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The Impact of Childhood Trauma on Attachment Styles and Quality of Life in Adulthood.

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

The aim of the study was to study the impact of childhood trauma on attachment styles and quality of life in adults. A sample of 105 adults within the age range of 18-31 was selected. Three tools were administered for this – the Childhood Trauma Questionnaire (CTQ- 28 items) by P. Bernstethe in, Revised Attachment Scale by Collins (1996) and The World Health Organization Quality Of Life , (WHOQOL-BREF)Short Form by WHO in 1996.

The result indicated a significant correlation between the two variables as well as having childhood trauma negatively impacts attachment styles in adulthood. Additionally, the results of WHOQOL-BREF were drawn using Mean, SD, and Pearson’s Correlation for the statistical analysis of all the variables. After analyzing the data, it was found that there is a significant relationship between both the variables as there was a negative (inverse) relationship between variables which means both the variables move in the opposite direction as if one variable increases the other variable decreases with the same magnitude. Similar studies on this topic have been done but not on all the domains of quality of life that are affected due to childhood trauma and according to the results of this study there was a significant relationship between the variables which can be a major reason for the scope of this topic to be studied in more detail and to figure out a plan of action to deal with this issue by helping children to get all the help that they need so that they don’t have to face the effects of childhood trauma in their later life.

Introduction

Childhood Trauma of a person is crucial in defining whom they will develop into in the future. A well-functioning, emotionally mature adult will inevitably be produced by a secure, healthy, and communicative family. However, a traumatic occurrence in a person's youth can cause turmoil and, if not handled in a psychologically secure way, might negatively impact their attachment style.

The experience of an event by a child that is emotionally painful or distressing, which frequently results in lasting mental and physical effects" is the definition of childhood trauma. Understanding that trauma is very subjective is crucial since it means that what may be tremendously distressing for one person may not have the same effect on another. Determining what would constitute a traumatic incident for the general public is therefore crucial.

Therefore, the following are events that come under a traumatic experience for a child (a child is considered to be anyone below the age of 18 years).

Bullying – Bullying is when someone intentionally causes harm to another person, either physically or emotionally. Bullying can involve positive relationships with kids and emotional, emotional (the act of mentally persuading someone to doubt their own truth, happiness, and sentiments).

Physical Abuse – When parents or other adults who care for children physically injure them, it is considered childhood physical abuse. There are various reasons why children are physically mistreated. Parents with mental illnesses, those who let go of their rage and irritation and view their children as baggage, and parents who are attempting to punish their children are just a few examples. Even when an injury is accidental, physical abuse is still deemed to have taken place.

Parental Loss - Losing a parent is an extremely painful situation for a kid, and it gets harder if the parent sustains bodily harm over an extended period of time. A kid can experience stress from losing a career, not a parent and the repercussions can last a long time.

Emotional neglect and Emotional Abuse: Emotional abuse is also sometimes referred to as psychological abuse. Emotional abuse is more insidious than any other situation. Emotional abuse is child abuse. This includes scolding the child, teasing him, constantly teasing the child, etc. includes. Emotional neglect involves a parent who is inattentive and unresponsive to the child's emotions and growth. This includes giving children the freedom to do anything, such as allowing them to use alcohol and drugs (Talbot & Lawler, 2012).

Estimates for perceived social maltreatment varied from 39% to 86%, while estimates for injury were 66%. Sexual abuse is another frequent trauma that is reported to impact 25% to 43% of teenagers. The risk of harm from other traumatic events is lower for young people, although depending on the site and nature of the injury, many young people are nonetheless impacted to varied degrees. The majority of the estimated 2.5 billion individuals who have been impacted by natural catastrophes globally during the past ten years are kids and teenagers.

According to trauma theory, the brain develops three defenses—fight, flee, and freeze—in response to stress or a perceived or actual threat. The midbrain regions that are activated by the "trigger" increase cortisol activity in response. as chronic stress can cause cortisol to corrode, damage, or even kill neurons in your brain as it is being created, chronic stress can protect you from serious life-or-death circumstances. This poses a particular risk to developing cells. The next step is to fight (rage, whip), flee (retreat or run), or freeze (dissociate).

Chronic early childhood trauma - (sometimes referred to by others as compound trauma) is frequently misinterpreted. Many people think that kids, especially babies and young kids, are less susceptible than kids or adults. When faced with stress or real or imagined threats, trauma theory states. The brain has three lines of defense: War. The cortisol hormone is produced in large quantities, and this causes the midbrain to react. Cortisol is destructive in everyday life but protective in life or death. Chronic stressors can harm or even kill neurons in critical regions of the brain. Your growing brain is especially vulnerable to this hazard. The next course of action is to fight (rage, throw), flee (escape or retreat), or freeze. (separation).

Many traumatized children never "get over it". When children are well, they do not have the protective equipment to support them when they are seriously injured. Trauma from childhood trauma Childhood trauma can result from both short-term and long-term childhood abuse. In addition to mental health, trauma also affects children's physical health. Children's eating and sleeping patterns can change dramatically. They hurt themselves or can't breathe at all. Your child will become depressed and have learning difficulties. This can lead to poor learning. Sometimes they behave inappropriately.

The consequences of trauma affect children of different ages in different ways. Preschoolers (ages 2-5) fear being separated from their caregivers, tend to have nightmares and have no enthusiasm for food at all. Children in primary school (ages 5 to 10) have more anxiety and are overwhelmed by feelings of guilt and shame. Also, the child has difficulty concentrating and has sleep problems. Finally, children in middle school (ages 12 to 14) and high school (ages 14 to 16) are more likely to be depressed, may self-harm, and find comfort in substance and alcohol abuse. (Management of Substance Abuse and Mental Health Services, 2022).

Childhood trauma is an event experienced by a child that can cause shock or fear, and pose a threat to life and physical integrity. Some related situations may endanger children's lives, for example, children who have been subjected to physical, sexual, and psychological abuse; natural disasters such as tsunamis; domestic or community violence; sudden loss of a loved one; severe injury; stress associated with military families, such as service and the death of a parent; domestic violence; mental illness in the family; parental separation or divorce; physical and emotional neglect. (Harvard Health, 2019) These traumatic events can lead to emotional and physical growth that continues long after the event. Children may experience feelings such as fear, helplessness and fear, as well as physical feelings such as palpitations, vomiting and incontinence.

When children are exposed to situations or situations like these, it can make them vulnerable to the development of anxiety. Stress occurs when a child experiences one or more traumatic events throughout his life, and in response to these situations creates lasting reactions that affect his daily life even after the event. Traumatic reactions in children include negative emotions caused by anger, problems with self-control, difficulty in connecting and connecting with others, loss of intelligence, problems with thinking and schoolwork, nightmares, and children growing up with bad behaviors such as falling. health, drug use, unhealthy sex, etc

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

Effects of Childhood Trauma:

Childhood trauma is brought on by ongoing, mild mistreatment of a kid. Trauma has an enormous influence on the child's physiological well-being in addition to its psychological effects. The child's eating and sleeping schedules can undergo a significant adjustment. Either they splurge or they seem completely uninterested. The kid has trouble focusing, and he or she can have academic issues. Their academic success may suffer as a result.

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

1. **Physical Abuse** - “Physical abuse is defined as the infliction of bodily injury that causes significant or severe pain, leaves physical evidence, impairs physical functioning, or significantly jeopardizes the child's safety” (Basil & Zitelli, 2018).

“Child physical abuse is the non -accidental injury of a child. Injuries include bruises, lacerations, blunt trauma, fractures, head trauma, shaking, burns, and poisoning” (Lenane, 2007). Physical abuse takes a toll on a child’s physiological as well as psychological health.

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

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

Short-Term Impact on Physiological Health

Physiological effects result from an injury from abuse. Physical abuse can lead to fractures, head injuries, and other serious injuries in extreme circumstances. Physically unwell children have an impact on education and learning as well as psychological outcomes.

Short Term Impact on Psychological Health

The presence of adults can be very frightening to children. Abused children may find it difficult to trust anyone, including family members, and may struggle at school. A child who has problems at school may exhibit or use inappropriate behavior to express dissatisfaction or anger. A child who struggles with disobedience and feels uncomfortable at school can cause problems for other children.

Long Term Impact on Physiological Health :

According to studies, people who were physically abused as children are more likely to suffer from diabetes and malnutrition (Widom, 2012). Physical abuse of the elderly can lead to many problems over time, such as diabetes, malnutrition, cancer and high blood pressure. Extreme head trauma can lead to the Hippocampus getting damaged. The Hippocampus is vital in storing and organizing an individual’s memories. Damage to this essential part of the brain can cause trouble in the formation of memories and an individual’s stress response system (de Quervain et al., 1998; Sheridan et al., 2012).

Long -Term Impact on Psychological Health

According to research (Scott, Byambaa et al., 2012), people who were physically abused as children are more likely to experience depression. If a child grows up thinking that physical abuse is bad, physical abuse will harm the child in the family in the future.

2. Physical Neglect – “Neglect is when a child’s physical and emotional needs are not met. These include access to shelter, food, clothing, education, and pain treatment” (Fortson, Gilbert et al., 2016). Physical neglect is an ongoing process that fails to provide children with what they need to survive; for example - not having a house, not enough food etc. Another reason for neglecting the body is poverty.

Short–Term Impact on Physiological Health :

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

Short –Term Impact on Psychological Health

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

Long–Term Impact on Physiological Health

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

Long –Term Impact on Psychological Health

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

3. Emotional Abuse: is described as "a pattern of behavior in which one person deliberately and repeatedly subjects another to nonphysical acts that are detrimental to behavior and affective functioning and overall mental well-being" by the American Psychological Association. The following are examples of emotional abuse aimed towards a child:

- Constantly diminishing the child's sense of self.
- Consistently assuming that the child is incorrect
- Discouragement of the youngster from expressing their ideas
- Gas lighting (a sort of deception that causes the child to doubt their own reality)

Short–Term Impact on Physiological Health

Your child's physical health may not change, but his eating and sleeping habits may. Teens can fall on different ends of the spectrum – too much or too little and/or sleep deprivation.

Short - Term Impact on Psychological Health

A child may feel unloved and not needed by his family. This can lead to anger and frustration at school. They may have low self-esteem and feel insecure about their abilities.

Long-Term Impact On Physiological Health:

Over- or under-indulgence in eating and sleeping can lead to insomnia or eating disorders. Also, children will try to feel their parents' love at all costs, which can cause dangerous physical damage. Mental Health Effects A child who ignores emotions will have more mental health problems in the future. Also, when a child ignores emotions, they are twice as likely to develop mental illness; depression, PTSD, anxiety symptoms, etc. These children may also grow up to seek comfort in drug and alcohol abuse.

Long-Term Impact on Psychological Health:

A study stated that children who faced emotional abuse were at higher risks of developing borderline personality disorder (Kuo, Khoury et al, 2015).

4. Sexual Abuse: Sexual abuse is unwanted sexual behavior that involves the use of force, threats, or exploiting of victims who are unable to give permission. Most victims and offenders are acquainted, according to the American Psychological Association. Forcefully accessing a child's personal space and violating them is sexual abuse children. Sexual abuse includes but is not limited to, unwanted photo taking, flashing, and any other nonconsensual sexual conduct committed against someone.

Short-Term Impact on Physiological Health:

Children can be harmed by abuse. Children can be victims of abuse. Traveling can be difficult for you. Children who are physically abused during surgery may experience physical discomfort. Mental health problems Children are often paralyzed and often prefer to be alone. When the pain of the situation reverberates in their minds, they will be unable to focus.

Short -Term Impact on Psychological Health

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

Long-Term Impact on Physiological Health :

The child may develop diseases if not treated properly.

Long-Term Impact on Psychological Health :

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

According to Widom, Czaja, Bentley, and Johnson (2012), Monnat & Chandler (2015), and Afifi et al. (2016), the long-term impacts of childhood trauma on an adult can result in the development of a number of biological problems, such as diabetes, malnutrition, cancer, high blood pressure, and so forth. The development of Post-Traumatic Stress Disorder in an adult is the psychological effect. Adults who exhibit intrusion symptoms do so because they frequently recall the distressing incident. According to Bradley, Etkin et al. (2016), individuals who experienced sexual abuse as children particularly struggle with emotional regulation. Substance abuse also rises as a result of childhood maltreatment and neglect (Korgan, Plamer, et al., 2017). The likelihood of developing mental disorders is also raised by childhood abuse (Lippard and Nemeroff, 2019).

Many people also struggle with developing meaningful adult relationships. Additionally, individuals who experienced abuse as children are much more prone to develop insecure attachment styles, which are typically nervous or avoidant in nature. The two variables of adult health anxiety and childhood abuse have been partially mediated by anxiety attachment (Power, Wright et al., 2019).

ATTACHMENT STYLES :

John Bowlby defines attachment as "the long-term psychological state of people". Bowlby provides a flexible version of the link. Infant survival has gradually improved over the years as children learn to bond with their caregivers, he said. As a result, children's communication skills have changed significantly as they know that relationships with caregivers are maintained. American-Canadian psychologist Mary Ainsworth has studied the separation of infants from their parents, thus providing a clear boundary between attachment and separation of the individual. This study identified four types of connections in response to children's caregivers placing them in the care of another person.

• **Secure Attachment** – The most beneficial attachment style is this one. The baby has formed a strong bond with the caregiver, so even in times of fear or surprise, the baby will turn to them for solace. They explore the world on the firm ground of their relationship with their guardians. Positive self-esteem, trust in others, open communication, and a positive outlook on relationships are traits of a stable attachment style in adults.

• **Insecure Avoidant Style**– After the caregiver leaves, the child experiences significant stress. She is reluctant to say hello to her teacher and avoids her. In adults, insecure or avoidant attachment is characterized by difficulty forming emotionally intimate bonds with others. These adults have a hard time acknowledging their feelings and emotions about intimate relationships.

• **Insecure – Ambivalent Attachment** – This, along with the attachment styles described above, is inherently insecure. The child exhibits extreme sadness when the caregiver leaves and greets the child when the caregiver arrives with emotions ranging from ignorance to anger. Also, children do not seek comfort when caregivers help them. This type of attachment contrasts with insecure-avoidant attachment. Adults with this type of attachment crave emotional intimacy but fear that the feelings will not be reciprocated.

• **Disorganized Attachment** – The child meets the teacher with many emotions. Under their care, the child exhibits fearful behavior but seeks solace in the caregiver's arms. "Toddlers with disorganized attachment face an unsolvable dilemma. Their safe haven is also a source of their fears and insecurities" (Diana Benoit, 2004). In adults, this attachment manifests itself through emotional dysregulation. These people have a strong fear of abandonment. Adults with this type of attachment are rarely able to maintain long-term relationships with their partners.

Attachment Styles Among Adults – The Role in Relationships Secure Attachment:

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

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

1. Anxious Attachment:

The person is unduly dependent on others, which may be the cause of their dread of being abandoned. There are numerous fundamental characteristics that define an insecure attachment style. These crucial components include Low self-esteem, an addiction to being outgoing, a need for closeness, etc. Restlessness is one of the factors that might lead to the development of an anxious attachment type. Childhood be present when your parents are divorced, when one of your parents passes away, when a family member emotionally abuses or neglects you, or when you experienced comparable childhood trauma. It may cause someone to fear being left behind. among the most significant. An adult with attachment issues who fears being abandoned by others. They search for indications continually because they adore.

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

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

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

3. Fearful Attachment: The person with the fearful attachment is the one who exhibits significant levels of anxiety and avoidance. This attachment style is characterized by reluctance to enter into personal relationships and a strong desire to be liked by others (Favez & Tissot, 2019).

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

CHILDHOOD TRAUMA AND QUALITY OF LIFE

The WHO defines quality of life as a person's sense of their place in life in relation to their objectives, aspirations, standards, and concerns as well as the culture and value systems in which they live. Three significant life events have been included under "quality of life":

1. The Realm of Being includes the basic physical, mental and spiritual aspects. The body includes physical health, personal hygiene, nutrition, hygiene and vision; Mental health refers to a person's emotional state and ability to adapt to various situations, thoughts, feelings, and self-control; Spirituality includes personal values, and standards of behavior, and religion.

2. Integration involves people's understanding of their environment or environment. It also includes three dimensions of physical, social and community participation. The physical environment is a person's home, workplace, school, etc. expresses its relationship with its physical environment. Relationship refers to the way a person understands the social environment, such as family, friends, and coworkers, as well as one's bond with the environment. Community participation, adequate income, health and well-being, employment, etc. refers to resources that are generally available to community members, such as things

3. Becoming domain refers to the activities or tasks that individuals undertake to achieve their goals, wishes, and desires. It also includes three aspects: practicality, leisure, and becoming for growth. Being practical consists of the activities people do every day, such as housework. Leisure time transformations include activities that people tend to relax and relieve stress, such as playing games, going out with friends, and visiting family. Growing consists of actions people take to improve or maintain their knowledge and skills (Quality of Life, Department of Research).

Quality of life domain focuses on everything like physical health, family, education, employment, wealth, safety, security to freedom, and environment. Quality of Life is usually the result that is got because of the interplay among social, health, economic, and environmental conditions and which affects human and social development. The well-being of a person depends on many things like psychological and physical well-being, relationships with other people, personal development, and fulfillment of dreams, and also being able to enjoy in certain situations.

Childhood trauma is an event that can be shocking or frightening that affects a child's life and physical integrity. Certain situations put children at risk to life, for example, children exposed to physical, sexual, and psychological abuse; natural disasters such as tsunamis; domestic or community violence; sudden loss of a loved one; illnesses or serious injuries; stressors associated with military families, such as deployment to and the experience of losing a parent; addiction in the family; mental illness in families; parental separation or divorce; physical and emotional neglect. (Harvard Health Sciences, 2019).

Corso, et al. (2011) looked into how adults who had been abused as children fared compared to people who had not. Adults who reported childhood abuse (n=2812) and adults who did not disclose any abuse (n=3356) provided the data for this study. Questionnaire on Health Short Form 6D preference-based scoring was acquired using the 36-item Short Form Health Questionnaire, and scores were calculated. People who were abused as children experienced a reduction in health and lives as adults, according to calculations, which could result in minor medical and psychological issues for individuals. Within a year, 0.028% of people had this childhood experience.

International studies described the fact that almost 3 in 4 children regularly experiences physical and/or psychological abuse, and 1 in 5 women and 1 in 13 men had been sexually abused as a child. These adverse experiences cause extreme amount of stress and also has been found to hamper the development of the nervous and immune system, the brain development is badly affected by any kind of abuse i.e., physical, sexual, and emotional abuse as trauma affects the important parts of the brain that helps us deal with stress (amygdala, hippocampus, and prefrontal cortex). This has been proved by conducting studies on animals and they had revealed that trauma damages neurons, which affects the brain development in childhood as childhood is considered as the crucial period of development. (Morin, 2020).

Review of Literature

1. Mesut Işık, M. & Kirli, U. (2022) conducted a research on the mediating effect of attachment insecurity on circadian consequences of childhood trauma. The main aim of this study is to investigate the associations of childhood trauma and attachment styles with circadian preferences. A total of 673 participants were evaluated using the Morningness–Eveningness Questionnaire (MEQ), the Childhood Trauma Questionnaire 28 (CTQ-28), and the Experiences in Close Relationships-Revised (ECR-R) questionnaire. The results indicated that 14.9% (n = 100) of the participants were morning type, 20.6% (n = 139) were evening type, and 64.5% (n = 434) were intermediate type. Both childhood trauma and attachment-related anxiety/avoidance scores were associated with being evening type ($p < .01$). Moreover, attachment-related anxiety and avoidance fully mediated the association between childhood trauma and circadian preferences. The present study showed that attachment styles might be associated with circadian preferences.
2. Voestermans, D. and M. Eikelenboom (2021) studied the relationship between childhood trauma and attachment functioning in patients with personality disorders. Authors analyzed adult and childhood attachment style in a sample of 75 individuals with various Personality disorders and established a relationship with both incidence and severity childhood trauma. The authors found that the sample had a significant association dysfunction and high levels of childhood trauma. Using cross-tabulations and analysis of variance, the authors demonstrated that patients with a fearful or dismissive attachment style

had more severe childhood trauma than patients with preoccupied attachment style. Patients who reported a callous controlling attachment with either parent experienced frequent and severe childhood trauma. Although temporal causality cannot be demonstrated, these findings highlight the need for childhood trauma screening in individuals with personality disorders and imply that attachment-focused psychotherapy for these patients may benefit from prior or concurrent trauma treatment.

3. Pellegriti, P., Santi, R., Costanzo, A., et al. (2020) Conducting a study on childhood trauma, connections, and mental health. Three hundred and fifty-two adults aged 18 to 73 years ($M = 32.70$; $SD = 11.72$) completed measures of child abuse linking types and mental health. The Adjusted Partial Correlation Network Estimator for examines the relationship between the three models. The network revealed longitudinal associations with childhood trauma, stress, and avoidance, and 101 of 190 non-zero associations with clinical symptoms. Analysis of the network showed that suffered from emotional abuse and emotional neglect, which puts the other at increased risk of injury, such as physical abuse. Anxiety is more associated with child abuse and mental illness than with attachment avoidance. Suicidal ideation and maladaptive personality functioning are symptoms often associated with other variables in the network. These findings may have implications for assessin and treating individuals who exhibit clinical problems related to insecurity and early trauma .
4. Zhong, M., and Wang, J. (2020) led an examination on shaky connection and maladaptive feeling guideline as arbiters of the association between youth injury and marginal character attributes. A sum of 637 patients with mental problems finished a battery of psychometric instruments, including the Character Indicative Poll, the 23-Thing Marginal Side effect Rundown, the Youth Injury Poll, the Connection Style Survey, and the Mental Feeling Guideline Poll. Way examinations were performed to assess the experience-driven worldview of whether shaky connection and The Effect of Life as a youngster Injury on Connection Styles Among Grown-ups maladaptive feeling guideline might direct the relationship between adolescence injury and marginal behavioral condition attributes. The arbitrary woods relapse was utilized to distinguish factors that contribute essentially to verge behavioral condition characteristics, which factors would be placed into the information driven model to additionally substantiate the experience-driven model Both the experience-driven model and the information driven model affirmed that there were three critical intervention pathways (adolescence injury unreliable connection/maladaptive feeling guideline marginal behavioral condition highlights, adolescence injury shaky connection maladaptive feeling guideline marginal behavioral condition includes; all $p.05$), with the most weighted intercession pathway impacting the marginal behavioral condition highlights being through unreliable connection and afterward through maladaptive feeling guideline. Youth injury generally impacted bipolar behavioral condition qualities through a blend of shaky connection and broken feeling guideline.

5. Perez, D., Williams, B. et al (2018) conducted a research on fearful attachment styles being correlated with Depression, Childhood Abuse and Alexithymia among Motor Functional Neurological Disorders. Fifty-six patients with motor Functional Neurological Disorders were recruited from the Massachusetts General Hospital FND Clinic. The primary study measure was the Relationship Scale Questionnaire, which was completed by all 56 patients. Furthermore, studies via self-report measures were done in order to illustrate the severity of functional neurologic symptoms and the presence of predisposing vulnerabilities perpetuating factors. In order to measure the symptoms, a couple of questionnaires were administered. They are as follows - Patient Health Questionnaire-15 (PHQ-15), Screening for Somatoform Symptoms Conversion Disorder Subscale (SOMS:CD), Connor-Davidson Resilience Scale (CD-RISC), Somatoform Dissociation Questionnaire-20 (SDQ-20), Short Form Health Survey (SF-36), Beck Depression Inventory-II (BDI), Spielberger State-Trait Anxiety Inventory (STAI-T), NEO Five-Factor Inventory-3 (NEO), Toronto Alexithymia Scale (TAS), Dissociative Experiences Scale (DES), Barrett Impulsivity Scale (BIS), Life Events Checklist-5 (LEC), Posttraumatic Stress Disorder (PTSD) Checklist-5 (PTSD-CL5) and Childhood Trauma Questionnaire (CTQ). The result indicated a positive and significant correlation between childhood trauma and fearful attachment styles among individuals with motor Functional Neurological Disorders. The correlation further adds on to the emphasis of insecure attachments in adults stemming from childhood maltreatment.
6. S. Koong, S. & Kang, D. (2017) investigated attachment insecurity as a mediator of the link between childhood trauma and adult dissociation. The study comprised 115 mental outpatients who visited a trauma center. Data was gathered using the Childhood Trauma Questionnaire, The Impact of Childhood Trauma on Attachment Styles Among Adults, Revised Adult Attachment Scale, and Dissociative Experience Scale. Structural equation modeling and route analysis were utilized to study the mediating effects of attachment insecurity on the link between childhood trauma and adult dissociation. Attachment anxiety totally buffered the association between more childhood trauma and increased dissociation. Sexual assault influenced dissociation by a synergistic combination of attachment anxiety and attachment avoidance. It was discovered that there was a balanced interaction between the direct and indirect effects of emotional neglect on dissociation; the indirect effect of emotional neglect on dissociation was partially mediated by attachment insecurity. Individual types of childhood trauma and adult dissociative symptoms may be explained by attachment insecurity features.
7. Alsadat, A. and Mohsen, A. (2017) conducted an experiment to study the relationship between emotional divorce and child abuse; Early maladaptive schema, attachment Style and emotional regulation play a mediating role. Selected 150 married couples sample population. They were

residents of Tehran, Iran. 5 sets of questionnaires were administered to married couples. Here's the test. Young Schema Questionnaire Abbreviated Child Abuse and Trauma Scale, Emotional Regulation Difficulty Scale, and Adult Attachment Scale. The results showed a significant positive correlation between variables. . A positive correlation occurred between emotional divorce and insecure attachment. Because the style, the mediation system, plays a mediating role. Also, there is a positive correlation between emotional divorce and emotional regulation. Experiments set up further aspects of child abuse leading to insecure attachment styles, Maladaptive schema and difficulty in regulating emotions.

8. Chen, KL Camilla, K.M. et al. (2017) Meta-analysis of insecure adult attachment and child abuse. A meta-analytic study investigated the relationship between adult attachment to parents and child abuse/child abuse . Online studies identified studies published prior to February 2017 that examined the association between adult parent and child abuse/child abuse risk factors. A total of 16 studies (N = 1,830) were selected. An analysis based on a random effects model revealed a significant association between types of insecurity and child maltreatment (pooled effect size: odds ratio [OR] = 2.93 , p = .000). Group analysis showed that attachment insecurity was associated with failures (OR = 8.04, p = .000) and child suicide (OR = 5.00, p < .000).05). Insecure romantic attachment (OR = 3.76, p = .000), overall attachment (OR = 3.38, p = .000) study group found medium effect sizes.000), child attachment (OR = 3.13, p = .001), and parents involved in child abuse (OR = 2.63, p = .000).
9. Erozkan, A. (2016) conducted a study called Understanding the Relationship Between Pattern and Child Depression. 911 students were selected from Muğla Sıtkı Koçman University in Turkey. Students were selected by purposive sampling and cross-sectional method. Of the sample population, 419 were boys and 492 were girls.4,444 students between the ages of 19 and 24 from freshman to senior year. Control the two devices to determine the relationship between the two variables. Childhood Trauma Questionnaire - A short form, 28-item measure of the five dimensions of negative childhood. These dimensions are - Physical Violence, Violent Crimes, Physical Violence, Sexual Violence and Harassment. The second measure is a self-administered questionnaire containing 30 items called the Relationship Scale Questionnaire. Survey evaluated students' connection patterns; security, fear, panic and illegal. Social Sciences Plan (SPSS) 19.00 and Linear Structural Relations Effects of Childhood Traumas on Adult Attachment Styles 8.70 were used to calculate the data. The study found significant associations between child maltreatment and attachment patterns.
10. Madigan, S., Brumariu, L. E., Villani, V. et al (2016) conducted a meta- analysis of on attachment and the relations to child internalizing and externalizing problems. The meta analysis is a wide-ranging examination of the literature on attachment and behavioral problems in children aged 3–18 years, focusing on the representational and questionnaire measures most commonly used in this age range. Secure attachment was compared with insecure attachment and a modest association with internalizing behavior was found. Multivariate moderator analyses were used to disentangle the unique influence of each significant unilabiate moderator more precisely, and results revealed that effect sizes decreased as the child aged. Plus, were larger in studies in which the participants were ethnically White, where the child was the problem informant, and when the internalizing measure was depressive symptoms. Attachment and externalizing behavior were also associated and effect sizes were larger in ethnically White samples, and in those where the

child was the problem informant. Avoidant, ambivalent, and disorganized attachment classifications were associated with internalizing behavior, but only disorganized attachment was associated with externalizing behavior.

11. Hasking P., Newman, L. et al (2016) conducted a research on emotion regulation, childhood abuse and assault and attachment and examining the predictors of non-suicidal self- injury among adolescents. This study associated the relative risk of non-suicidal self-injury with a history of, poor attachment relationships, poor emotion regulation among adolescents and physical and sexual abuse or assault. A total of 2,637 adolescents aged between 12 to 15 years were selected. They completed questionnaires at 3-time points: baseline, 12, and 24 months later. Across the study, 9.4% reported a history of non-suicidal self-injury. Each individual with a past or recent abuse or assault, poor attachment relationships, and poor emotion regulation was associated with non-suicidal self-injury.
12. Humbert, B., Langton, C., et al (2015) investigated childhood sexual abuse, attachments in childhood and adulthood, and coercive sexual behaviors in community males, as well as the primary impacts and moderating role for attachment. The researchers studied 176 adult community males to see if there was a link between self-reported coercive sexual conduct toward adult females, childhood sexual abuse (CSA), child–parent attachment types, and attachment with adult romantic partners. Attachment style with each parent and romantic partners was also studied as a possible mediator. Using hierarchical multiple regression analysis, it was discovered that avoidant connection with mothers as a kid accounted for a considerable portion of the variance in forceful sexual conduct. Similarly, even after adjusting for anxiety attachment in adulthood scores, avoidance attachment in adulthood was a significant predictor of coercive sexual conduct. When additional kinds of childhood adversity, violence, anti-sociality, and response bias were included, these major effects for avoidant and avoidance attachment were not statistically significant.
13. Bazzo, D. (2015) conducted a study on individual risk factors for physician boundary breaches, as well as the effect of childhood trauma, attachment style, and maladaptive beliefs. A sample population of 100 health care professionals attending a CME (continuing medical education) course on professional boundaries was employed, and they were asked to complete three questions. Experiences in Close Relationships Questionnaire Revised, Childhood Trauma Questionnaire, and Young Schema Questionnaire are the questionnaires. The link and correlation between the various risk variables, as well as between self-rating and expert-rating were investigated. One-fifth of those polled claimed moderate to severe childhood maltreatment, while six-fifths reported moderate to severe emotional neglect. Despite this, the average attachment anxiety and attachment avoidance were modest, and experts evaluated more than half of the subjects as "secure." Childhood maltreatment was linked to avoidance and attachment anxiety, and it predicted insecure attachment and maladaptive attitudes according to experts.
14. Sheinbaum, T. Bifulco, A. (2015) studied insecure attachment types as mediators between poor childhood care and schizophrenia-spectrum phenomenology. 214 nonclinical young adults were interviewed for subclinical symptoms (Comprehensive Assessment of At-Risk Mental States), schizophrenia-spectrum PDs (Structured Clinical Interview for DSM-IV Axis II Disorders), poor childhood care (Childhood Experience of Care and Abuse Interview), and attachment style (Attachment Style Interview). Participants also completed the Beck Depression Inventory-II, and all analyses were done with depressed symptoms excluded. Parental hostility and role reversal were both linked to subclinical positive symptoms as well as paranoid and schizotypal Parkinson's disease features. Subclinical negative symptoms were also linked to role reversal.

Angry-dismissive attachment moderated correlations between antipathy and subclinical positive symptoms, while entangled attachment mediated connections between antipathy and paranoid and schizotypal PD features.

15. Luca, R. & Unger, J. (2014) conducted a study on the relationship between childhood physical abuse and adult attachment. Twenty-two female college students and two 444,494 male college students completed questionnaires about adult samples of attachment, history of child abuse, and other variables. Regression analysis was performed at to understand the effect and relationship of one variable relative to another.
16. Adgate, A., Renk, K., Lowell, A. (2014) examine the role of attachment in relationships between childhood maltreatment and later emotional and behavioral outcomes. 424 participants filled out a questionnaire measuring variables of interest in the study. The results showed that child abuse, especially emotional and relational abuse between the individual and his/her mother, and between the individual and his/her friends, is an important predictor of post-emotional and emergent behavior. Additionally, the link was responsible for a significant difference in the association between childhood abuse and subsequent outcomes for people. Results show that secure attachment can protect against negative emotions and emerging behaviors in children as they enter early adulthood.
17. Bentall, R. , and Sitko, K. (2014) performed a tudy on how attachment patterns impact relationships between distinct psychotic symptoms and specific childhood. There is some evidence that there is a link between child abuse and suspicion and link and suspicion. The National Comorbidity Questionnaire data were used to see if the existing connectivity model altered the association between childhood adverse events and psychiatric symptoms in adults. Both sexual abuse (abuse and abuse) and neglect have been associated with hearing loss and suspicion in many ways. Depression is also associated with sexual abuse and neglect. Managed correlations between stress and anxiety disorder, neglect, and emotional distress. Sexual assault and hearing loss are unrelated. Relationship between Rape and Hallucinations Effects of Childhood Depression on Adult-Relationships. The International Indian Journal of Psychology is often treated with stress; however, this effect disappeared when sadness was added as a mediator. The findings highlight the importance of understanding and success in understanding child cognition in the context of today's connectivity structure.
18. Cortes, D. Canton, J. et al. (2014) report on child sexual abuse, attachment styles, and depression, the effects of abusive traits. It was the purpose of the study to examine. The Effects of Secure Attachment, Avoidant Attachment, and Insecure Attachment Styles on Depressive Symptoms in Adolescents Adult women who are victims of child sexual abuse. The function of attachment styles has been investigated. Considering the type of abuse and the potential impact of interactions perpetrator and duration of abuse. 168 women have been victims of child sexual abuse who participated in the study. Information was collected using a self-administered questionnaire about abuse. Attachment type measurement was used to measure attachment type, The Beck Depression Inventory was used to assess depressive symptoms. safe . The attachment type and anxious attachment style are associated with low or high levels of depression. each evaluation. The influence of attachment style was stronger when the violence consisted of, Sexual intercourse and/or penetration (verbal), a non-family member as the perpetrator, and when violence has been committed. It's not permanent, it's isolated. These data suggest that aspects of children's sex life. Abuse (type of abuse, relationship with abuser, duration of abuse) may have an effect of attachment style on depressive symptoms.

19. Miner, M., Romine, R., and colleagues (2014) studied anxious attachment, social isolation, and indices of sex desire and compulsivity as predictors of child sexual abuse perpetration in teenage boys. The purpose of this study was to investigate the relationship between insecure attachment to parents, social isolation, and interpersonal appropriateness and child sexual abuse perpetration in teenagers. A comparison was made between two samples of teenage boys who had committed sexual offences, offences against children, and offences against peers or adults, and a sample of similarly aged males in treatment for mental health or drug use difficulties. A semi-structured interview and a computer-administered questionnaire were used to collect data. An indirect relationship between anxious attachment and sexual assaults against child victims was discovered, which was explained by measures of social participation and social isolation. These measures of participation and isolation likewise had no direct relationship with sexual crimes against kid victims, since their contribution was accounted for by a measure of Masculine Adequacy. This Masculine Adequacy, along with lower levels of Sexual Preoccupation and Hypersexuality and higher levels of Sexual Compulsivity, was linked to the commission of child sexual abuse. The interpersonal factors were not included in a model that predicted sexual offending towards peers/adults, which appeared to be mainly connected with the interaction of Sexual Compulsivity and Hypersexuality.
20. Attachment, child abuse, and IBD-related Quality of Life and Disease Activity Outcomes were all examined by Maunder, Caplan, et al. in 2014. The study included 205 patients with IBD from Mount Sinai Hospital in Toronto. Self-report questionnaires were completed by participants regarding their social connections, history of abuse, and IBD. Three outcome variables—illness-related quality of life (QOL), ulcerative colitis disease activity, and Crohn's disease activity—were included into multiple regression models. Independent of abuse intensity, patients who reported less severe abuse and lower levels of avoidant attachment had the best QOL, whereas those who reported higher levels of avoidant attachment had the lowest QOL. Patients' QOL scores were lower when they expressed higher degrees of anxious attachment. Patients with lower degrees of severe maltreatment and avoidant attachment had the least disease activity, whereas patients who reported high levels of avoidant attachment had the most ulcerative colitis-related disease activity, independent of abuse severity. However, there was no significant main impact or interaction of abuse by anxious attachment on ulcerative colitis-related disease activity in the case of anxious attachment. Childhood maltreatment and attachment style were not linked to Crohn's disease-related disease activity.
21. Finzi-Dottan, R. & Harel, G. (2014). Parents' potential for child abuse: An intergenerational perspective. *Journal of Family Violence*, 29, (2014) investigated the possible effects of parental child abuse. 444,413 Jewish and Arab parents with children under 6 years of age completed questionnaires that assessed parenting assessments regarding child risk factors, history of child abuse/neglect, communication, emotion regulation, stress, and anxiety. The results showed that parents who experienced childhood abuse and neglect scored higher in risk factor for children compared to parents without a history of abuse or inattention. Model equation showed that stress and conflict mediated knowledge and emotional control of childhood abuse and neglect ; great potential for child abuse.
22. Korver-Nieberg, N., Velthorst, E. et al (2014) conducted a study on child abuse, Adult Attachment and Psychotic Symptoms: A Study of Patients, Siblings, and Controls. The association between child abuse and psychotic symptoms has been investigated. Considering the (anxious) attachment level of 131 psychotic patients, 123 siblings and 72 controls. Child abuse was assessed using childhood trauma. Questionnaire (CTQ). Anxious attachment and avoidance parameters were measured using: The psychopathic Attachment Measure (PAM). Both patient and siblings in childhood. Poor treatment predicted positive symptoms, and this relationship was partially mediated by attachment style. This bond was found to be stronger for siblings than for

patients. Childhood abuse predicted negative symptoms in patients and their siblings and patient. Patterns and attachment styles did not mediate the relationship with child abuse and negative symptoms and attachment styles were found to mediate in siblings. Sample. Childhood abuse is associated with both positive and negative symptoms. Both patients and siblings. Siblings in particular have a relationship between childhood. Abuse and psychosis appear to be mediated by adult attachment styles.

23. Adriano Schimmenti and Andrea Bifulco (2014) investigated the relationship between early neglect and anxiety disorders in adolescence and the function of attachment types. A high-risk sample of 160 adolescents and young adults was used to examine childhood experiences of neglect and abuse, antipathy (cold, critical parenting), attachment patterns, and anxiety disorders using interview measures. The sample's 12-month prevalence of anxiety disorders was correlated with hostility. The statistical connection between antipathy and anxiety disorders was statistically mediated by anxious-ambivalent attachment ratings. Clinicians treating anxiety disorders in children and adolescents must take into account the possibility that emotional neglect in the form of antipathy during childhood may result in anxious-ambivalent internal working models centered on fears of rejection and fear of separation.
24. Mc Coy, S., Shevlin, M. et al. , Understanding Special Class Provision in Ireland, Trim, Co. Meath, National Council for Special Education, 2014) conducted a study on adult attachment and psychological responses to infants. This study is based on samples of 445 bereaved parents who experienced perinatal or postnatal infant death. Attachment of older adults was assessed using the Elderly Communication Questionnaire while response to trauma was assessed using the Trauma Symptom Inventory . According to the fit statistics of and the interpretation of the scores, the four solution classes were considered the best. Classes are marked as "fearful", "busy", "indifferent" and "safe". Effects of Childhood Depression on Adult Attachment Patterns Women are almost eight times more likely than men to be members of attachment fears. This category has the highest score of mong all side effects of the product, while the safety category has the lowest score.
25. Harding, H., Jackson, J. (2013) conducted research titled on attachment styles and early maladaptive schemas as mediators of the relationship between childhood emotional abuse and intimate partner violence. This study tested a model examining the unique mediating effects of insecure attachment and early maladaptive schemas on the relationship between childhood emotional abuse and intimate partner violence in college women. Contrary to hypotheses that both attachment style and maladaptive schema endorsement would mediate the relationship between childhood emotional abuse and intimate partner violence and intimate partner violence, regression analyses indicated the disconnection/rejection schema domain was the only significant mediator between childhood emotional abuse and intimate partner violence ($p = .01$). This same relation held for childhood emotional abuse and intimate partner violence ($p \leq .001$). These results provide preliminary clinical utility for therapy studies, approval, use of schema therapy (Young, Klosko, & Weishar, 2003), or both . Women who have experienced emotional and intimate partner abuse.
26. Madigan, S., Atkinson, L., Laurin, K., & Benoit, D. (2013) undertook a meta-analysis on attachment and internalizing behavior in early childhood. The relationship between avoidant attachment and internalizing behavior was also significant, but it was mild to moderate. The difference in effect sizes between resistant to secure attachment and resistant to avoidant attachment was not statistically significant. We discovered a modest impact size between disordered attachment with internalizing behavior in 20 research including 2,679 families; however, the effect size was not significant when

corrected for possible publication bias. Although the impact sizes are small, the data supports the overall assumption that insecure attachment relationships in childhood, particularly avoidant attachment, are connected with eventual internalizing behaviors .

27. Pri B., and Evin, S conducted a research on attachment styles, abuse experiences, and depression. The research information was gathered from 251 students at different faculties and colleges at Mersin University during the academic year 2012–2013. Students make of 123 (49%) females and 128 (51%) males. 20.96 is the average age. The participants were given the Childhood Trauma Experience Scale, the Experiences in Affiliation Inventory, and the symptom checklist. The Pearson product-moment correlation analysis was carried out, and the data were evaluated, in order to look at the relationship between the attachment, trauma, and depression ratings of the study's participants. The findings indicated a favorable and significant correlation between depressive symptoms, emotional trauma, and anxious attachment. The findings also showed an increase in uneasy attachment patterns depending on the existence of traumatic experiences in childhood.
28. Angelakis, Gillespie, and Panagioti (2019) investigated the relationship between different types of child abuse and adult suicide. Data from studies were drawn from 68 studies involving 261,660 adults. After examining records from these studies, it was found that people who had suffered sexual, physical, and emotional abuse in their childhood, people had a two to three times higher risk of suicide attempt due to childhood abuse, associated with adults. Suicide attempt risk (OR 5.18, 95% CI 2.52-10.63). Therefore, the main analysis from all these studies is the same, that is, child abuse is associated with a higher risk of suicide in older people.
29. Devi et al. (2019) compared the prevalence and types of traumas suffered by outpatients with mental disorders and a community sample. 354 outpatients (aged 14 to 35) with a mental condition made up the sample for this study, while 100 healthy controls were added using the snowballing technique. The Childhood Trauma Questionnaire-Short Form (CTQ-SF) was administered to the participants in order to gauge their level of childhood trauma (including physical, emotional, sexual, physical, and emotional neglect). The outpatient sample had a larger or increased rate of traumatic experiences in their childhood than the other set of samples, it was discovered after calculating and assessing the data of both samples.
30. Corso et al. (2011) investigated the differences in the health outcomes of adults who experienced childhood abuse and adults who did not. Data for this study were collected from a group of adults who reported childhood abuse (n=2812) and a second group of adults (n=3356) who reported no childhood abuse. Data were obtained using the Health Questionnaire 36-item Short Form Health Questionnaire, using the Short Form 6D preference scoring algorithm and scores were calculated. The results were calculated and found that people who experienced childhood abuse had a decline in health, a decline in quality of life in adulthood, because people were the result of body and mind problems because of their voluntary lifetime exposure to these events. Old Research results show that energy consumption is reduced by 0.028% of people who experienced this event in their childhood within a year.
31. A study by Skarupski et al. (2015) examined the association between childhood exposure to mortality, trauma, and abuse with midlife depression symptoms and quality of life in males who are incarcerated. 192 male inmates participated in the study, which was done. They were tasked with filling up questionnaires about their unpleasant childhood experiences, including depressive

symptoms and quality of life. The data was gathered, then multiple mediation models was used to assess it. After data analysis, it was discovered that males who had unpleasant childhood experiences had more depressive symptoms and poorer quality of life than men who hadn't had similar kinds of experiences.

32. Shields et al, 2016 investigated the association between childhood maltreatment (childhood physical abuse, childhood sexual abuse, and exposure to intimate partner violence) and the risk of developing type 2 diabetes in adulthood. 21,878 men and women from the 2012 Canadian Community Health Survey-Mental Health participated in the study. Multiple logistic regression models were used to evaluate this association while minimizing the impact of socio-demographic factors. After examining the data, it was discovered that adult-onset diabetes was substantially associated with reports of severe and persistent physical and sexual abuse of children (OR = 1.8 and 2.2, respectively). Therefore, both of them are type 2 diabetes risk factors.
33. Sonu, Post, and Feinglass (2019) investigated the link between unfavorable childhood experiences and the early emergence of chronic diseases in young adults. The Behavioural Risk Factor Surveillance System for 2011–2012 served as the source of the data for this investigation. (BRFSS), which included 86,968 respondents and a 32 million adult population across nine states. After analyzing the data, it was discovered that the youngest participants (19%) had the highest incidence of four or more adverse childhood experiences (ACEs), and that they were two to four times more likely than respondents without ACEs to develop each chronic condition as well as to have a generalized poor state of health.
34. Capri, B., Evin, S. (2013) Communication, Abuse Information and Depression Research. Research data were obtained from faculties and 251 male students of Mersin University in the 2012-2013 academic year. 123 (49%) students are female, 128 (51%) students are male. The average age is 20.96 years. Childhood Depression Inventory, Association Inventory and Inventory were administered to participants. In this study, Pearson Product-Moment Correlation analysis was performed to evaluate the relationship between students' attachment, trauma and depression scores, and the results were examined. The results showed a positive and significant relationship between anxiety, depression, and depression. Results also explained the increase in insecure attachment due to the presence of traumatic childhood.
35. Talbot, N. Smith, P. (2011) conducted a research on the relationships of attachment style and social maladjustment to death ideation in depressed women with a history of childhood sexual abuse. The current study examined the interaction of attachment orientation and acute social maladjustment as risk factors for death ideation in a sample of women with Major Depression and histories of childhood sexual abuse. Social maladjustment was associated with greater endorsement of death ideation. Avoidant and anxious attachment orientations moderated the social maladjustment and death ideation associations in some domains. Work-related maladjustment was associated with greater odds of death ideation for those with higher attachment avoidance. Parent-role maladjustment was associated with greater odds of death ideation for those with lower attachment anxiety. Findings demonstrate strong associations between death ideation and social maladjustment, and suggest that death ideation may be specific to certain domains of adjustment for anxious and avoidant attachment styles.

RESEARCH METHODOLOGY

3.1: AIM: To study the significant relationship between childhood trauma and attachment styles and quality of life among adults.

3.2 : OBJECTIVES:

1. To study the significant relationship between childhood trauma and attachment styles in adults.
2. To study the significant relationship between childhood trauma and quality of life.
3. To study the impact of childhood trauma on attachment styles in relationships and quality of life in adulthood.

3.3: HYPOTHESIS:

1. There is a significant relationship between childhood trauma and attachment style in adults.
2. There is a significant relationship between childhood trauma and quality of life in adults.
3. Childhood Trauma has a negative impact on attachment style and quality of life in adulthood.

3.4 DESIGN :

It is a correlational study that studies the impact of childhood trauma on attachment styles and quality of life in adulthood.

3.5 VARIABLES:

1. Independent Variable: Childhood Trauma
4. Dependent Variable: Attachment Style and Quality of Life.

3.6 SAMPLE AND SELECTION:

The sample selected for this study was 105 individuals ranging between the ages of groups of 18 to 35 years and were mainly males and females. The sample was selected in college and outside college ,mainly in Noida and Delhi NCR.

3.7 DESCRIPTION OF TOOLS EMPLOYED :

The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) is a retrospective, self-report measure that was developed to provide a brief, reliable, and valid assessment of a broad range of traumatic experiences in childhood. More specifically, it assesses experiences of abuse and neglect in childhood, including physical, emotional, and sexual abuse and physical and emotional neglect, as well as related aspects of the child-rearing environment. The CTQ is intended for adolescents and adults. It contains 70 items arranged according to four factors: physical and emotional abuse, emotional neglect, sexual abuse, and physical neglect. Responses are

quantified on a 5-point Likert-type scale according to the frequency with which experiences occurred, with 1 = "never true" and 5 = "very often true."

Reliability: The questionnaire has demonstrated high [98] to acceptable [99] internal consistency.

Validity: Good convergent and discriminant validity [98] and good criterion-related validity [97].

The World Health Organization Quality of Life, Short Form (WHOQOL-BREF) :

This scale is a shortened version of WHOQOL-100 published in 1995 which was initially of 100 items. This shortened version was devised by WHO, Geneva. The WHOQOL-BREF Field Trial Version has therefore been developed to provide a short form quality of life Assessment that looks at Domain level profiles, using data from the pilot WHOQOL assessment and all available data from Field Trial Version of the WHOQOL-100. The WHOQOL-BREF contains a total of 26 questions which assesses the individual's perceptions of their health and well-being over the past two weeks. The WHOQOL-BREF is based on four domains, such as Physical health, Psychological, Social Relationships, and Environment. In addition, two items from the Overall quality of life and General health facet have been included from the WHOQOL-100. This version was developed for providing a short form quality of life assessment which looks at Domain level profiles. In WHOQOLBREF, each individual item is scored from 1-5 on a response scale where 1 denotes "disagree" or "not at all" and 5 represents "completely agree" or "extremely". Domain scores are scaled in a positive direction i.e., higher scores denote higher quality of life.

Reliability: Cronbach's $\alpha=0.87$; p -value >0.05) Good internal consistency. Physical health, psychological health, social interactions, and environment all had test-retest reliability values of 066, 072, 076, and 087, respectively..

Validity: Good content, construct, and predictive validity (p values <0.05).

Revised Adult Attachment Scale - Close Relationships :

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

In a sample of students and adults , the close, depend, and anxiety subscales had Cronbach's alphas of .77, .78, and .85, respectively.

3.8 Statistical Analysis:

1. From the above hypothesis, it has been proved that there is a significant relationship between childhood trauma and attachment styles in adults.
2. There is a significant negative relationship between childhood trauma and attachment styles in adulthood.
3. There is a significant relationship between childhood trauma and quality of life in adulthood. Childhood trauma has a negative impact on the quality of life in adulthood.

Results and Discussion

Table 4.1 Correlation between childhood trauma and attachment style.

Childhood Trauma Questionnaire	Person Correlation, Sig. (2-tailed) N	1 .000* 103
Revised Attachment Scale.	Person Correlation, Sig. (2-tailed) N. 103	.471** .000** 104

****Correlation is significant at 0.001 (2-tailed) .**

Table 4.2 Model Summary of the regression analysis

Variable	B	Beta	Standard Error
Constant	44.863**		2.649
Childhood Trauma	-.241	-.471	0.045
R`2	.222		

Table no. 4 .2 depicts the impact of childhood trauma on attachment styles. The R² value of .222 reveals that the predictor variable explained 22.2% of the variance in the outcome variable with F = 28.796, p<.001. The table thus reveals that childhood trauma negatively predicted the attachment style.

Table 4.3: Model Summary of Regression analysis

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

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

Table 4.4: Shows mean and standard Deviation of all the variables.

Variable	N	Mean	Std.
Emotional Abuse	100	9.39	4.792
Physical Abuse	100	7.02	3.263
Sexual Abuse	100	6.82	3.778
Emotional Neglect	100	9.43	4.427
Physical Neglect	100	6.65	2.418
Domain 1	100	26.14	4.332
Domain 2	100	20.15	4.604
Domain 3	100	10.86	2.089
Domain 4	100	31.35	5.1166

Table 4.5: Persons correlation between variables (Quality of Life)

Variable	Domain 1 R	Domain 2 R	Domain 3 R	Domain 4 R
Emotional Abuse	-.526**	-.525**	-.322**	-.577**
Physical Abuse	-.380**	-.240*	-0.170	-.460**
Sexual Abuse	-.245**	-0.111	0.086	
Emotional Neglect	-4.53**	-.353**	-.367**	-.568**
Physical Neglect	-.379**	-.267**	-0.188	-.621**
Minimization.	-.370**	-.327**	-.343**	-.402**

The scores mentioned in the table in each domain in Quality Of Life depict a negative correlation between childhood trauma and Quality of life, This has been calculated by using the Person's two-tailed test in SPSS. All domains have shown a negative correlation which means that childhood trauma negatively impacts Quality of life. (WHOQOL- BREF) The scale has been used which has five sub-scales: Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, Sexual Abuse and Minimization.

Table 4.6 : Model Summary of Regression.

Model	R	R square	Std. error Estimate of Error
1.	.206a	.443	10.35376
Regression	10934.433		

This Table shows the regression analysis between Childhood Trauma and Quality of Life. R square 43 which means that according to the analysis, 43% of people in the research have low quality of life as they have adverse childhood experiences.

A sample of 105 people was taken from Noida and Delhi NCR. According to the results, the hypothesis was proven successful. According to the results, 22% of people had formed a secure attachment style. Most of them scored high on Childhood Trauma Questionnaire. A significant correlation was found at .001.

Table No. 4.1 shows a substantial link between the two variables, indicating that childhood trauma does influence people's attachment preferences. The majority of the sample's participants had shown an uneasy attachment style. Anxious attachment styles, preoccupied attachment styles, scared attachment styles, and avoidant attachment styles are examples of insecure attachment styles.

Chauhan, P., Widom, C. (2012). Childhood maltreatment and illicit drug use in middle adulthood: The role of neighborhood characteristics (2017) Survey Examines Parts of Child Abuse Mediation. 650 adults from the 32 to 49 age group were selected. Some studies were conducted with members, based on the Rosenberg (1965) scale, Beck's Concern Stock, Epidemiology Center's Deterrence from Caring Scale, and the Revised Discussion Scale. The results showed that adults who experienced discomfort during pregnancy should be above the fringe connection fashion level. Many analysts have said that the emergence of Protection Negligence is due to the occurrence of child abuse, or abuse in which a person should be harmed.

There are a few distinctive traits that define an anxious attachment type. These essential components include low self-esteem, open reliance, a need for closeness, and fear of abandonment. A traumatic upbringing is one of the factors that contribute to the development of an anxious attachment style. Any such childhood trauma events, such as seeing a parent's divorce or death, or experiencing emotional abuse or neglect at the hands of a family member, can make someone fear being abandoned. According to Campbell and Marshall (2011), one of the main worries for people with an anxious attachment style is their fear of being abandoned by someone they love. As a result, they are continuously on the lookout for signs that this might be the case.

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

For those individuals with a secure attachment style, several factors could have played a role in helping them develop a healthy attachment style. Factors such as income and family size, parental age and education, major stressful events, such as loss of a parent, birth of a sibling, severe illness, marital relationships and breakdown affect the quality of attachment relationships (Gervai, 2009).

Childhood trauma, if not handled with care, can wreak havoc in an individual's life. Not only will it impact their attachment style, which will subsequently impact their relationships, but it will also impact their self-esteem, and their mental health and can lead to the formation of a mental disorder. Childhood trauma stems from childhood abuse and the intensity of the childhood abuse is enough for an individual to espouse an insecure attachment style. This is not always the case, some individuals can develop a healthy, secure attachment style. For example, in this research itself, 3.8% of the sample population represented a secure attachment style. Granted, this is a small percentage.

According to WHO, quality of life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Under quality of life three major life events have been identified i.e., Being, Belonging, and Becoming Domain (Quality of Life, Research Unit). Quality of Life is described as subjective well-being because it shows the difference between hopes and expectations of a person and their present situations (Crispin Jenkinson, 2019).

After collecting and analyzing the data, following results were seen between the variables. Correlation between the variables was calculated by using the Pearson's Correlation and it was found that there was negative or inverse relationship between variables which occurs when the correlation coefficient is less than 0 and both the variables move in the opposite direction as if one variable increases the other variable decreases with the same magnitude (and vice versa).

Emotional abuse and factors related to Domain I, II, and IV (physical health, psychological well-being, and environment) had negative correlations of $-.53$, $-.52$, and $-.60$, respectively.

and $-.58$, indicating a moderately negative correlation between variables, indicating that as emotional abuse increases, the quality-of-life domains will decline (and vice versa), and the correlation between emotional abuse and Domain III was $-.32$, indicating a close to moderately negative correlation.

There was a $.17$ modest negative correlation between Domain III and Physical Abuse. Physical Abuse and Domain II (Psychological) connection was $-.24$, indicating a weak to moderately strong negative correlation. A $-.38$ weakly negative correlation of Physical Abuse and Domain I and Domain IV showed & $-.46$.

The correlation between sexual abuse and Domains I and IV of quality of life was $-.25$ and $-.27$, respectively, indicating a weak to moderately negative relationship. Sexual Abuse and Domain II showed a weak negative connection. A weak correlation Sexual Abuse and Domain III (Social Relationships) showed an $.08$ connection.

Moderately negative correlations of -0.46 and -0.57 were observed between emotional neglect and quality of life domains I and IV. The correlation between emotional neglect and quality of life in domains II and III was -0.36 and -0.37 , which means that there is a moderate negative correlation.

A weak negative correlation of $-.18$ & $-.27$ was seen between Physical Neglect and Domain III & Domain II. The correlation between Physical Neglect and Domain I of quality of life was $-.38$ which means that there is a negative correlation close to moderate. The correlation between Physical Neglect and Domain IV was $-.62$ which means that there is a negative correlation more than moderate.

Minimization and domains I and IV had correlations of -0.38 and -0.4 , respectively, which is a moderately negative correlation. Minimization and domains II and III had correlations of -0.33 and -0.34 , respectively, indicating a negative correlation.

The results of the following research may also be used to understand the effects of childhood trauma on several facets of quality of life. As a result, it may be said that there is a negative (inverse) connection between the variables. This indicates that if one variable grows, the other variable drops with the same magnitude (and vice versa), indicating that the variables move in opposing directions. For instance, the quality-of-life domains would decline if emotional abuse rises (and vice versa).

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