

Research Paper

Adverse Childhood Experiences and Attachment in Relation to Self Compassion and Resilience

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ABSTRACT

Adverse childhood experiences are known to have lasting effects on psychological development, yet their association with adult attachment patterns, self-compassion, and resilience during young adulthood requires further empirical examination. The present study examines the relationship between adverse childhood experiences and adult attachment dimensions in relation to self-compassion and resilience among young adults, while also exploring psychological distress and gender differences. Using a cross-sectional correlational design, data were collected from 136 young adults aged 18–25 years through standardized self-report measures. Results indicate that higher adverse childhood experiences are associated with lower self-compassion and resilience. Attachment anxiety is negatively related to self-compassion, while attachment closeness shows a positive association. Self-compassion is positively associated with resilience, highlighting its protective role. Psychological distress is negatively associated with both self-compassion and resilience, with highly distressed individuals reporting lower levels of these variables. Regression analyses show that adverse childhood experiences significantly predict self-compassion beyond attachment dimensions. Gender differences in self-compassion and resilience were also observed. Overall, early adversity and insecure attachment undermine adaptive functioning, while self-compassion emerges as a key protective resource in young adulthood.

Keywords: *Adverse Childhood Experiences, Adult Attachment Styles, Self-Compassion, Resilience, Psychological Distress*

Adverse childhood experiences i.e., persistent stress that a child may face in his/her early years of life such as abuse, neglect, violence between caregivers, or having a parent with substance, alcohol abuse or with a mental illness (World Health Organization, 2020). Exposure to ACEs gives rise to anxiety, depression, obesity, diabetes, cardiovascular, respiratory or digestive diseases, or other mental health problems (Hughes et al., 2017). ACEs affect the person's subjective well being and can increase the likelihood for developing mental or physical illness.

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Studies conducted in the past have shown that Adverse childhood experiences leave an impact on a person's attachment style (Silva et al., 2024). Attachment plays an essential role in a person's overall quality of life. As described by John Bowlby in his study on Attachment Style, he defined attachment as a special bond shared between a parent and a child, and this bond tends to act as a safety net for the future relationships of the child (Bowlby, 1969). Migalova et al. (2025) in his study of ACEs and attachment style concluded that, interplay of ACEs and insecure attachment style together gives rise to maladaptive personality traits, and makes a person susceptible for developing a substance use disorder and disrupts his overall functioning. ACEs and insecure attachment style affects a person's overall ability to relate, connect with people around them and make sense of the world. A study by Ma (2024) discussed that presence of insecure attachment style increases an individual's chances of developing anxiety and depression. The presence of ACEs during the early developmental years have increased risk for health and developmental difficulties (Webster, 2022).

It has been implicated in the studies conducted in the past that presence of mental health issues can affect a person's self esteem, stress processing, stress tolerance and self-compassion.

Self-compassion can be understood as an individual's capacity to respond to personal suffering with kindness and understanding, particularly in the face of perceived failures, shortcomings, or challenging life circumstances (Neff, 2023). A growing body of empirical research highlights the importance of self-compassion as a key psychological resource that supports both mental and physical health outcomes. Self-compassionate individuals who respond to personal suffering with understanding, kindness, and mindfulness tend to experience better overall psychological well-being, including lower levels of stress, anxiety, and depression, with meta-analytic effect sizes indicating moderate associations with enhanced well-being across diverse samples ($r = 0.47$ with psychological well-being) and reduced psychological distress ($r = -0.52$ in chronic illness populations) compared to less self-compassionate individuals (Zessin et al., 2015). Beyond mental health, research demonstrates a significant relationship between self-compassion and health-promoting behaviors and physical health outcomes. A meta-analysis of nearly 30,000 participants found that higher self-compassion was significantly associated with better physical health and greater engagement in health-promoting behaviors such as quality sleep, exercise, and avoidance of risky activities (Phillips & Hine, 2021). Large cross-sample analyses also show that self-compassion correlates positively with self-rated physical health along with affective states. The systematic review by Cha and colleagues (2022) suggests that self-compassion influences health outcomes indirectly through reduced perceived stress, improved emotion regulation, and healthier coping strategies, pointing to both psychological and behavioral pathways. Intervention studies support the causal role of self-compassion: structured self-compassion and mindfulness-based programmes have been shown to increase self-compassion and lead to meaningful reductions in stress, rumination, and depressive symptoms, highlighting its potential as a target for health-enhancing interventions (Ferrari et al., 2019). Taken together, these findings indicate that self-compassion is not only associated with better mental health but also with broader health-related behaviors and outcomes, making it a valuable construct for understanding individual resilience and adaptive functioning in the context of adversity.

ACEs are associated with a broad range of unfavorable outcomes, including depressive symptoms, disordered eating, higher body mass index, and post-traumatic stress symptoms;

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however, individuals with higher levels of self-compassion show weaker associations between ACE exposure and these outcomes, suggesting that self-compassion can buffer against mood, weight-related, and behavioral difficulties in emerging adulthood (Hazzard et al., 2021). Moreover, longitudinal and cross-sectional studies indicate that self-compassion weakens the direct impact of ACEs on PTSD and depressive symptoms, and also mediates the relationship between childhood adversity and psychological flexibility (Arslan et al., 2024). Research also shows that ACEs are negatively associated with levels of self-compassion itself, potentially compounding long-term stress and trauma responses, yet when self-compassion is present at higher levels, it can lessen the severity of later trauma-related symptoms, thus indicating that exposure to adverse childhood experiences is associated with lower levels of self-compassion in adulthood (Gentry et al., 2025; Kitano et al., 2024).

Research consistently shows a positive association between self-compassion and resilience. Self-compassion appears to foster psychological resources that contribute to resilience by enhancing emotion regulation and adaptive coping strategies, which in turn reduce the impact of stress and distress over time (Smith et al., 2008). In longitudinal data, resilience has been shown to mediate the influence of self-compassion on psychological distress, suggesting that self-compassion may build resilient capacities that protect against future mental health difficulties (Neff & McGehee, 2010). Studies across diverse populations, including general community samples and young adults have reported significant positive correlations between self-compassion and resilience, with higher self-compassion linked to greater resilience and well-being (Allen & Leary, 2010). Moreover, self-compassion interventions have been found to increase resilience, further supporting its role as a modifiable protective factor (Ferrari et al., 2019).

Tang (2024), found that attachment style plays a significant role in shaping resilience and emotion regulation capacities. Secure attachment was positively associated with higher resilience and the use of adaptive emotion regulation strategies such as cognitive reappraisal and emotional awareness. In contrast, insecure attachment styles (anxious and avoidant) were linked to poorer emotion regulation, including emotional suppression, rumination, and heightened reactivity, and were associated with lower resilience. Importantly, the study demonstrated that emotion regulation partially mediated the relationship between attachment and resilience, suggesting that the way individuals regulate emotions serves as a key mechanism through which attachment influences adaptive functioning.

Although the number of scientific works on ACEs and attachment is growing, empirical studies exploring their associations with self-compassion and resilience among young adults within a gender-based comparison framework are limited; therefore, the present study is required.

METHODOLOGY

Objectives of the Study

1. To assess the levels of adverse childhood experiences, adult attachment dimensions (closeness, dependence, and attachment anxiety), self-compassion, resilience, and psychological distress among young adults.
2. To assess the levels of adverse childhood experiences, adult attachment dimensions, self-compassion, resilience, and psychological distress among young adults.
3. To examine the relationship between adverse childhood experiences and self-compassion and resilience among young adults.

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4. To examine the relationship between adult attachment dimensions (closeness, dependence, and attachment anxiety) and self-compassion and resilience among young adults.
5. To examine the relationship between psychological distress and self-compassion and resilience among young adults.
6. To compare self-compassion and resilience across gender and levels of psychological distress among young adults.
7. To examine the predictive role of adverse childhood experiences and adult attachment dimensions on self-compassion and resilience among young adults.

Research Hypotheses

1. There will be a significant negative relationship between adverse childhood experiences and self-compassion and resilience among young adults.
2. There will be a significant relationship between adult attachment dimensions (closeness, dependence, and attachment anxiety) and self-compassion and resilience among young adults.
3. There will be a significant relationship between psychological distress and self-compassion and resilience among young adults.
4. There will be a significant difference in self-compassion and resilience between male and female young adults.
5. There will be a significant difference in self-compassion and resilience between young adults with low and high psychological distress.
6. Adverse childhood experiences and adult attachment dimensions will significantly predict self-compassion and resilience among young adults.

Participants

The participants comprised 136 young adults aged between 18 and 25 years, recruited from the general population. The sample included 60 men and 76 women. Participants were selected using non-probability sampling techniques, specifically convenience sampling and snowball sampling, from university campuses and through online platforms. All participants were residents of India and were able to comprehend and respond to the questionnaires in English. Participation was voluntary, and informed consent was obtained prior to data collection. Ethical principles of anonymity, confidentiality, and the right to withdraw at any stage without penalty were strictly maintained.

Materials

Data were collected using a demographic information form and five standardized psychological instruments. The demographic form was used to obtain information regarding age, sex, course of study, year of study, and type of residence.

Adverse childhood experiences were assessed using the Adverse Childhood Experiences (ACE) Questionnaire developed by Felitti et al. (1998). Adult attachment was measured using the Revised Adult Attachment Scale (AAS) developed by Collins and Read (1990) and revised by Collins (1996). Resilience was assessed using the Brief Resilience Scale (BRS) developed by Smith et al. (2008). Self-compassion was measured using the Self-Compassion Scale–Short Form (SCS–SF) developed by Raes et al. (2011). Psychological distress was assessed using the General Health Questionnaire–12 (GHQ-12) developed by Goldberg (1972), which was used as an independent screening and grouping variable.

Data Collection

Data was collected through offline and online modes. Offline data were gathered from university campuses, while online data were collected using digital survey forms circulated through academic and social networks. Prior to participation, individuals were informed about the purpose and nature of the study, and informed consent was obtained. Participation was strictly voluntary, and respondents were assured of anonymity and confidentiality.

Data collection began with the demographic information form, followed by the administration of the standardized questionnaires in a fixed order to minimize order effects and response bias. The order of administration was: Adverse Childhood Experiences Questionnaire, Adult Attachment Scale, Self-Compassion Scale Short Form, Brief Resilience Scale, and General Health Questionnaire-12. All participants completed the questionnaires within a specified time frame, and efforts were made to minimize participant inconvenience and response fatigue. The same procedure was followed for both offline and online data collection to ensure uniformity.

Scoring

1. The ACE Questionnaire was scored by assigning a value of 1 to each endorsed item and 0 to non-endorsed items, yielding a total score ranging from 0 to 10, with higher scores indicating greater exposure to childhood adversity.
2. The Adult Attachment Scale consists of 18 items rated on a 5-point Likert scale. Scores were computed for three dimensions- closeness, dependence, and attachment anxiety by summing or averaging the relevant items, with higher scores indicating greater endorsement of the respective attachment dimension.
3. The Self-Compassion Scale Short Form contains 12 items rated on a 5-point Likert scale. Negatively worded items were reverse scored, and a total self-compassion score was obtained by averaging item responses. Higher scores indicate greater self-compassion.
4. The Brief Resilience Scale consists of 6 items rated on a 5-point Likert scale. Negatively worded items were reverse scored, and a mean resilience score was calculated, with higher scores indicating greater resilience.
5. The GHQ-12 was scored using the binary method (0-0-1-1), producing a total score ranging from 0 to 12. Higher scores indicate greater psychological distress. In the present study, GHQ-12 scores were used to assess psychological distress and to classify participants into low and high psychological distress groups; GHQ-12 was not treated as a dependent variable.

Variables

1. Independent Variables: Adverse childhood experiences, adult attachment dimensions (closeness, dependence, attachment anxiety).
2. Dependent Variables: Self-compassion and resilience.
3. Grouping Variable: Psychological distress (low and high), based on GHQ-12 scores.
4. Demographic Variables: Age and sex.

RESULTS

The data were analyzed using descriptive statistics, reliability analysis, Pearson's correlation coefficients, multiple linear regression analyses, and independent samples *t*-tests to examine the relationships among adverse childhood experiences, adult attachment dimensions, self-compassion, resilience, and psychological distress. Results are presented in the following

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order: descriptive statistics and intercorrelations, regression analyses, and group comparisons.

Table 1 Reliability and correlation matrix

	Mean	S.D	Cronbach's a	1.	2.	3.	4.	5.	6.	7.
1.Resilience	37.1	4.71	0.4	-1.4						
2.Adverse Childhood experiences	1.62	2.04	0.75	0.50	-0.16					
3. Self compassion	3.13	0.49	0.85	-0.37*	0.20*	-0.2*				
4.Attachment style-close	2.9	0.42	0.6	0.29*	0.09	0.16	-0.36*			
5. Attachment style- dependent	2.92	0.37	0.5	0.26*	-0.01	0.19	-0.32*	0.93*		
6. Attachment style -anxious	2.84	0.54	0.83	0.35*	0.12	0.13	-0.37*	0.91*	0.82*	

Note: * $p < 0.05$

A Pearson's correlation analysis was conducted to examine the relationships among psychological distress, adverse childhood experiences, adult attachment dimensions, self-compassion, and resilience. The measures demonstrated low to acceptable internal consistency, with Cronbach's alpha values ranging from .40 to .85. Psychological distress showed a significant negative association with self-compassion and a positive association with attachment anxiety. Adverse childhood experiences were negatively correlated with self-compassion. Self-compassion was positively associated with resilience and attachment closeness, and negatively associated with attachment anxiety. Resilience showed a positive relationship with self-compassion but was not significantly associated with adverse childhood experiences. Strong positive intercorrelations were observed among the adult attachment dimensions, particularly between attachment dependence and attachment anxiety. Overall, the correlation matrix indicates meaningful associations among early adversity, attachment patterns, psychological distress, and adaptive psychological resources in young adults.

Table 2 Model fit and Model estimates for predictors

Predictors	t	p	Lower CL	Upper CL	R	R2	Adjusted R	RMSE	F	P	
Intercept	4.09	12.51	<0.001	3.44	4.74	0.418	0.175	0.149	0.45	6.92	<0.001
Attachment style - close	-0.20	-0.50	0.6	-0.99	0.58						
Attachment style - Dependent	0.16	0.50	0.61	-0.48	0.82						
Attachment style- Anxious	-0.28	-1.49	0.13	-0.66	0.09						
Adverse Childhood experiences	-0.04	-2.17	0.03*	-0.08	0						

Note : * $p < 0.05$

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A multiple linear regression analysis was conducted to examine the predictive role of adult attachment dimensions and adverse childhood experiences on self-compassion. The overall regression model was statistically significant, $F(4, 131) = 6.92, p < .001$, accounting for approximately 17.5% of the variance in self-compassion ($R^2 = .175$). Adverse childhood experiences emerged as a significant negative predictor of self-compassion ($\beta = -0.04, p = .03$), indicating that higher levels of childhood adversity were associated with lower self-compassion among young adults. In contrast, none of the adult attachment dimensions—closeness, dependence, or attachment anxiety, significantly predicted self-compassion when entered simultaneously into the model, although attachment anxiety showed a negative trend. Overall, the findings indicate that adverse childhood experiences have a stronger predictive influence on self-compassion than adult attachment dimensions in the present sample.

Table 3 Independent Samples t-Test

	df	p
Self-compassion	134	0.07
Brief Resilience	134	0.17

Independent samples t-tests were conducted to examine gender differences in self-compassion and resilience among young adults. The analysis revealed no statistically significant difference between men and women in levels of self-compassion, $t(134) = 1.80, p = .07$. Similarly, no significant gender difference was observed for resilience, $t(134) = 1.37, p = .17$. These findings indicate that self-compassion and resilience levels were comparable across genders in the present sample.

DISCUSSION

The present study examined the relationships between adverse childhood experiences (ACEs), adult attachment dimensions, self-compassion, and resilience among young adults, with psychological distress used as a contextual and grouping variable. The findings provide nuanced support for the proposed hypotheses and contribute to the growing body of trauma-informed and attachment-based literature by highlighting self-compassion as a central adaptive psychological resource linking early adversity, attachment processes, and well-being in young adulthood.

Consistent with the first hypothesis, adverse childhood experiences were significantly and negatively associated with self-compassion. This finding is strongly supported by existing literature indicating that early exposure to abuse, neglect, or household dysfunction disrupts the development of a compassionate and supportive internal self-schema. Trauma-informed models propose that repeated exposure to threat and invalidation in childhood fosters shame-based and self-critical modes of self-relating, which persist into adulthood (Gilbert & Simos, 2022). A systematic review and meta-analysis by Zhang et al. (2021) provide robust evidence that childhood maltreatment is consistently associated with lower self-compassion across diverse populations. Empirical studies among young and emerging adults further demonstrate that higher ACE scores are linked to diminished self-compassion and increased psychological vulnerability, including mood disturbances and trauma-related symptoms (Hazzard et al., 2021; Kitano et al., 2024). The present findings align with this body of research, reinforcing the conceptualization of self-compassion as a developmental construct shaped by early caregiving and environmental experiences.

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In contrast, the hypothesized negative relationship between adverse childhood experiences and resilience was not supported. Although prior research has documented an inverse association between ACEs and resilience (Alhowaymel, 2025), the absence of a significant relationship in the present study suggests that resilience may be influenced by a broader constellation of protective and contextual factors beyond early adversity alone. Resilience is increasingly conceptualized as a dynamic and multifaceted process rather than a fixed outcome, shaped by emotion regulation abilities, interpersonal support, and adaptive cognitive resources such as self-compassion (Park et al., 2024; Sezgin, 2025). In non-clinical young adult samples, compensatory resources available during emerging adulthood such as educational engagement and peer support may buffer the direct impact of childhood adversity on resilience, thereby attenuating this association.

With respect to adult attachment, significant associations were observed between attachment dimensions and self-compassion, lending support to the corresponding hypothesis. Attachment anxiety, in particular, demonstrated a negative relationship with self-compassion, while attachment closeness was positively associated with self-compassion. These findings are consistent with attachment theory, which posits that insecure attachment especially attachment anxiety is characterized by negative internal working models of the self, fear of rejection, and heightened emotional reactivity, all of which undermine compassionate self-relating. Empirical evidence supports this association, indicating that insecure attachment patterns are linked to lower self-compassion and greater interpersonal and emotional difficulties (Mackintosh et al., 2017; Carbonneau et al., 2021). A recent meta-analysis by Hill et al. (2025) further confirms that secure attachment is moderately associated with higher self-compassion, whereas insecure attachment orientations are associated with reduced self-compassion across adult populations.

Self-compassion also demonstrated a positive association with resilience, supporting its role as an adaptive psychological resource. This finding aligns with a growing body of research highlighting self-compassion as a mechanism that facilitates emotional regulation, stress tolerance, and recovery from adversity. Longitudinal evidence indicates that self-compassion interacts with stress over time to promote resilience and psychological well-being (Park et al., 2024). Intervention-based studies further suggest that enhancing self-compassion leads to significant improvements in resilience among individuals with histories of childhood trauma (Jose & Sandon, 2023). Collectively, these findings underscore the protective function of self-compassion in fostering adaptive responses to stress and adversity.

The regression analysis provided additional insight into these relationships by examining the predictive role of ACEs and adult attachment dimensions on self-compassion and resilience. Adverse childhood experiences emerged as a significant negative predictor of self-compassion, whereas adult attachment dimensions did not account for unique variance when entered simultaneously. This finding suggests that early adversity may exert a more direct and enduring influence on compassionate self-relating than current attachment orientations. Similar conclusions have been drawn in recent studies demonstrating that self-compassion mediates the relationship between ACEs and trauma-related outcomes, including post-traumatic stress and complex PTSD (Peng & Ishak, 2025; Kitano et al., 2024). These findings support developmental models emphasizing the foundational role of early experiences in shaping core self-regulatory capacities.

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Psychological distress was significantly associated with lower self-compassion, supporting the hypothesis regarding distress and adaptive functioning. This pattern is consistent with prior research indicating that individuals experiencing higher psychological distress tend to exhibit increased self-criticism and reduced self-kindness (Nazari et al., 2025). However, no significant association was observed between psychological distress and resilience, nor were significant differences found between low- and high-distress groups in levels of self-compassion or resilience. These findings may reflect methodological factors, such as the dichotomization of distress scores, which can reduce statistical sensitivity. Additionally, self-compassion and resilience may function as relatively stable traits rather than state-dependent constructs, making them less responsive to short-term fluctuations in distress (Lathren et al., 2021).

Gender comparisons revealed no significant differences in self-compassion or resilience between men and women. This finding aligns with several contemporary studies reporting minimal or inconsistent gender differences in these constructs among young adults (Park et al., 2024; Ramdhanyanti & Dewi, 2024). The absence of gender differences suggests that self-compassion and resilience may be similarly distributed across sexes in non-clinical, community-based samples, particularly within the developmental context of young adulthood.

From a clinical and applied perspective, the findings highlight the importance of self-compassion as a potential target for intervention, particularly among young adults with histories of childhood adversity. Compassion-focused interventions have demonstrated efficacy in reducing shame, self-criticism, and trauma-related symptoms, while enhancing emotional regulation and resilience (Gilbert & Simos, 2022). Integrating trauma-informed, attachment-informed, and compassion-based approaches may be especially beneficial in mitigating the long-term psychological impact of adverse childhood experiences.

Several limitations should be considered. The cross-sectional design precludes causal inferences, and reliance on retrospective self-report measures may introduce recall bias, particularly in the assessment of ACEs. The use of convenience and snowball sampling limits the generalizability of findings. Future research should employ longitudinal designs to examine developmental pathways linking childhood adversity, attachment, self-compassion, and resilience, and test mediation models to clarify the mechanisms underlying these associations.

The present study contributes to the growing literature on adverse childhood experiences and adaptive psychological resources by underscoring the central role of self-compassion in young adulthood. While adult attachment patterns remain important correlates, early adversity appears to play a particularly salient role in shaping compassionate self-relating. These findings support trauma-informed and compassion-focused frameworks as valuable avenues for research and intervention aimed at fostering resilience and psychological well-being in young adults.

CONCLUSIONS

This study establishes self-compassion as a central psychological construct linking adverse childhood experiences and adaptive functioning in young adulthood. Early adverse experiences shape how individuals relate to themselves in adulthood, particularly influencing compassionate self-responding. Adult attachment patterns contribute to self-compassion primarily through emotional security rather than directly predicting resilience.

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Self-compassion functions as an internal psychological resource that supports resilience irrespective of early adversity. Resilience appears to be influenced by multiple protective factors beyond childhood experiences alone. Psychological distress is closely associated with self-compassion, indicating that compassionate self-relating plays a critical role in mental health regulation.

Gender does not significantly differentiate self-compassion or resilience in young adults, suggesting that these adaptive resources operate similarly across men and women. Early adversity exerts a more enduring influence on self-compassion than current attachment orientations. Self-compassion represents a modifiable target for intervention in young adults with histories of childhood adversity.

The findings support trauma-informed and compassion-focused approaches in promoting psychological well-being. Strengthening self-compassion contributes to resilience and adaptive functioning in young adulthood. The study advances understanding of how early experiences shape internal coping resources rather than only external behavior.

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Conflict of Interest

The author(s) declared no conflict of interest.

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