contrasts the results for the Perspective Taking component of the IRI which was found to be significantly different between the groups. Second, there was no effect of trauma on the Social Skills component of the empathy quotient. Third, there was no significant difference found for Personal Distress between the groups in the second study.

One could argue that those who have experienced trauma may believe they have better empathy, perhaps because of frequently reflecting on their own emotional state and may then self-report their empathy in an inaccurate manner. This study's major limitations were that it primarily relied on self-report measurement. Therefore, additional research is required to support the increased empathy discovered in the current study. This validation could be achieved, for example, by having independent individuals who are familiar with the respondent complete observer ratings. There was a correlation between trauma and empathy in the current research, but it's possible that there are other psychological factors at play that need to be discovered. As a result, it was unable to determine if the enhanced empathy that was detected was a symptom of a clinical disease. Future studies would need to be created to test for trans-diagnosis and determine whether increased empathy following trauma is associated with either positive or negative outcomes, such as depression. Since empathy may be shaped differently across different cultures and people of various socioeconomic status, the generalizability of these findings to other ethnicities is limited and requires further testing because both samples were predominately White. Additionally, in both studies, more people reported childhood trauma than without reported any childhood trauma. This discrepancy makes it unclear what each participant's inter-subjective experience was like and what they each regarded as a difficult occurrence.

The aim of the third paper was to explore the mediation role of emotional intelligence, positive affect, and negative affect in the influence of childhood maltreatment on life satisfaction. 811 participants' data (594 from females, 217 from males) were used in this

research. All participants were college students from 4 universities in China, who were recruited in cluster or random sampling and aged from 17 to 26. The scales used to measure the variables in this study were the childhood trauma questionnaire which is the 28-item questionnaire used to measure childhood maltreatment and all items were answered by a 5-point type Likert scale from 1 to 5. The more serious the maltreated experience in childhood is the higher the total scores are; The 5-item Satisfaction with Life Scale (SWLS; Diener et al., 1985) was adopted to measure the level of life satisfaction. All items were scored by a 7-point Likert-type scale, ranging from 1 to 7. The 16-item Wong Law Emotional Intelligence Scale (WLEIS; Wong and Law, 2002) was used to measure emotional intelligence. The scale contains four dimensions of emotional intelligence including Self Emotion Appraisals, Others' Emotion Appraisals, Regulation of Emotion, and Use of Emotion. Items are scored by a 7-point Likert-type scale from 1 to 7. The 20-item Positive Affect and Negative Affect Scale (PANAS; Watson et al., 1988) was applied to assess positive affect and negative affect. The PANAS is a 5-point scale from 1 to 5, consisting of 10 items measuring positive affect and 10 items measuring negative affect. Also, Two-step approach was employed to assess the mediation effects through structural equation model implemented in AMOS 24.0 program. First, a measurement model was examined to determine whether each latent variable could be well represented by its indicators and secondly, a structural model was constructed to check if the measurement model was acceptable. The results of this study showed that all the factor loadings for the indicators on the latent variables were significant, indicating that all latent variables were well represented by their indicators. It also showed that all the investigated variables in the model were significantly associated except the correlation between positive affect and negative affect. Childhood maltreatment significantly and directly predicted life satisfaction when other variables were absent. The limitations in this paper include that the data relied mainly on self- report measures which is prone to social desirability bias, and it could be decreased by employing other measurement systems. Second limitation mention was that the causal interferences were limited by the cross sectional and correlational design in research and this hurdle could be solved by carrying out experimental and longitudinal studies for the better understanding of the relationships among the investigated variables. The final limitation mentioned in this paper was that the sample was homogenous because all the participants were from the same ethnic/cultural group and that could be avoidable in future research by taking a sample which is culturally diverse.

The aim of another paper that was reviewed was to examine areas of social cognition that may be associated with poor psychological, social, and emotional outcomes in adults who have experienced intrafamilial childhood maltreatment. For this study 72 undergraduate students with a mean age of 22. Two assessments were used to gauge the individuals' emotional intelligence. The EQ-I 2.0 (Bar-On, 2002) was used to assess trait emotional intelligence, and the MSCEIT (Mayer et al., 2002) was used to assess emotional intelligence. The results of this study showed that Participants with higher levels of maternal physical abuse and psychological abuse (regardless of the parent) also had lower trait EI. Trait EI alone was substantially linked to overall maltreatment, which is the sum of all types of maltreatment. Reduced ability EI was linked to increased Paternal Neglect frequency and severity. Higher ability EI was correlated with higher parental education levels. The pattern of connection was in the opposite direction as expected, with paternal psychological abuse being positively associated with ability EI. When psychological abuse was introduced to the model with parental education before neglect, the connection between psychological abuse and ability EI was not statistically significant. Participants who reported having experienced

childhood sexual abuse had a mean MSCEIT score that was significantly lower than that of participants who did not report having experienced such abuse. Neglect predicted lower ToM and ability EI scores, which is consistent with the predicted relationship between neglect and decreased social cognitive performance for university students who were maltreated as children. The results are also in line with other research on social information processing, which found that children in foster care who had been neglected and were later reunited with their biological parents showed worse social information processing impairments than similarly situated children who had not been mistreated. Some limitations associated with this study are that in both humans and nonhuman animals, the presence of a social stimulus is connected to decreased HPA axis arousal. Even in children who have both genetic and environmental (mistreatment) risk factors for depression, social support has been shown to reduce that risk in children (Kaufman et al., 2006). Future research could investigate how social support affects people who have experienced abuse as children's social cognition. Researchers might have thought about looking at attachment, social support, childhood maltreatment, and social cognition to better understand the relationships between these variables and potential moderating effects on individual outcome differences given the association between childhood maltreatment and higher rates of insecure attachment. The current study, which was constrained by the small number of participants who reported having experienced sexual abuse, showed preliminary evidence of a link between a history of sexual abuse and decreased social cognition in adulthood. A bigger sample size of participants may provide additional information about the connections between sexual abuse and social cognition given that only 10% of the individuals reported experiencing sexual abuse. Retrospective self-reporting was used to gauge childhood mistreatment. Even though self-reporting has the benefit of relative anonymity and enables the inclusion of less severe abuse cases and/or abuse cases that went unnoticed by child protection authorities, it is not possible to confirm or substantiate the reports of abuse with an outside source. As a result, this study solely records the episodes of abuse that adults report. However, what predicts the confirmation of childhood maltreatment may have an impact on what is reported using more objective metrics. The timing of when maltreatment occurred in terms of development was not investigated in this study. The presence of sensitive periods during which the development of brain region in childhood and adolescence is especially susceptible to child abuse is supported by neurobiological data. Future research should focus on adults, childhood abuse, and developmental timing in social cognition because studies with maltreated kids show that earlier maltreatment has more of an impact on perspective-taking than maltreatment that started during a later developmental stage.

METHODOLOGY

Hypothesis

The hypothesis for the paper "Unpacking the Impact of Childhood Trauma on Empathy and Emotional Intelligence: A Correlational Study" is that there is a negative correlation between childhood trauma and empathy/emotional intelligence. Specifically, it is hypothesized that individuals who have experienced childhood trauma will have lower levels of empathy and emotional intelligence compared to those who have not experienced trauma. Additionally, it is hypothesized that the impact of childhood trauma on empathy and emotional intelligence may vary based on the type of trauma experienced.

Objectives

The objective of this study is:

- To investigate the relationship between childhood trauma and empathy.
- To examine the relationship between childhood trauma and emotional intelligence.
- To determine if the impact of childhood trauma on empathy and emotional intelligence varies based on the types of traumas experienced.
- To explore potential mediating factors that may affect the relationship between childhood trauma and empathy/emotional intelligence.
- To provide insights and recommendations for interventions that can enhance empathy and emotional intelligence in individuals who have experienced childhood trauma.

Participants

A total number of 101 participants' data was used in this research where 60 of them were Female and 41 of them were men. All the participants were taken from diverse backgrounds and the age range was 18-60. Participants were assured of the confidentiality of all data, and all were informed that this study is voluntary, and they can stop participating at any time. After providing the informed consent, the participants completed all the questionnaires. There was no set time limit for the completion of the questionnaires.

Measures

- **Childhood Trauma Questionnaire Short Form (CTQ-SF):** The CTQ-SF is a self-report questionnaire that assesses the experience of childhood abuse and neglect. The scale comprises 28 items, and participants rate each item on a five-point Likert scale from 1 (never true) to 5 (very often true). The CTQ measures five types of childhood abuse and neglect: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The two-week re-test reliability showed the result0 0.81 ($P<0.01$) and the criterion-related validity coefficients of CTQ-SF with the CMPS, IES-R and DES-II is said to be 0.61, 0.41, and 0.51, respectively.
- **Toronto Empathy Questionnaire (TEQ):** The Toronto Empathy Questionnaire represents empathy as a primarily emotional process. The TEQ demonstrates strong convergent validity, correlating positively with behavioral measures of social decoding, self-report measures of empathy, and negatively with a measure of Autism symptomatology. The test–retest reliability was assessed using the intraclass correlation coefficient (ICC), with a value ≥ 0.3 considered as acceptable. Its internal consistency was found to be high, ranging from $\alpha = 0.85$ to $\alpha = 0.87$.
- **The Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF):** the TEIQue is an openly accessible instrument developed to measure global trait emotional intelligence. Based on the Trait Emotional Intelligence Theory, the Trait Emotional Intelligence Questionnaire is a significant part of research in emotional intelligence. TEIQue-SF consists of a 30-term questionnaire. Respondents use a 7-point scale for the items. The Cronbach's alpha values for emotionality, well-being, sociability and self-control are .66, .75, .70, and .66.

Procedure

The study used a correlational design, and data was collected through an online survey with the help of a google form. Participants were recruited through social media and community groups. Participants who meet the inclusion criteria and provide informed consent will

complete the survey. The survey included consent form, demographic questions, the CTQ-SF, TEQ, and TEIQue-SF scales. The survey on average took approximately 30 minutes to complete.

Data Analysis

The data was analyzed using Python programming language, Pandas and matplotlib were used for visual representation of the results. Descriptive statistics were calculated for demographic variables. Normality distribution was checked using SPSS software. Normality tests were conducted for each variable to ensure that the data followed a normal distribution. This was done using graphical methods such as normal probability plots, as well as statistical tests such as the Shapiro-Wilk test. Correlation analysis was conducted using Spearman's Rho correlation coefficient. Spearman's Rho is a non-parametric test that measures the strength and direction of association between two variables. It is appropriate for use when the data does not follow a normal distribution, or when the relationship between the variables is non-linear which is the case with this study. The significance of the correlation coefficient was determined using the p-value, with a p-value less than 0.05 indicating a significant correlation between the variables.

RESULTS

Table No. 1 Correlations between childhood trauma and empathy

Spearman's statistic result (R-value)	Value (2-tailed)
-0.05879	0.55922

Table No. 2 Correlations between childhood trauma and emotional intelligence

Spearman's statistic result (R-value)	Value (2-tailed)
-0.4021	3E-05

A total of 101 participants' data was used in this study. The age range was from 18 to 60 and the sample consisted of 60 females (59.40%) and 41 males (40.59%). Most of the sample had experienced childhood trauma, with the mean childhood trauma questionnaire short form score being 62.25 and the standard deviation score being 17.65 with the minimum value being 38 and the maximum value being 104. The mean value of the Toronto empathy questionnaire came to be 56.11 and the standard deviation of 8.39 with the minimum value was 32 and maximum value being 72. The mean value of trait emotional intelligence scale short form came to be 21.19 and the standard deviation of 5.32 with the minimum value being 8.14 and the maximum value being 32.54.

Correlational analysis revealed that by normal standards, the association between childhood trauma and empathy was not considered statistically significant where the correlation score was –0.05879 and the p value (two-tailed) came up to be 0.55922. The p value indicated that this correlation is not statistically significant, meaning that the observed relationship may be due to chance rather than a true relationship between the variables. This finding suggests that childhood trauma does not have any significant impact on empathy as there were less people in the low and moderate CTQ bin who showed moderate and high empathy in the empathy bin.

There is no proof of a linear relationship between childhood trauma and empathy, according to the findings of a more thorough examination of the correlations between various types of

childhood trauma and empathy, none of the correlations were statistically significant, according to the results of the investigation. The correlation study was carried out to investigate the relationship between empathy levels and various types of childhood trauma. Spearman's rank correlation coefficient was used to analyze the data, and p-values were computed for each variable.

The results show that there was no significant correlation between empathy levels and minimization/denial (r=0.0256, p=0.79942), emotional abuse (r=0.10014, p=0.31904), physical abuse (r=0.00514, p=0.95934), sexual abuse (r=-0.09596, p=0.33976), emotional neglect (r=-0.09274, p=0.35634), and physical neglect (r=-0.08156, p=0.41747).

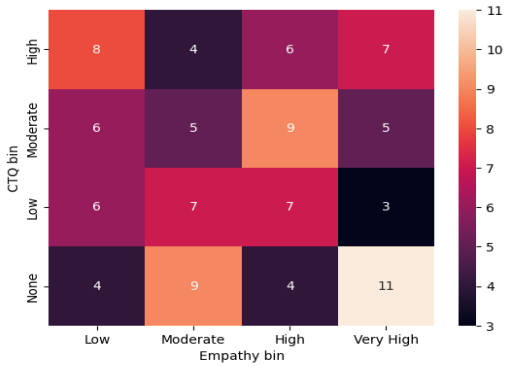
These findings suggested no linear relationship between childhood trauma and empathy levels. It is important to note that this lack of significant correlation does not necessarily mean that there is no relationship between the variables, but rather that the data did not provide sufficient evidence to support a significant association.

On the other hand, it was found that by normal standards, the association between childhood trauma and Emotional Intelligence was considered statistically significant where the correlation score was –0.4021 and the p-value (two-tailed) came up to be 3E-05.

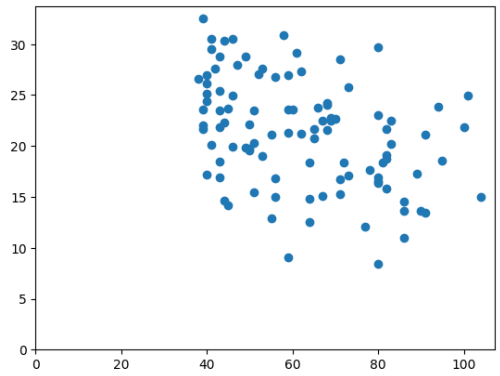
The study examined the association between different types of childhood trauma and emotional intelligence levels. The results showed that emotional intelligence had a significant negative correlation with minimization/denial (r=-0.41797, p=1E-05), emotional abuse (r=-0.3902, p=5E-05), physical abuse (r=-0.21794, p=-0.02857), emotional neglect (r=-0.51079, p=0), and physical neglect (r=-0.37832, p=0.0001). However, the correlation between emotional intelligence and sexual abuse was not statistically significant (r=-0.18138, p=-0.06948).

The negative correlation coefficients suggest that higher levels of childhood trauma are associated with lower levels of emotional intelligence. This implies that individuals who experience childhood trauma are more likely to have difficulty in understanding and managing their emotions.

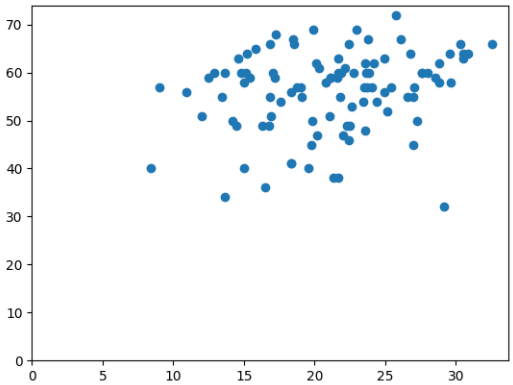
The statistically significant p-values indicate that the observed correlations are unlikely to occur by chance. The associations between emotional intelligence and minimization/denial, emotional abuse, physical abuse, emotional neglect, and physical neglect are strong enough to suggest a causal relationship. Overall, the results suggest that childhood trauma has a significant negative impact on emotional intelligence levels.



Graph No. 1 Heat map of correlation between childhood trauma and empathy



Graph No. 2 Scatter-plot showing a weak negative correlation between childhood trauma and emotional intelligence scores



Graph No. 3 Scatter-plot showing zero correlation between childhood trauma and empathy scores

DISCUSSION

According to studies, the impact of childhood trauma on emotional intelligence and empathy can be complicated and multifaceted. Childhood trauma may cause problems with emotion control, social cognition, and interpersonal interactions, which can affect both empathy and emotional intelligence. Emotional intelligence may not be as resistant to the consequences of early trauma as empathy, according to studies. These critical social and emotional abilities may be affected differently depending on the type and intensity of childhood trauma that was experienced. The effects of childhood trauma on the growth of these abilities must be addressed because they are necessary for successful functioning across a range of life domains.

The purpose of the current study was to find a correlation between childhood traumatic experiences and the development of empathy and emotional intelligence in an adult. The participants were divided into 4 groups based on their scores on the childhood trauma questionnaire :1. None, 2. Low, 3. Moderate, and 4. High. Starting with the correlations for emotional intelligence, it is observed that emotional intelligence is negatively correlated with minimization/denial (r=-0.41797, p=1E-05), emotional abuse (r=-0.3902, p=5E-05), physical abuse (r=-0.21794, p=-0.02857), emotional neglect (r=-0.51079, p=0), and physical neglect (r=-0.37832, p=0.0001).

The results of the study showed significant negative correlations between emotional intelligence and different types of childhood trauma, namely minimization/denial, emotional abuse, physical abuse, emotional neglect, and physical neglect. However, the correlation between emotional intelligence and sexual abuse was not statistically significant.

The negative correlation between emotional intelligence and minimization/denial suggests that individuals who are better able to recognize and regulate their emotions may be less likely to deny or minimize their traumatic experiences. This finding is consistent with previous research that has linked emotional intelligence to better coping strategies and resilience in the face of adversity.

Similarly, the negative correlation between emotional intelligence and emotional abuse suggests that individuals who have experienced emotional abuse during childhood may have difficulty regulating their emotions and recognizing and responding to the emotions of others. Emotional abuse may damage an individual's ability to develop emotional regulation skills, leading to negative impacts on their emotional intelligence.

The negative correlation between emotional intelligence and physical abuse suggests that individuals who have experienced physical abuse during childhood may also have difficulty regulating their emotions and recognizing and responding to the emotions of others. Physical abuse can lead to negative impacts on an individual's emotional development, including emotional dysregulation and difficulties in social and emotional functioning.

The lack of statistically significant correlation between emotional intelligence and sexual abuse may be due to several factors. One possibility is that the sample size of individuals who reported sexual abuse was relatively small, which may have reduced the statistical power of the analysis. Another possibility is that the effects of sexual abuse on emotional intelligence may be more complex and multifaceted and may vary depending on the specific circumstances and characteristics of the abuse.

The negative correlation between emotional intelligence and emotional neglect suggests that individuals who have experienced emotional neglect during childhood may have difficulty regulating their emotions and recognizing and responding to the emotions of others. Emotional neglect may lead to negative impacts on an individual's emotional development, including emotional dysregulation and difficulties in social and emotional functioning.

Finally, the negative correlation between emotional intelligence and physical neglect suggests that individuals who have experienced physical neglect during childhood may also have difficulty regulating their emotions and recognizing and responding to the emotions of others. Physical neglect may lead to negative impacts on an individual's emotional development, including emotional dysregulation and difficulties in social and emotional functioning.

Overall, the findings of the study suggest that childhood trauma is negatively associated with emotional intelligence, with the exception of sexual abuse. The results highlight the importance of addressing childhood trauma in efforts to promote emotional intelligence and mental health outcomes in individuals who have experienced trauma.

The moderately negative relationship between childhood trauma and emotional intelligence with the R-value being –0.4021 and the p-value being 3E-05 emphasizes how crucial it is to address how trauma affects how people develop their emotional intelligence abilities. This suggests a moderately negative association between childhood trauma and emotional intelligence, with the correlation coefficient showing that emotional intelligence tends to decline as childhood trauma increases. The association between childhood trauma and emotional intelligence is statistically significant, as shown by the p value, which is less than.05. This suggests that it is unlikely that the relationship was simply a coincidence. The results suggest that individuals who have experienced childhood trauma may be at increased risk for difficulties in accurately perceiving, understanding, and regulating their emotions, which may in turn lead to poorer mental health outcomes.

Moving on to the correlations for empathy, the results show that empathy is not significantly correlated with any type of childhood trauma. The correlations for empathy and minimization/denial (r=0.0256, p=0.79942), emotional abuse (r=0.10014, p=0.31904), physical abuse (r=0.00514, p=0.95934), sexual abuse (r=-0.09596, p=0.33976), emotional neglect (r=-0.09274, p=0.35634), and physical neglect (r=-0.08156, p=0.41747) all indicate weak or no relationship between these variables.

These results suggest that while childhood trauma can have an impact on emotional intelligence, it does not necessarily affect empathy. Empathy involves the ability to understand and share the emotions of others, which may not be directly impacted by childhood trauma. However, it is worth noting that empathy can be influenced by other factors, such as socialization and cultural values. The results of the correlation analysis between empathy and childhood trauma indicated that none of the correlations were statistically significant, with all p-values greater than 0.05. However, it is important to note that the lack of significance may be due to the fact that the sample was not normally distributed.

To assess whether the sample used in this analysis was normally distributed, a software program such as SPSS was used. As the sample was not normally distributed, it could have been transformed using various statistical techniques, such as logarithmic, exponential, or square root transformations. However, transforming the data may not have always solved the problem, and so sometimes nonparametric tests, such as the Spearman's rank correlation coefficient, may be deemed more appropriate.

The findings of this study are consistent with prior research indicating that childhood trauma can have long-lasting effects on social-emotional functioning. The results underscore the importance of early intervention and prevention efforts aimed at promoting healthy social-emotional development, particularly for individuals who have experienced childhood trauma.

Empathy may be a more stable attribute that is less influenced by early life experiences, which is one reason for the lack of a substantial association between childhood trauma and empathy. However, it has been discovered that emotional intelligence, a critical component of social and emotional functioning, is a highly significant predictor of many different life outcomes, including mental health, academic success, and job performance.

Limitations

It is important to recognize the limitations of the current investigation. First limitation of this paper is the non-normal distribution of the data, which can impact the accuracy and validity of statistical analyses. The non-normal distribution may result in the presence of outliers, which can skew the results and affect the reliability of the study. Additionally, non-normal data may violate the assumptions of some statistical tests, such as the assumption of normality in parametric tests like t-tests and ANOVA. To overcome this limitation, researchers can consider transforming the data to achieve a normal distribution. Common transformations include log transformation, square root transformation, and Box-Cox transformation. Another approach is to use non-parametric tests, such as the Mann-Whitney U test or Kruskal-Wallis test, which do not assume normality of the data. Also, the study relied on self-report measures, which can be subject to biases like response and social desirability biases. Second, the study's correlational methodology made it difficult to determine causality and track the effects of childhood trauma over time. Thirdly, because different types and degrees of childhood trauma may have different effects on empathy and emotional intelligence, the study did not examine these factors. Future studies may benefit from utilizing quantified measures of emotional intelligence and empathy, as well as longitudinal designs to track the effects of childhood trauma across time. Future studies may also need to look at how different types and degrees of childhood trauma differ in their effects on emotional quotient and empathy. In conclusion, the findings of this study provide further evidence of the negative impact of childhood trauma on social-emotional functioning, particularly emotional intelligence. The results underscore the need for interventions aimed at promoting healthy social-emotional development for individuals who have experienced childhood trauma. Additionally, the findings highlight the importance of continued research in this area to better understand the long-term effects of childhood trauma and to identify effective interventions to promote healthy development and functioning.

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Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Paul, S. (2023). Unpacking The Impact of Childhood Trauma on Empathy and Emotional Intelligence: A Correlational Study. *International Journal of Indian Psychology*, *11(4),* 1814-1827. DIP:18.01.169.20231104, DOI:10.25215/1104.169