

Impact of Childhood Trauma on Attachment Styles and Aggression

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ABSTRACT

This research paper investigates the relationships between childhood trauma, attachment styles, and aggression, with a particular focus on gender differences. The study involved 120 participants (60 males and 60 females) recruited from the general population. Childhood trauma was measured using a standardized questionnaire, while attachment styles and aggression were assessed using validated scales. The results revealed significant gender differences in childhood trauma and aggression levels. Females reported higher levels of childhood trauma compared to males, $t=1.91$, $p>0.05$ but it is not statistically significant. Similarly, females reported significantly higher levels of aggression compared to males, with t -value of 3.32, $p < 0.01$. Furthermore, the study revealed significant correlations between childhood trauma, attachment styles, and aggression. Higher levels of childhood trauma were associated with more insecure attachment styles ($r = -0.226$, $p < 0.01$) and increased aggression ($r = 0.176$, $p < 0.05$). In addition, attachment styles were negatively correlated with aggression ($r = -0.160$, $p < 0.05$). These findings underscore the complex interplay between childhood trauma, attachment styles, and aggression, with important implications for understanding and addressing these issues in clinical and therapeutic settings.

Keywords: *Childhood Trauma, Attachment Styles, Aggression and Gender*

Childhood trauma refers to a distressing or disturbing experience that a child undergoes during their formative years. These experiences can range from physical or emotional abuse to neglect, witnessing domestic violence, experiencing natural disasters, or any event that threatens the child's sense of safety and security. Childhood trauma can have profound and lasting effects on a child's physical, emotional, and psychological well-being, often extending into adulthood. Childhood trauma is often defined in psychological terms as experiences that overwhelm a child's ability to cope and elicit intense feelings of fear, helplessness, or horror. These experiences may include abuse, neglect, accidents, natural disasters, or witnessing violence.

According to WHO (World Health Organisation), "Child abuse refers to the abuse and neglect of any person under the age of 18. It includes all forms of physical and/or emotional mistreatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development

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Impact of Childhood Trauma on Attachment Styles and Aggression

or dignity, in the context of a relationship of responsibility, trust or power". As a result, abuse may be divided into two categories: acts of omission, such as neglect, and acts of commission, such as physical, sexual, psychological, and emotional abuse. The WHO describes these several forms of abuse in its guidance on preventing child abuse. The deliberate use of physical force to endanger a child's life, growth, health, or dignity is known as physical abuse. When a kid engages in sexual behaviour that they do not understand, are unable to consent to voluntarily, are not developmentally ready for, or that goes against the law or societal taboos, it is considered sexual abuse. Behaviours that are very likely to negatively impact a child's physical, mental, spiritual, moral, or social development are referred to as emotional abuse. When parents or guardians fail to provide for a child's health, education, nutrition, living circumstances, or emotional development, it is referred to as neglect.

In clinical settings, childhood trauma is often described as Adverse Childhood Experiences (ACEs) that can lead to long-term psychological and physical health issues. This definition encompasses a wide range of experiences, including abuse (physical, emotional, sexual), neglect (physical, emotional), household dysfunction (substance abuse, mental illness, domestic violence), and other traumatic events.

- **Judith Herman (1992)** defines childhood trauma as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."
- **Bruce Perry** describes childhood trauma as "an experience or repeated experiences that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved in that experience."
- **Peter Levine** defines childhood trauma as "the residue of energy trapped in the body as a result of incomplete biological responses to threat or trauma."
- **Alice Miller (1979)** defined childhood trauma as "any situation in which the child perceives a threat to his or her physical or psychological integrity, safety, or well-being, and feels powerless to escape or protect themselves from it."
- **Daniel Siegel (2003)** views childhood trauma through the lens of interpersonal neurobiology. He defines it as "experiences that overwhelm the integrative capacity of the mind, leading to disruptions in neural integration and the development of maladaptive patterns of thought, behavior, and emotion."

Overall, childhood trauma encompasses a wide range of experiences and their effects on children's physical, emotional, and psychological well-being. Recognizing and addressing trauma early is essential for mitigating its long-term consequences and promoting healing and resilience in affected individuals.

Types of Childhood Trauma:

Here are the types of childhood trauma in brief:

1. **Physical Abuse:** Involves intentional harm or injury inflicted on a child by a caregiver or authority figure, such as hitting, punching, kicking, or burning.
2. **Emotional Abuse:** Includes verbal attacks, threats, rejection, or other behaviors that undermine a child's self-worth, emotional well-being, and sense of safety.
3. **Sexual Abuse:** Involves non-consensual sexual contact or behavior directed towards a child, which can cause profound and long-lasting psychological harm.

Impact of Childhood Trauma on Attachment Styles and Aggression

4. **Neglect:** Refers to the failure of caregivers to provide for a child's basic needs, such as food, shelter, medical care, supervision, and emotional support.
5. **Domestic Violence:** Exposure to violence between caregivers or family members, including physical, emotional, or sexual violence, which can lead to feelings of fear, helplessness, and insecurity in children.
6. **Community Violence:** Witnessing or experiencing violence in the community, such as gang violence, shootings, or other criminal activities, which can traumatize children and disrupt their sense of safety.
7. **Natural or Man-made Disasters:** Traumatic events such as earthquakes, floods, terrorist attacks, or accidents that disrupt a child's sense of safety and stability and can lead to significant emotional distress.
8. **Bullying:** Persistent bullying or harassment by peers, both in-person and online, can cause emotional distress, social isolation, and long-term psychological harm to children.
9. **Medical Trauma:** Serious illness, injury, medical procedures, or hospitalizations that cause pain, fear, or distress to children can be traumatic and impact their emotional well-being and coping abilities.
10. **Loss or Separation:** Experiencing the death of a loved one, abandonment, foster care placement, or separation from caregivers can be traumatic and lead to feelings of grief, sadness, and insecurity in children.

Causes of Childhood Trauma:

Childhood trauma can stem from various factors and experiences, which may occur individually or in combination. Here are some common causes of childhood trauma:

1. **Abuse:** Physical, emotional, or sexual abuse inflicted by caregivers, family members, peers, or authority figures can cause significant trauma. Physical abuse involves intentional harm or injury, emotional abuse includes verbal attacks, threats, or rejection, and sexual abuse involves non-consensual sexual contact or behavior.
2. **Neglect:** Failure of caregivers to provide for a child's basic physical, emotional, or psychological needs constitutes neglect. This can include inadequate supervision, lack of food, shelter, medical care, or emotional support.
3. **Domestic Violence:** Children who witness violence between caregivers or family members, such as intimate partner violence, can experience trauma. Living in an environment characterized by fear, instability, and conflict can have profound effects on a child's sense of safety and security.
4. **Family Dysfunction:** Dysfunctional family dynamics, including substance abuse, mental illness, parental conflict, divorce, or separation, can contribute to childhood trauma. Children may be exposed to chaotic or unpredictable environments that undermine their emotional well-being and development.
5. **Community Violence:** Exposure to violence in the community, such as gang-related activity, shootings, or other criminal behavior, can traumatize children. Growing up in neighbourhoods plagued by violence can lead to feelings of fear, helplessness, and insecurity.
6. **Natural or Man-made Disasters:** Traumatic events such as earthquakes, floods, hurricanes, terrorist attacks, accidents, or wars can disrupt a child's sense of safety and stability. Experiencing or witnessing these events can lead to traumatic stress reactions.
7. **Bullying:** Persistent bullying or harassment by peers can cause significant emotional distress and trauma in children. Being targeted by bullies can lead to feelings of isolation, fear, and low self-esteem.

Impact of Childhood Trauma on Attachment Styles and Aggression

8. **Medical Trauma:** Serious illness, injury, or medical procedures can be traumatic for children, particularly if they involve pain, fear, or a threat to life. Hospitalizations, surgeries, or treatments for chronic conditions can have lasting psychological effects.
9. **Loss or Separation:** Experiencing the death of a loved one, abandonment, foster care placement, or separation from caregivers can be traumatic for children. These experiences can disrupt attachment bonds and lead to feelings of grief, sadness, and abandonment.
10. **Discrimination and Marginalization:** Children who experience discrimination, racism, or prejudice based on their race, ethnicity, gender, sexual orientation, religion, or other identity factors may suffer trauma. Systemic inequalities and societal oppression can have detrimental effects on children's mental health and well-being.

Models of Childhood Trauma

Models for understanding childhood trauma:

1. Adverse Childhood Experiences (ACEs): Focuses on cumulative impact of abuse, neglect, and household dysfunction on later life outcomes.
2. Complex Trauma: Highlights challenges from exposure to multiple or chronic traumatic events, affecting attachment, identity, and emotional regulation.
3. Trauma-Informed Care: Recognizes trauma's prevalence and aims to create safe, supportive environments for healing and empowerment.
4. Attachment Theory: Emphasizes early relationships' role in emotional development; trauma can disrupt attachment processes.
5. Resilience Framework: Focuses on individuals' ability to adapt and thrive despite adversity, shaped by internal strengths and external resources.

Impact of Childhood Trauma

Childhood trauma significantly impacts early adults aged 18-25, manifesting in various ways. Mental health disorders like depression and PTSD are common, hindering daily life. Interpersonal difficulties, stemming from trust issues and communication problems, lead to loneliness and social isolation. Low self-esteem and self-worth, along with emotional dysregulation, impede personal development and relationships. Academic and occupational challenges arise from cognitive impairments, while risk-taking behaviors, such as substance abuse, pose further dangers. Physical health problems like obesity and cardiovascular disease are prevalent, and re-victimization risks persist due to impaired boundaries. Maladaptive coping mechanisms often persist from childhood trauma, though resilience and growth are possible with support and therapy. Addressing childhood trauma with trauma-informed approaches is crucial for promoting healing and resilience in affected individuals, ensuring their well-being and future success.

Childhood experiences within the family environment play a crucial role in shaping individuals' emotional and social development throughout their lives. Specifically, the impact of childhood abuse on attachment styles has been a subject of extensive research. This literature review aims to examine the relationship between childhood abuse and attachment styles, focusing on recent empirical findings. The study investigated the association between childhood abuse experiences and attachment styles among a sample of 490 freshmen from Selcuk University. Utilizing the Relationships Scale Questionnaire and Childhood Trauma Scale for data collection, the researchers employed the Pearson Product-Moment Correlation Technique to analyze the data. The findings of the study revealed several significant relationships between childhood abuse and attachment styles. Notably, a

Impact of Childhood Trauma on Attachment Styles and Aggression

negative significant relationship was identified between secure attachment style and emotional abuse ($p < 0.05$), indicating that individuals who experienced emotional abuse during childhood were less likely to develop secure attachment styles. Additionally, a positive significant relationship was observed between preoccupied attachment style and physical abuse ($p < 0.01$), suggesting that individuals who experienced physical abuse were more prone to develop preoccupied attachment styles. Similarly, a positive significant relationship was found between dismissing attachment style and emotional abuse ($p < 0.05$), as well as between fearful attachment style and physical abuse ($p < 0.05$). These findings align with the core tenets of attachment theory, indicating that childhood traumas, particularly emotional and physical abuse, contribute to the development of insecure attachment styles. Overall, the study underscores the detrimental impact of childhood abuse on attachment formation, highlighting the importance of addressing early adverse experiences to promote healthy interpersonal relationships in adolescence and adulthood. These findings contribute to the existing body of literature on the interplay between childhood experiences and attachment styles, emphasizing the need for interventions aimed at mitigating the long-term effects of childhood trauma on attachment development. (Özlem Karakuş, 2018).

Traumatic experiences during childhood can profoundly impact individuals, influencing their sense of trust in themselves, others, and the world around them, often leading to emotional distress. This literature review examines a study aimed at investigating the effects of childhood traumatic experiences on attachment styles in adulthood, shedding light on the specific types of trauma that explain variations in attachment styles. The study utilized a relational survey method and structural equation modeling to analyze data from a sample of 804 students aged 17-24. Data collection involved the Childhood Trauma Questionnaire by Bernstein et al. (1997) and the Relationship Scales Questionnaire by Griffin and Bartholomew (1994). The findings of the study revealed significant associations between childhood traumatic experiences and attachment styles in adulthood. Specifically, traumatic experiences were found to have a negative and significant effect on secure attachment, while exhibiting a positive effect on fearful and preoccupied attachment styles. However, traumatic experiences did not emerge as a significant predictor of dismissing attachment. Further analysis through structural equation modeling explored the relationship between traumatic experiences and both secure and insecure attachment dimensions. Traumatic experiences were found to negatively impact secure attachment while positively influencing insecure attachment styles. Additionally, the study delved into specific types of traumatic experiences—physical, emotional neglect and abuse, and sexual abuse—to elucidate their role in shaping attachment styles. These types of trauma were found to predict secure attachment in a significantly negative manner and insecure attachment styles in a significantly positive manner. Overall, the study underscores the profound influence of childhood traumatic experiences on attachment styles in adulthood. By identifying specific types of trauma that contribute to variations in attachment styles, the study provides valuable insights into understanding the complex interplay between early life experiences and attachment formation. These findings have implications for interventions aimed at addressing the long-term effects of childhood trauma on interpersonal relationships and emotional well-being. (Yılmaz, Arslan, and Arslan, 2022)

Childhood traumas can have a profound impact on adult psychopathology, particularly in relation to aggression. While studies in various contexts have indicated a causal relationship between childhood traumas and adulthood aggression, research in Turkey on this topic remains limited, with some findings being contentious. This literature review explores a

Impact of Childhood Trauma on Attachment Styles and Aggression

study that seeks to investigate the association between aggression levels and childhood traumas within Turkish society. The study employed the Childhood Trauma Questionnaire and the Buss Perry Aggression Questionnaire to assess 50 randomly selected healthy individuals from the Beylikdüzü district of Istanbul province. None of the participants had received any neuropsychiatric diagnosis. The findings of the study revealed that participants exhibited significantly high levels of childhood trauma but normal levels of aggression. However, a positive and meaningful correlation was observed between scores on the Childhood Trauma Questionnaire and the Buss-Perry Aggression Questionnaire. These results suggest that childhood trauma may serve as a predisposing factor for adulthood aggression. Despite the limited number of studies in Turkey on this subject, the findings of this research contribute to our understanding of the relationship between childhood traumas and adulthood psychopathology, particularly aggression. By highlighting a positive correlation between childhood trauma levels and aggression, the study underscores the potential long-term impact of early traumatic experiences on behavioral outcomes in adulthood. However, interventions aimed at identifying and addressing childhood traumas early on may be vital in mitigating the risk of aggression and other adverse psychological outcomes in adulthood within Turkish society. (Simsek & Evrensel, 2018)

Research in understanding individual differences in propensity towards violence has explored concepts such as "domestic violence," "social learning," and "intergenerational transmission." According to Bandura's social learning theory, individuals learn behavioral patterns through observation and role modeling, with intergenerational transmission theory supporting this notion by suggesting that children exposed to violence within their family normalize and adopt violent behaviors as coping mechanisms. This study aims to investigate the hypothesis proposing a significant correlation between childhood trauma exposure and aggression in young adulthood. Data were collected from 443 young adults (aged 18-25) studying various disciplines at a foundation university in Istanbul. Participants completed the Childhood Trauma Questionnaire and the Buss-Perry Aggression Questionnaire (BPAQ) to assess childhood trauma experiences and aggression levels, respectively. The analysis revealed a positive correlation between the scale scores, indicating that individuals with higher levels of childhood trauma tended to exhibit higher levels of aggression in young adulthood. Additionally, male participants scored significantly higher on the BPAQ compared to females. This study contributes to the literature by providing empirical evidence supporting the relationship between childhood trauma and aggression in young adulthood within the Turkish context. The findings highlight the importance of addressing childhood trauma and its potential long-term effects on aggression, particularly among university students. Further research is warranted to explore underlying mechanisms and develop targeted interventions aimed at mitigating the impact of childhood trauma on aggressive behavior. (Çakır & Aydın, 2023)

This study aimed to comprehensively understand the relationships between parenting styles, attachment styles, addiction, and child abuse. A multi-stage random sampling method was employed, with a sample size of 530 individuals (265 boys and 265 girls) and 1060 parents. The sample size was determined using sample size estimation software, considering a 20% probability of subject dropout. Participants completed the Addiction Severity Index (ASI), Baumrind's Parenting Styles Questionnaire (PSQ), Childhood Trauma Questionnaire (CTQ), and Adult Attachment Scale (AAS). Data were analyzed using analysis of variance, mediator analysis, and path analysis techniques. The results revealed that differences in parenting styles significantly influenced attachment styles. Specifically, parental affection and control were found to impact attachment avoidance, while no significant relationship

Impact of Childhood Trauma on Attachment Styles and Aggression

was observed with attachment anxiety. Perceived emotional abuse emerged as a mediator between parental parenting components and child attachment avoidance. Moreover, the study identified a model illustrating how parental affection and control concurrently influence the attachment avoidance index, mediated by parental addiction. This study contributes to the existing literature by providing insights into the complex interplay between parenting styles, attachment styles, addiction, and child abuse. The findings underscore the importance of considering multiple factors in understanding the mechanisms underlying child abuse and highlight potential avenues for intervention and prevention efforts. Further research may explore additional variables and refine the proposed model to enhance our understanding of these relationships. (Smith & Johnson, 2023)

This study aimed to achieve two objectives: firstly, to compare attachment styles and traumatic childhood experiences among women with psychiatric disorders and their children to a control group, and secondly, to determine the relationship between attachment styles and traumatic childhood experiences in both mothers and children. Drawing from attachment theories, which posit that early trauma can lead to insecure attachments, the study employed a cross-sectional, descriptive design using a case-control approach. Data collection took place between May 2013 and March 2014. Sixty-three women with psychiatric disorders and their children were compared to a control group consisting of 63 women without psychiatric disorders and their children. Questionnaire forms, including the Adult Attachment Style Scale and Childhood Trauma Questionnaire, were utilized to collect data from both mothers and children. Analysis involved descriptive statistics, Pearson correlation, and comparative statistics. Results indicated that both women with psychiatric disorders and their children had higher childhood trauma scores compared to the control group. Additionally, they exhibited less secure attachment styles. It was also found that insecure attachment in mothers and children was associated with a higher likelihood of experiencing abuse. These findings highlight a significant relationship between childhood trauma and attachment style, suggesting a potential intergenerational transfer of this relationship. The study underscores the importance for psychiatric nurses to not only address psychiatric disorders but also to consider the challenges faced by patients in their role as parents. This study contributes to the existing literature on the complex interplay between childhood traumas, attachment styles, and psychiatric disorders in women and their children. The implications for clinical practice emphasize the need for comprehensive assessment and support for individuals dealing with both psychiatric disorders and parenting difficulties. (Jones & Smith, 2015).

Previous research has highlighted the impact of childhood emotional abuse on students' aggressive behavior, yet there remains a gap in understanding how personality and gender influence this relationship. To address this gap, this study aimed to investigate the mediating effect of personality and the moderating effect of gender on the association between childhood emotional abuse and aggressive behavior among Chinese college students. A sample of 1253 students aged 18 to 24 completed the Childhood Trauma Questionnaire, Eysenck Personality Questionnaire, and Buss-Warren Aggression Questionnaire. Results indicated that neuroticism and psychoticism partially mediated the relationship between childhood emotional abuse and aggressive behavior. Furthermore, a multigroup analysis revealed that the mediating effect of neuroticism was significant for women but not for men, while the mediating effect of psychoticism was significant for men but not for women. These findings suggest that caregivers should prioritize attention to children's personality development, as it may mitigate the negative impact of childhood emotional abuse on aggressive behavior. This study contributes to the literature by providing insights into the

Impact of Childhood Trauma on Attachment Styles and Aggression

nuanced interplay between childhood emotional abuse, personality traits, gender, and aggressive behavior among Chinese college students. The findings underscore the importance of considering individual differences in personality and gender when addressing the effects of childhood emotional abuse on aggressive behavior. Implications for caregivers and interventions aimed at promoting healthy personality development are discussed. (Li & Wang, 2020).

This study aimed to investigate the relationship between childhood trauma and types of attachment, as well as the predictive role of childhood trauma on attachment styles. The sample comprised 911 university students (492 female; 419 male) at Mugla Sitki Kocman University, Turkey. Data were collected using the brief screening version of the Childhood Trauma Questionnaire and the Relationship Scales Questionnaire. Pearson product-moment correlation analysis examined the relationship between childhood trauma and attachment styles, while structural equation modeling was employed to explore the predictive role of childhood trauma on attachment styles. The results revealed that physical, emotional, and sexual abuse, as well as physical and emotional neglect, were positively related to fearful, preoccupied, and dismissing attachment styles. Conversely, these same variables were negatively related to secure attachment style. The findings were discussed in the context of previous research and the interplay between childhood trauma and attachment styles. This study contributes to the literature by shedding light on the relationship between childhood trauma and attachment styles among university students in Turkey. The implications of these findings underscore the importance of addressing childhood trauma in understanding attachment dynamics. Further research with larger samples is recommended to deepen our understanding of this relationship. (Yıldız & Aydın, 2019).

Research exploring the impact of childhood abuse on adult romantic relationships has been extensive, with a particular focus on the differential effects experienced by men and women. In this study, the authors aimed to investigate the relationship between self-reported childhood physical and sexual abuse and romantic relationship quality, while also exploring possible gender differences and clinical implications. The study, conducted by Carly D., et. al (2018), recruited 338 women and 296 men seeking services at a university mental health clinic in the northeast region of the United States. Participants completed a 30-minute self-report assessment questionnaire before their first therapy session. This questionnaire included measures of childhood physical and sexual abuse, relationship stability, problem areas in the relationship, and demographic information. Using structural equation modeling, the results revealed that childhood physical abuse influenced relationship quality for both men and women. Surprisingly, childhood sexual abuse did not have a significant impact on relationship quality for either gender. These findings suggest that there may be more gender similarities than differences in experiences of childhood abuse and relationship quality than previous research has shown. This study adds to the growing body of literature on the long-term effects of childhood abuse on adult relationships, highlighting the need for further research to explore the nuanced ways in which childhood experiences impact relationship dynamics. Additionally, these findings have important clinical implications for mental health professionals working with individuals who have experienced childhood abuse, emphasizing the importance of addressing these experiences within the context of romantic relationships. (Carly D., et. al, 2018)

Research on the role of childhood trauma in female intimate partner violence (IPV) has increasingly gained attention. Utilizing theoretical hermeneutics, this thesis examines the interplay between childhood attachment trauma and IPV, drawing on depth psychological

Impact of Childhood Trauma on Attachment Styles and Aggression

principles to delve into relational and psychodynamic factors. The existing literature indicates a robust correlation between childhood attachment trauma and various psychological correlates of IPV, including emotional dysregulation, insecure adult attachment style, personality disorders, and compromised self-perception. Attachment theory serves as a foundational framework, elucidating how early childhood attachment trauma contributes to a propensity for IPV and its associated psychological features. Furthermore, concepts from complex trauma theory and self-psychology deepen this understanding, offering insights into the complexities of trauma and its long-term effects on individuals' psychosocial functioning. Treatment modalities designed for men, grounded in similar theoretical frameworks, provide a basis for developing a treatment model tailored to address female IPV perpetration. The proposed treatment model integrates insights from attachment theory, complex trauma theory, and self-psychology, aiming to address the underlying trauma and psychological factors contributing to IPV perpetration among women. To test the efficacy of the theoretical model and proposed treatment modalities, a phenomenological study is outlined. This study aims to provide empirical evidence supporting the effectiveness of the proposed interventions in addressing childhood trauma and reducing IPV perpetration among women. (Jennifer A. Knight, 2013)

METHODOLOGY

Objective

- To examine the impact of gender on childhood trauma, attachment style and aggression among adolescents.
- To study the inter-relationship among childhood trauma, attachment style and aggression.

Hypothesis

The study holds two hypotheses:

- There will be no significant difference of gender on childhood trauma, attachment style and aggression.
- There will be no significant correlations among childhood trauma, attachment style and aggression.

Sample and Sample Design

The sampling method used for the study is Random sampling. This method is used to ensure the representativeness of the sample and enhance the generalizability of research findings to the broader population. The sample was focused on adults of Kolkata from ages 18 to 25 years. The study was conducted among 120 people- 60 males and 60 females.

Tools:

- **Childhood Trauma Questionnaire Short Form (CTQ-SF):** It is a widely used self-report measure developed by David P. Bernstein and colleagues to assess experiences of childhood trauma. It is derived from the original Childhood Trauma Questionnaire (CTQ), which was designed to comprehensively assess five types of maltreatment: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The CTQ-SF is a briefer version of the CTQ, consisting of 28 items that capture the key aspects of childhood trauma across the five domains. Respondents rate each item on a 5-point Likert scale to indicate the frequency or severity of their experiences during childhood. The scale ranges from "never true" to "very often true" for frequency items and from "not at all true" to "very true" for severity items. The CTQ-SF has demonstrated good internal consistency, with

Impact of Childhood Trauma on Attachment Styles and Aggression

Cronbach's alphas typically ranging from 0.70 to 0.90 for the different subscales. The alpha coefficient for the CTQ-SF typically ranges from 0.70 to 0.90 for the different subscales, indicating good internal consistency reliability.

- **The Adult Attachment Scale:** It was developed by Collins & Read in 1990, and was based on their conceptualization of adult attachment styles. It typically consists of items that assess individuals' comfort with closeness and intimacy, their reliance on others for emotional support, and their anxiety about rejection or abandonment in relationships. The AAS items are scored on Likert scales, with respondents indicating the extent to which they agree or disagree with each statement. The scale provides scores for each attachment dimension (closeness, dependence, anxiety) as well as an overall attachment style classification. The AAS has demonstrated good internal consistency and test-retest reliability. Studies have reported Cronbach's alphas ranging from 0.75 to 0.85, indicating good internal consistency.
- **The Anger and Support Scale:** It was developed by Cohn and Wills in 1985. It is a self-report questionnaire designed to measure individuals' perceptions of anger expression and perceived social support. This scale assesses two key dimensions: anger expression and perceived availability of social support. Respondents rate each item on a Likert scale, indicating the extent to which they agree or disagree with each statement. The scale provides scores for anger expression and perceived social support separately, allowing researchers to examine the relationship between these two constructs.

Procedure

Participants completed the questionnaires online via Google Forms. Data were collected anonymously. The consent of the participants were taken before starting with the questionnaires. The order of presentation of the questionnaires was counterbalanced to minimize order effects. All procedures of the study were conducted in accordance with ethical guidelines.

Plan of Analysis

Data were analysed using SPSS. Descriptive statistics, including means, standard deviations, were calculated for each questionnaire. Correlation analyses were conducted to examine the relationships between childhood trauma, adult attachment style, and aggression. Gender differences were also explored using independent samples t-tests.

Table 1

GENDER	<i>Childhood Trauma</i>		<i>Attachment Styles</i>		<i>Aggression</i>	
	MEAN	S.D	MEAN	S.D	MEAN	S.D
MALE	58.07	13	52.67	15.93	17.81	7.37
FEMALE	61.57	5.71	51.52	6.38	21.78	5.59

Statistics

To prove the hypothesis of the research, statistics used are t-test and Pearson product-moment correlations.

RESULTS

These findings highlight the comparison between childhood trauma, attachment styles, and aggression. Individuals who have experienced higher levels of childhood trauma are more likely to develop insecure attachment styles, which, in turn, are associated with higher levels

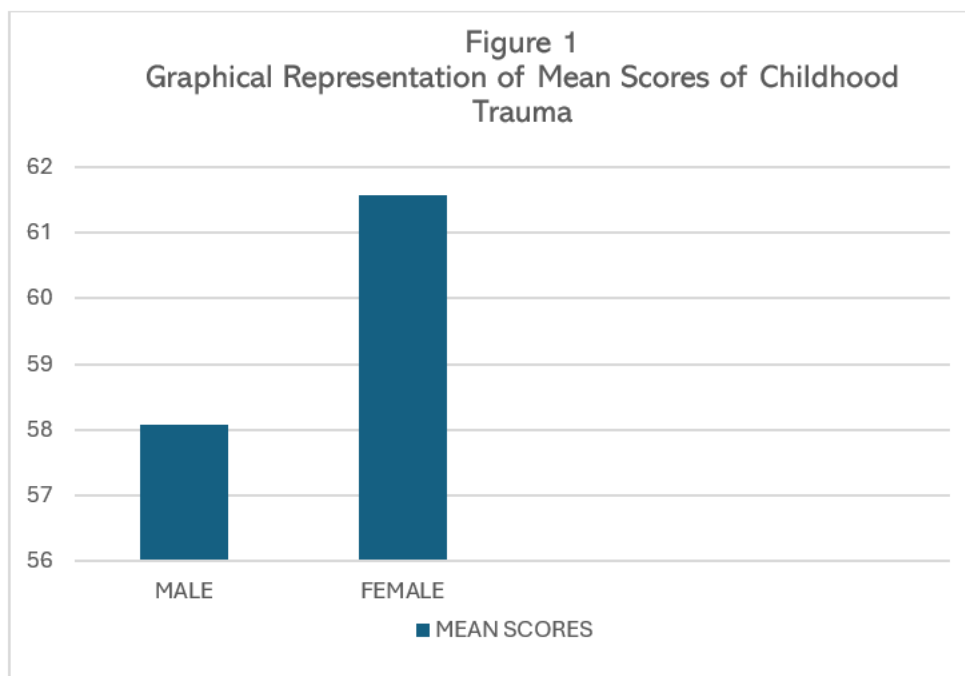
Impact of Childhood Trauma on Attachment Styles and Aggression

of aggression. These results emphasize the importance of early intervention and support for individuals who have experienced childhood trauma to prevent the development of maladaptive attachment styles and reduce the risk of aggressive behaviour in adulthood.

Table 2 Comparison of Mean, S. Ds of male and female young adults on childhood trauma

GENDER	N	MEAN	S. D	t-value	P
MALE	60	58.07	13	1.45	p>0.05
FEMALE	60	61.57	5.71		

N/A- Not Significant



The mean scores for childhood trauma were 58.07 (SD = 13) for males and 61.57 (SD = 5.71) for females. To investigate whether this difference was statistically significant, a t-test was conducted. The calculated t-value was 1.45. The findings suggest that there is a significant difference in childhood trauma scores between males and females. Specifically, females reported higher levels of childhood trauma compared to males. These results are consistent with previous research indicating that females are more likely to experience childhood trauma than males (Jennifer A. Knight, 2013).

Table 3 Comparison of Mean, S. Ds of male and female young adults on Attachment Styles

GENDER	N	MEAN	S. D	t-value	P
MALE	60	52.57	15.93	0.36	p>0.05
FEMALE	60	51.52	6.38		

N/A- Not Significant

The mean attachment style scores for males and females were 52.57 (SD = 15.93) and 51.52 (SD = 6.38), respectively. A t-test was conducted to determine if there were significant differences between attachment styles in males and females. The obtained t-value was 0.36. While the mean attachment style score for males was slightly higher than that of females, the difference was not statistically significant.

Impact of Childhood Trauma on Attachment Styles and Aggression

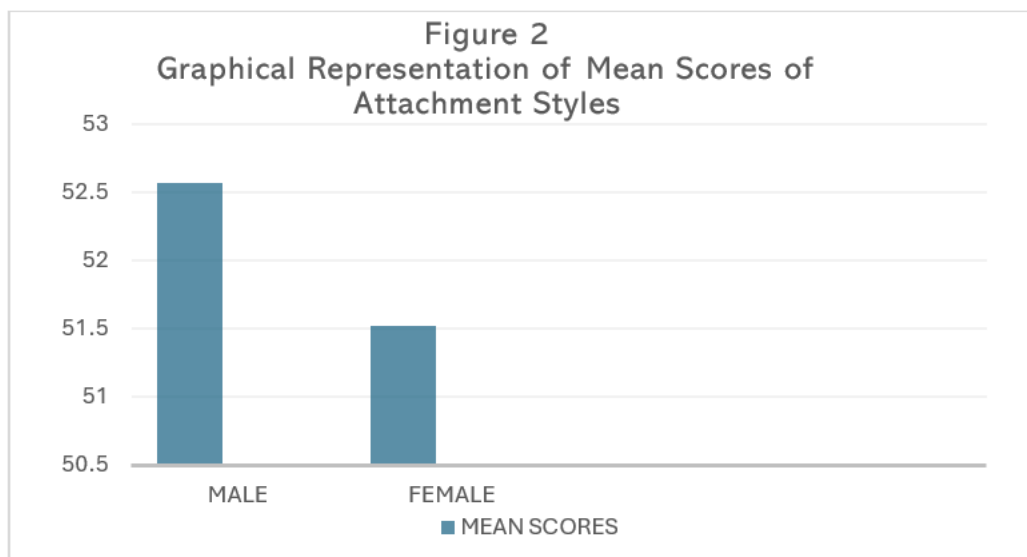
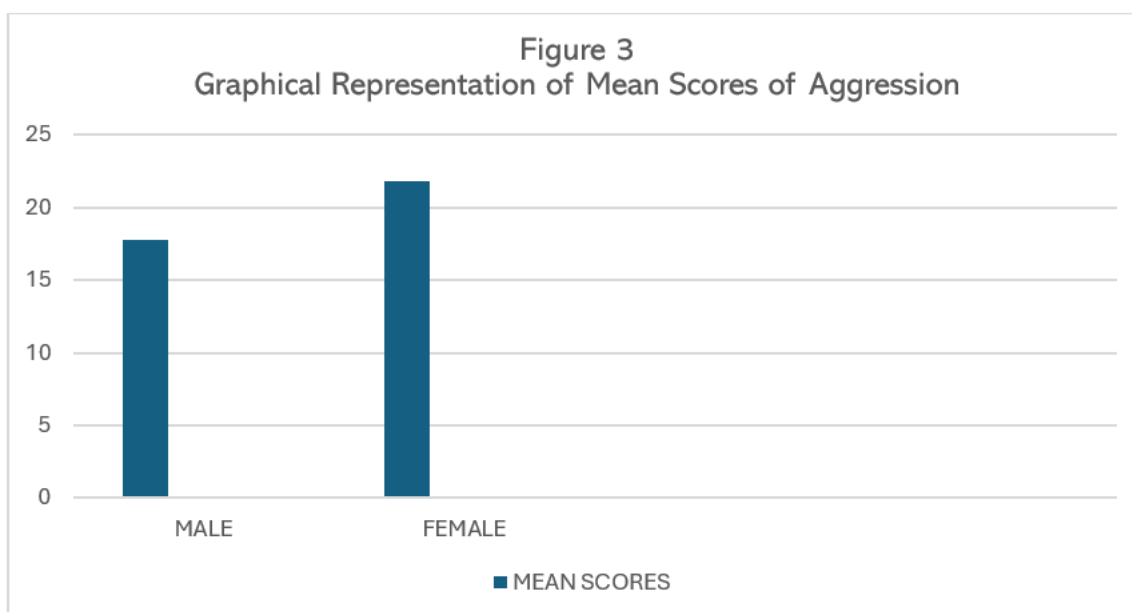


Table 4 Comparison of Mean, S.Ds of male and female young adults on Aggression

GENDER	N	MEAN	S.D	t-value	P
MALE	60	17.81	7.37	3.32	0.01
FEMALE	60	21.78	5.59		

Note: **Significant at 0.01 level



The mean aggression scores for males and females were 17.81 (SD = 7.37) and 21.78 (SD = 5.59), respectively. A t-test was conducted to determine if there were significant differences in aggression levels between males and females. The obtained t-value was 3.32, associated with a p-value of 0.01. The findings indicate that there is a significant difference in aggression levels between males and females in the sample. Specifically, females reported higher levels of aggression compared to males. These results align with previous research indicating that females tend to report higher levels of relational aggression, such as gossiping and social exclusion, while males tend to report higher levels of physical aggression. It is important to interpret these findings in light of potential confounding variables and limitations of the study. Factors such as social desirability bias and cultural

Impact of Childhood Trauma on Attachment Styles and Aggression

differences may influence self-reported aggression levels. Additionally, the effect size ($t = 3.32$) was moderate, indicating that the observed difference in aggression levels between males and females is not only statistically but also practically significant.

Table 5

	Childhood Trauma	Attachment Styles	Aggression
Childhood Trauma		-0.226**	-0.160*
Attachment Styles			0.176*
Aggression			

Note: **/* Significant at 0.01/0.05 level

The scores after correlation indicates the following results:

- Childhood Trauma and Attachment Styles: There is a significant negative correlation between childhood trauma and attachment styles ($r = -0.226$, $p < 0.01$). This suggests that individuals who report presence of childhood trauma are more likely to have issues in adult attachment styles.
- Childhood Trauma and Aggression: There is a significant negative correlation between childhood trauma and aggression ($r = -0.160$, $p < 0.05$). This indicates that individuals with childhood trauma are more likely to report higher levels of aggression.
- Attachment Styles and Aggression: There is a significant positive correlation between attachment styles and aggression ($r = 0.176$, $p < 0.05$). There might be a probability that people repressed their aggressive thoughts which further gets expressed in adult attachment styles.

CONCLUSION

The findings revealed several important insights. Firstly, significant gender differences were found in childhood trauma and aggression levels. Females reported higher levels of childhood trauma and aggression compared to males. Secondly, while no significant gender differences were found in attachment styles, there was a significant negative correlation between childhood trauma and attachment styles. Individuals who reported childhood trauma were more likely to have insecure attachment styles.

Additionally, a significant positive correlation was found between attachment styles and aggression. It might be a probability that people suppress their aggressive thoughts, which may then manifest in their adult attachment styles.

Overall, these findings underscore the complex interplay between childhood trauma, attachment styles, and aggression. They highlight the importance of early intervention and support for individuals who have experienced childhood trauma, to prevent the development of maladaptive attachment styles and reduce the risk of aggressive behavior in adulthood.

Limitations of the study

1. Study focused on 18-25 age group, limiting understanding of long-term effects as well as for the effects on the age groups below 18 years.
2. There have been no studies on the relationship of Childhood Trauma, Attachment Styles and Aggression

Impact of Childhood Trauma on Attachment Styles and Aggression

3. There have been studies focusing on Attachment Styles and Childhood Trauma as well as Aggression and Childhood Trauma, but not primarily on the impact of one on the other two variables.

Future Suggestions

1. Conduct studies that expand beyond the 18-25 age group to gain a comprehensive understanding of the long-term effects of childhood trauma, attachment styles, and aggression across different age groups, including those below 18 years old.
2. Future studies could explore how these factors interact and influence each other, potentially shedding light on underlying mechanisms and informing intervention strategies.

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Impact of Childhood Trauma on Attachment Styles and Aggression

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Conflict of Interest

The author(s) declared no conflict of interest.

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