

Childhood Trauma Impacting Closeness, Dependency and Anxiety within Close Relationships: Insights from a Punjab

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ABSTRACT

Introduction: Childhood trauma significantly influences emotional and psychological development, often affecting an individual's ability to form secure relationships in adulthood. Attachment theory suggests that early adverse experiences shape attachment patterns, influencing interpersonal relationships with family, romantic partners, and close friends. This study explores the impact of childhood trauma on adult attachment styles, focusing on individuals from Punjab, a region with distinct socio-cultural dynamics that may mediate these effects. **Aim:** The study aims to examine the relationship between childhood trauma and adult attachment styles in a Punjabi population. It seeks to determine how different forms of childhood adversity correlate with attachment patterns in adulthood. **Method:** The study sample consisted of 420 adults from Punjab who completed the Childhood Trauma Questionnaire (CTQ) and the Revised Adult Attachment Scale (RAAS). Statistical analysis was conducted to assess correlations between trauma severity and attachment insecurity. **Results:** Findings indicate a strong association between childhood trauma and insecure attachment styles, particularly preoccupied and dismissive patterns. Individuals who experienced higher levels of emotional neglect and physical abuse were more likely to report difficulties in trusting others, fear of abandonment, and emotional detachment in relationships. Cultural expectations regarding emotional expression and familial obligations were found to influence coping mechanisms and relationship dynamics. **Conclusion:** The study underscores the long-term impact of childhood trauma on attachment development, highlighting the need for trauma-informed interventions to foster secure relationships. Understanding these dynamics within the Punjabi cultural context can inform mental health strategies and therapeutic approaches tailored to individuals with a history of childhood adversity.

Keywords: *Childhood Trauma, Early Childhood Adversities, Attachment, Abuse and Neglect*

Child abuse (CA) is a global issue that causes trauma and major repercussions. The World Health Organisation (WHO) defines CA as any interaction that causes real injury and is mostly managed by a parent or guardian who is strong or trustworthy (Lueger-Schuster et al., 2018). By age 16, almost two-thirds of children reported having gone through at least one traumatic experience, according to statistics (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017). Clinicians ought to recognise how

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childhood trauma interferes with attachment and trust-building processes, both inside and outside of the family, even though many may be aware of the effects of trauma on emotional and behavioural functioning (Scales & Scales, 2016). Understanding the relationship between trauma in early childhood and attachment styles has significant implications for the clinician's therapeutic response and the comprehension of mental and behavioural health symptoms and family/relational dynamics (Toof et al., 2020). The quality of an intimate relationship is based on emotional responsiveness and accessibility, which is one of the fundamental principles of attachment theory (Young, 2008).

Childhood Trauma

According to social standards and professional opinions, child abuse, or CA, refers to any form of child abuse that is psychologically damaging; that is, any behaviour that adversely impacts the child's behavioural, cognitive, physical, and emotional functioning. Examples of this include ongoing humiliation, neglect, insulting, beating, cursing, and sexual molestation (Babakhanlou & Beattie, 2019). Trauma experienced as a child might trigger mental and physical health problems later in life. Early trauma exposure frequently increases a child's likelihood of struggling to manage stress in their lives, communicate clearly, and react to stressors without acting dysfunctionally (Banker et al., 2019). Trauma can be classified as either physical, emotional, or sexual. Emotional trauma is sometimes invisible, while physical and sexual trauma can be seen. Every kind of trauma has the same deadly potential to drastically impair one's quality of life (Banker et al., 2019).

According to Scales and Scales (2016), an infant's interactions with carers influence how their brain develops and functions. The brain regions that manage self-regulation and stress tolerance are the most impacted by trauma and abuse (Friend, 2012; Scales & Scales, 2016). Neurobiologists have discovered that an infant's early interactions with its primary carer have a direct and significant impact on the development of their capacity to cope with stress in an adaptive manner (Friend, 2012).

Attachment Theory

An innate behavioural or biological stimulus system known as attachment makes sure that the mother and infant remain near one another in order to protect them (Eman et al., 2017). According to Mak et al. (2020), there is a belief that a single biological mechanism governs attachment interactions in both adults and children. Social adaptation and mental health depend on the ability to establish healthy attachments (Ng & Smith, 2006). A child's attachment to their carer seems to be an inborn need that affects almost every aspect of their development, including their emotions, cognitive abilities, and behaviour (Stinehart et al., 2012). According to Bowlby, attachment is a behavioural system that encourages babies to seek out carers in order to feel safe and survive throughout stressful situations (Ng & Smith, 2006). Bowlby distinguished four types of attachment in children: disorganised attachment, ambivalent and avoidant attachment, secure attachment, and two types of insecure attachment (Harwood, 2003).

According to attachment theory, safe bonds result from responsive parenting and the proper meeting of a child's needs, including feeding, comforting, and nurturing as necessary (Friend, 2012; Stinehart et al., 2012). On the other hand, insecure attachments result from "frightened or frightening" parenting experiences that do not satisfy the child's needs (Friend, 2012).

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Primary carers, such as parents, grandparents, elder siblings, and others, play the role of attachment figure during infancy (Shaver & Mikulincer, 2009). However, other relationship partners frequently take on the function of the attachment figure in adolescence and adulthood, offering the person comfort and protection (Shaver & Mikulincer, 2009). Because they have a favourable mental image of both them and other people, adults with secure attachment are usually at ease both depending on and being dependent on a relationship partner (Ng & Smith, 2006; Shaver & Mikulincer, 2009). Personal development, autonomy, self-esteem, and positive, trusting attitudes towards others can all be negatively impacted by insecure attachment at any stage of life (Shaver & Mikulincer, 2009).

Trauma and Attachment

Attachment behaviours can be significantly impacted by childhood trauma (Cohen et al., 2017; Harwood, 2003). Children may not have the opportunity to form a healthy attachment with a primary carer as a result of traumatic events like abuse and neglect (Stinehart et al., 2012). Due to their damaged and disturbed attachments, abused children frequently focus more on surviving and protecting themselves than on forming more constructive relationships (Scales & Scales, 2016).

According to research, covert maltreatment, such as failing to calm an infant's distress, can also result in disorganised attachment, in addition to aggressive aggression and early sexual abuse (Baradon, 2018). Depending on how the carer responds to their calls for assistance and comfort, infants develop distinct memory and expectation structures (Liotti, 2017). An infant may experience helplessness, fear, and panic if their parents' responses are unpredictable and either reassuring or dismissive (Baradon, 2018).

MATERIAL AND METHODS

Objective

- Correlation between childhood trauma and sub-dimensions attachment
- Gender-differences in correlation between childhood trauma and sub-dimensions attachment

Hypothesis

- **H1:** There is a statistically significant relationship between childhood trauma and sub-dimensions of attachment.
- **H2:** Gender significantly moderates the association between childhood trauma and sub-dimensions of attachment, with variations in the strength and direction of these correlations observed between male and female participants.

Participants: There were 420 undergraduate students in the sample, equally divided between males and females. For this study, undergraduates between the age group of 18 and 22 years belonging to middle-income group were considered for the sample.

A list of all the colleges and universities in Ludhiana City was obtained from shiksha.com and Ludhiana.nic.in websites. Then randomly the required number of colleges were chosen from the obtained list. The students' and the authorities' prior consent was obtained before any data was filled in. Around double the number of targeted respondents i.e. 800 students were selected randomly and were distributed the socioeconomic status scale and based on analysis about 625 were found to be falling in middle income group category. Out of 625 students who

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fulfilled the criteria of being in middle-income group, total 420 were selected through random sampling to be considered as target demographic sample.

Materials

- **Demographic profile questionnaire:** Data on the socio-personal characteristics of the undergraduates, such as age, gender, birth order, family type, family size, location, parents' educational background and occupation, were gathered using the self-structured demographic profile questionnaire.
- **Socioeconomic status scale:** The Meenakshi SES Scale, developed in 2004, is a socio-economic status assessment tool designed to provide a detailed evaluation of an individual's or family's socio-economic position. This scale aims to offer a comprehensive measure that can be applied in various settings, including both rural and urban areas.
- **Childhood trauma questionnaire (CTQ):** The childhood trauma of the respondents was assessed by using the childhood trauma questionnaire by Bernstein and Fink (1998). A 28-item self-report questionnaire called the Childhood Trauma Questionnaire (CTQ) offers a quick, accurate and legitimate way to screen for past abuse and neglect. Adults and adolescents (those 12 years of age and older) can use the CTQ. Five items on the CTQ correspond to each of the five categories of maltreatment: physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse. A 3-item Minimization/Denial Scale is also included in the CTQ to identify trauma reports that are falsely negative. Respondents rate a series of assertions regarding events from their childhood on a 5-point Likert-type scale based on how frequently they agree with each statement. Never True to Very Often True are the available response options.
- **Revised adult attachment scale (RAAS):** To evaluate adult attachment types, the Revised Adult Attachment Scale (RAAS), created by Collins in 1996, is a prominent tool. The 18 items in this self-report questionnaire are broken down into three categories: close, depend and anxiety. Different facets of attachment behaviour and cognitive processes in relationships are reflected in each dimension.

Attachment is a long-lasting psychological connection between people. In this study it will be determined to measure trauma affect within close relations or bonds with family, friends and romantic partners. Attachment styles are further divided into three main sub-scales: closeness, dependence and anxiety. The degree to which individuals feel comfortable with intimacy and proximity in relationships is gauged by the Close dimension. The Depend dimension indicates how much people believe they can depend on others and that they will be there for them when they need them. The degree to which individuals fear being rejected or disliked by their partners is measured by the Anxiety dimension. These sub-scales describe how individuals perceive and behave in their relationships with family members, romantic partners and close friends. By answering each of the 18 statements on a 5-point Likert scale, which goes from 1 (not at all characteristics of me) to 5 (extremely characteristic of me), participants complete the RAAS questionnaire.

Procedure

Approval from university level ethical committee was sought and suggestive points were considered before collecting data. Each of the six colleges were visited twice before any data was gathered. The first visit was an unofficial one intended to learn the colleges' locations and

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to speak with the respective principals. After discussing the study's goals with the principals, authorization was obtained to carry out the data collection. An appropriate time and date for the actual data collection were also fixed with permission of the authorities concerned.

The consent and demographic information sheet were distributed to the undergraduates to be filled out during the second visit, when the college principals received a formal application from the department head.

A brief explanation of the subject, the goal of the study and the researcher's background helped to establish a rapport with the respondents before filling up the proforma. Prior to starting to fill out the surveys, the undergraduates received crucial instructions regarding statement types and survey formatting. The undergraduates received whatever extra assistance that they needed while gathering the data. To obtain the required sample size, questionnaires were given to 420 undergraduate students from the six colleges in the Ludhiana district. An equal number of male and females were included with consideration.

Scoring

1. Socioeconomic status scale

Total SES Score Ranges and Classification:

Sr no.	Total SES Score Range	Socio-Economic Status Classification
1.	7 - 15	Low Socio-Economic Status
2.	16 - 25	Lower-Middle Socio-Economic Status
3.	26 - 35	Middle Socio-Economic Status
4.	36 - 45	Upper-Middle Socio-Economic Status
5.	46 - 55	High Socio-Economic Status
6.	56 and above	Very High Socio-Economic Status

2. Childhood trauma questionnaire

The guidelines for classification of CTQ scale total scores:

Classification				
Scale	None (or Minimal)	Low (to Moderate)	Moderate (to severe)	Severe (to Extreme)
Emotional abuse	5-8	9-12	13-15	> 16
Physical abuse	5-7	8-9	10-12	>13
Sexual abuse	5	6-7	8-12	>13
Emotional neglect	5-9	10-14	15-17	>18
Physical neglect	5-7	8-9	10-12	>13

3. Revised adult attachment scale (RAAS)

The guidelines for classification of RAAS scale total scores:

Classification				
Sub-dimensions	Secure	Dismissive	Preoccupied	Fearful
Closeness	High(18-30)	High(18-30)	Low (6-17)	Low (6-17)
Dependency	High(18-30)	Low (6-17)	High(18-30)	Low (6-17)
Anxiety	Low (6-17)	Low (6-17)	High(18-30)	High(18-30)

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Variables:

- Independent variable: Sub-dimensions of childhood trauma (e.g., emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect).
- Dependent variable: Attachment sub-dimensions (e.g., closeness, dependency and anxiety).

RESULTS AND DISCUSSION

The findings of this study shed important light on the connection between attachment styles and childhood trauma among undergraduate students in Ludhiana, Punjab. The development of insecure attachment patterns, such as dismissive, preoccupied, and fearful, was found to be significantly correlated with many forms of childhood trauma, including physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse. Attachment instability was more prevalent among respondents who reported higher degrees of trauma, supporting the theorised connections between early adversity and relational challenges in adulthood. Gender differences were also noted; females were more likely to be victims in all aspects of childhood trauma, with the exception of physical abuse. Secure attachment types were more common among males than females with family and romantic relationships, whereas they were more common among females with close friends. These results demonstrate how childhood trauma has a lasting effect on respondents' interpersonal relationships and sense of closeness to others, suggesting the need for targeted interventions and support systems within family and academic institutions.

Correlation between dimensions of childhood trauma and attachment styles among respondents

The table 1 illustrates correlation between sub-dimensions of attachment styles with close friends and dimensions of childhood trauma. Each correlation coefficient (r) indicates the strength and direction of the relationship between two variables, ranging from -1 to 1.

Table 1: Correlation between dimensions of childhood trauma and attachment styles among respondents

Dimensions (Overall)	Physical Abuse	Physical Neglect	Emotional Abuse	Emotional Neglect	Sexual Abuse	Overall childhood trauma
Close	-0.125*	-0.243**	-0.302**	-0.307**	-0.045	-0.347**
Depend	0.008	-0.019	0.061	0.045	0.002	0.041
Anxiety	0.195**	0.258**	0.305**	0.369**	0.031	0.407**

*Significant at the 0.05 level

**Significant at the 0.01 level

In Table 1, Closeness shows significant negative correlations with physical abuse ($r = -0.125, p < 0.05$), physical neglect ($r = -0.243, p < 0.01$), emotional abuse ($r = -0.302, p < 0.01$), emotional neglect ($r = -0.307, p < 0.01$), and overall childhood trauma ($r = -0.347, p < 0.01$). These cumulative results underscore the consistent impact of early trauma in diminishing emotional intimacy. Dependency remains insignificant across all trauma types, reiterating its independence from early negative experiences. Anxiety demonstrates strong positive correlations with physical abuse ($r = 0.195, p < 0.01$), physical neglect ($r = 0.258, p < 0.01$), emotional abuse ($r = 0.305, p < 0.01$), emotional neglect ($r = 0.369, p < 0.01$), and overall childhood trauma ($r = 0.407, p < 0.01$). These findings confirm a robust association

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between childhood trauma and anxious attachment across relationship contexts. Disorganised Attachment (DA) was specifically thought by Main and Hesse to be intimately related to trauma and dissociation. According to Hesse and Main (2000), the disordered patterns of behaviour most likely indicate a lack of consistent behavioural and attentional strategies. Children frequently turn their attention towards or away from the attachment figure and indicators that indicate possible dangers in the surroundings when surrounded by unfavourable circumstances, such as rejecting or inconsistent carers (Main & Hesse, 2021). An "irresolvable paradox" (Main & Hesse, 1990) is the cause of the disordered pattern, though, in which the caregiver's frightening or terrified (FR) behaviours concurrently trigger the child's fear and attachment systems. This unbreakable cycle draws the youngster closer to the cause of their dread, resulting in a "fright without solution" (Hesse & Main, 1999). Approach and avoidance behaviours are triggered by this paradox, which surpasses the infant's cognitive capacity (Main & Hesse, 2021).

Gender-wise correlation between dimensions of childhood trauma and attachment styles among respondents

The table 2 presents a gender-wise analysis of the correlation between different dimensions of childhood trauma (physical abuse, physical neglect, emotional abuse, emotional neglect, sexual abuse) and sub-dimensions of attachment styles i.e. closeness (Close), dependence on others (Depend) and anxiety levels (Anxiety).

Table 2: Gender-wise correlation between dimensions of childhood trauma and attachment styles among respondents

Dimensions (Overall)	Gender	Physical Abuse	Physical Neglect	Emotional Abuse	Emotional Neglect	Sexual Abuse	Overall childhood trauma
Close	Female	-0.122	-0.327**	-0.351**	-0.345**	-0.032	-0.440**
	Male	-0.089	-0.150*	-0.218**	-0.245**	-0.024	-0.248**
Depend	Female	0.083	0.009	0.014	0.049	0.035	0.054
	Male	-0.049	0.043	0.115	0.043	-0.019	0.035
Anxiety	Female	0.166*	0.255**	0.387**	0.450**	0.172*	0.504**
	Male	0.239**	0.281**	0.261**	0.330**	0.086	0.393**

*Significant at the 0.05 level

**Significant at the 0.01 level

Closeness was significantly negatively correlated with physical neglect ($r = -0.327^{**}$ females, $r = -0.150^{*}$ males), emotional abuse ($r = -0.351^{**}$ females, $r = -0.218^{**}$ males), emotional neglect ($r = -0.345^{**}$ females, $r = -0.245^{**}$ males), and overall trauma ($r = -0.440^{**}$ females, $r = -0.248^{**}$ males). This supports that trauma impacts emotional bonding across genders. Dependency sub-dimension again showed no significant correlations, but gender differences were observed. Females generally had positive coefficients, while males showed minor negative correlations, especially with physical abuse ($r = -0.049$) and sexual abuse ($r = -0.019$), implying a reduced likelihood of seeking support. Anxiety showed strong and significant positive correlations across nearly all trauma dimensions for both genders. In females: physical abuse ($r = 0.166^{*}$), physical neglect ($r = 0.255^{**}$), emotional abuse ($r = 0.387^{**}$), emotional neglect ($r = 0.450^{**}$), sexual abuse ($r = 0.172^{*}$), and overall trauma ($r = 0.504^{**}$). In males: physical abuse ($r = 0.239^{**}$), physical neglect ($r = 0.281^{**}$), emotional abuse ($r = 0.261^{**}$), emotional neglect ($r = 0.330^{**}$), and overall trauma ($r = 0.393^{**}$), confirming a widespread impact of trauma on emotional vulnerability in relationships. This aligns with

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Cloitre et al. (2018) who discussed that emotional regulation issues and disrupted relational functioning are core symptoms of complex trauma. People who themselves have problematic attachment styles are more likely to be involved in these dysfunctional partnerships (Purnell 2010). According to Friend (2012), trauma and attachment have a direct impact on a person's capacity for stress management. An individual's amygdala, or instinctive region of the brain, receives sensory input when they undergo recurrent stress (Hudspeth, 2019). As a result, trauma survivors are more prone to think reactively rather than logically (Hudspeth, 2019). From a therapeutic perspective, most accounts agree that traumatic events are overwhelming and beyond a person's capacity for coping, even though there is disagreement about the exact definition of these occurrences (Gold, 2017; Hyland et al., 2023). A person's ability to process and react to traumatic events appears to be out of proportion. One form of PTSD that describes the symptoms of people who have suffered numerous traumatic experiences over a prolonged period of time is called Complex Post-Traumatic Stress Disorder (cPTSD) (Isobel et al., 2019). Compared to people with PTSD, people with cPTSD have disturbed self-organization (DSO) (WHO, 2018a) and higher degrees of functional impairment (Brewin et al., 2017).

CONCLUSION

The findings of the study affirm that childhood trauma, particularly emotional abuse and neglect, significantly influences attachment styles in adulthood. Across familial, romantic, and peer relationships, higher trauma exposure consistently links with lower emotional closeness and higher attachment anxiety. These patterns appear especially pronounced in females, suggesting gender-based emotional vulnerability and differing relational coping mechanisms.

The results support Bowlby's attachment theory and further extend it by highlighting disorganized attachment outcomes in the context of hostile or fearful parenting. The distinction between disorganized-secure and disorganized-insecure attachment patterns illustrates how early caregiving behaviors shape relational dynamics across the lifespan. The presence of dismissive, preoccupied and disorganised attachment lead to anxiety in relationships causing insecurity and hesitation to build trust and construct positive connections.

By integrating statistical findings with established psychological theories, this study underscores the long-term impact of early trauma on adult relationships. It also emphasizes the necessity for trauma-informed practices in educational, familial, and therapeutic settings. Early intervention, emotional support, and nurturing caregiving play a transformative role in fostering healthier attachment patterns.

Overall, the study contributes to the growing body of literature by offering culturally relevant insights from the Indian context, pointing toward the urgent need for awareness and support systems tailored to individuals with adverse childhood experiences.

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Conflict of Interest

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