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Effect Of Childhood Trauma On Trust And Conflict Resolution In An Interpersonal Relationship

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Abstract: The current study sought to investigate the association between conflict resolution techniques, trust in intimate relationships, and childhood trauma among Indian adults between the ages of 18 and 60. The convenience and snowball sampling techniques were used to choose 220 individuals in total—120 females and 100 males. The Conflict Resolution Styles Inventory (CRSI), the Trust in Close Relationships Scale, and the Childhood Trauma Questionnaire– Short Form (CTQ-SF) were among the standardised self-report instruments that were employed. Significant negative connections were shown by statistical analyses between childhood trauma and positive conflict resolution approaches as well as between childhood trauma and trust in intimate relationships. Additionally, during interpersonal disputes, people who had greater childhood trauma were more prone to retreat and act in ways that were protective of themselves. In terms of dispute resolution and trust, gender inequalities were also noted. These results highlight how early traumatic events affect adult relational functioning over the long run. The study emphasises how psychological therapy aimed at addressing interpersonal and relational issues must use a trauma-informed approach.

Keywords: *Childhood Trauma, Trust, Conflict Resolution Styles, Interpersonal Relationships, Indian Adults, Trauma-Informed Care*

1. Introduction

Childhood trauma—referring to adverse experiences before the age of 18—significantly affects a child's cognitive, emotional, neurological, and social development.

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Landmark studies such as the ACE Study have established a strong correlation between early trauma and a wide range of physical and mental health problems in adulthood. Neurological research, including that of Teicher and Samson (2016), reveals that trauma can alter the brain's structure and function, particularly in areas like the hippocampus, prefrontal cortex, and amygdala, leading to emotional instability and heightened alertness to perceived threats. Psychologically, trauma— especially when caused by caregivers—can result in complex trauma and is a major risk factor for disorders such as PTSD and Borderline Personality Disorder. These outcomes are further influenced by sociocultural issues like poverty and discrimination and can have long-lasting societal effects, such as increased healthcare demands and diminished functioning. Effective responses require comprehensive prevention strategies and trauma-informed therapeutic approaches, such as EMDR and trauma-focused CBT.

One of the most profound and enduring consequences of childhood trauma is damage to **interpersonal trust**—the basic sense of safety within relationships. Trust begins to form in early childhood; when a child experiences abuse or neglect, it often results in insecure attachments, persistent mistrust, fear of rejection, and difficulties with intimacy (Bowlby, 1969; Main & Solomon, 1990). Freud's (1996) concept of "betrayal trauma," which occurs when harm is inflicted by someone the child depends on, emphasizes how deeply such experiences can fracture trust. Research has repeatedly shown that those with histories of childhood trauma tend to struggle with trusting others—whether in personal, social, or institutional contexts (Gauthier et al., 2020). Neuroscientific studies support this, showing heightened amygdala responses in trauma survivors to social cues, which fosters hypervigilance and guardedness (Grant et al., 2011). This erosion of trust poses challenges for forming relationships and engaging in treatment, underscoring the importance of traumainformed care that prioritizes restoring a sense of safety and connection.

Trust, as a psychological concept, refers to the belief that others are reliable and act with goodwill (Rotenberg, 2010). Its roots are formed in early life, as outlined in Erikson's "Trust vs. Mistrust" stage, which emphasizes the impact of consistent, nurturing caregiving. When a child is exposed to trauma—particularly betrayal—the ability to form various types of trust (interpersonal, generalized, and institutional) is impaired (Rotenberg et al., 2005). From a neurological perspective, trauma can affect the regulation of oxytocin, a hormone crucial to social bonding, while increasing activity in brain regions like the amygdala that are responsible for detecting threat (Heim et al., 2009; van Harmelen et al., 2013). These changes not only affect how trauma survivors perceive others but also negatively impact their self-

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image, often resulting in low self-worth and strained adult relationships. Rebuilding trust requires steady, validating relational experiences.

Trust also plays a central role in how individuals handle **conflict**. Constructive conflict resolution strategies—such as compromise and collaboration—are built on a foundation of trust, allowing people to express themselves without fear of exploitation (Thomas & Kilmann, 1974). However, individuals with a history of childhood trauma, whose sense of trust was compromised early in life, often perceive conflict as threatening or dangerous. As a result, they may default to maladaptive conflict styles like avoidance, compliance, or aggression— protective strategies shaped by fear and shame (Herman, 1992). Insecure attachment, a common outcome of trauma, has been associated with destructive conflict behavior (McNulty & Russell, 2010). In environments where trust is lacking, even minor disagreements can feel like betrayals, leading to escalated or unresolved conflicts. Trauma-informed conflict resolution emphasizes the importance of emotional safety, empathy, and regulation in rebuilding trust and healthy conflict patterns.

Conflict resolution styles can be further broken down into four subtypes:

- **Conflict Engagement:** A reactive approach involving anger, blame, and escalation, typically reflecting a "fight" response common in trauma survivors.
- **Self-Protection:** Characterized by withdrawal and emotional detachment, this "flight" response is rooted in a fear of vulnerability and previous relational harm.
- **Problem Solving:** The healthiest form, involving empathy, dialogue, and mutual problem resolution—often seen in securely attached individuals and promoted in trauma-sensitive interventions.
- **Conflict Acceptance:** The ability to tolerate and navigate conflict constructively, which is often underdeveloped in trauma survivors who see conflict as a threat rather than a normal part of relationships.

Childhood trauma deeply undermines the ability to trust, leading to maladaptive conflict management styles driven by fear and survival instincts. These interrelated effects highlight the critical need for trauma-informed approaches that promote emotional safety and support the gradual reconstruction of trust, thereby fostering more resilient and healthy interpersonal relationships.

1.1 *Objective of the study*

Examining how childhood trauma affects people's development of trust and conflict resolution techniques is the main goal of this research. The study's specific objectives are to:

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1. Examine the connection between interpersonal trust and childhood trauma, examining how early negative experiences impact a person's capacity to establish and preserve trustworthy relationships.
2. Examine how various conflict resolution approaches are impacted by childhood trauma, paying particular attention to the subscales of conflict participation, self-defence, problem solving, and conflict acceptance.
3. Determine whether men and women experience and react to trauma differently in terms of trust and conflict behaviour by evaluating gender variations in levels of childhood trauma, interpersonal trust, and conflict resolution methods.
4. Draw attention to the findings' implications for therapeutic and educational treatments, stressing the value of trauma-informed strategies in promoting constructive conflict resolution and communication.

1.2 *Hypothesis*

- H_1 – There will be a significant relationship between childhood trauma and trust level of an individual in an interpersonal relationship.
- H_2 – There will be a significant relationship between childhood trauma and conflict resolution styles of an individual in an interpersonal relationship.
- H_3 – There will be a significant relationship between trust level and conflict resolution styles of an individual in an interpersonal relationship.
- H_4 – There will be a significant difference between males and females in levels of childhood trauma.
- H_5 – There will be a significant difference between males and females in levels of interpersonal trust.
- H_6 – There will be a significant difference between males and females in conflict resolution styles.

2. Review of Literature

Childhood trauma, especially when chronic and relational, significantly disrupts emotional, cognitive, and relational development. Dye (2018) highlights how early trauma—like abuse or neglect—alters stress response systems, emotional regulation, and self-concept, contributing to difficulties in trust and conflict resolution. When trauma stems from caregivers, it undermines the foundation of trust, fostering maladaptive beliefs about safety and intimacy. Survivors often respond to conflict with avoidance, aggression, or fear, viewing

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it as threatening rather than constructive. Yet, while Dye outlines trauma's biological and psychological effects, the relational consequences—particularly around trust and conflict—remain underexplored. This study addresses that gap by examining how early trauma impacts adult relational dynamics.

Knapp et al. (2017) found that survivors of incestuous childhood sexual abuse exhibit hostile conflict styles, lowering relationship satisfaction. Their study links trauma to destructive conflict patterns but does not fully examine underlying trust disruptions. It also focuses narrowly on early-stage heterosexual relationships, leaving broader relational contexts unaddressed. This underscores the need to explore how trauma affects both trust and conflict resolution more comprehensively. Other studies (Huh et al., 2014) show that trauma impairs epistemic trust and predicts maladaptive interpersonal behaviours. However, few connect these issues explicitly to conflict resolution in close relationships. Promising interventions like mentalization-based therapy (MBT) may restore trust and regulation, but their impact on real-life relational functioning is under-studied. This research aims to clarify those links and offer insights into trauma-informed approaches.

Trust and conflict resolution are central to relationship quality. High trust fosters cooperation and integrative conflict styles (Davidson et al., 2004), while low trust leads to avoidance or domination. Yet, traditional models (e.g., Dual Concern Model) often overlook how childhood trauma alters baseline trust and threat perception. Trauma survivors may struggle with cooperation even in safe contexts, due to hypervigilance and attachment disruptions. This study seeks to address this gap by examining how childhood trauma influences adult trust-building and conflict resolution, informing trauma-sensitive relational models.

3. Methodology

3.1 *Sample*

The investigation was carried out on Indian individuals aged 18 to 60. For the study, both males and females were taken into consideration. There are 120 female responses and 100 male responses out of the 220 total. The data was gathered using probability sampling techniques such as cluster sampling and simple random sampling.

3.2 *Procedure*

Both offline and internet techniques were used to get the data. One hundred and forty replies were gathered online using social media and a Google Form. By distributing offline forms, 100 replies were gathered. After obtaining informed consent, demographic information

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was obtained. Participants received a brief explanation of the study. The participant received the validated Conflict Resolution Style Inventory, the Trust in Close Relationships Scale, and the Childhood Trauma Questionnaire—Short Form. Participants were advised to ask questions if they had any difficulties while completing the form. Those who met the age requirements were shown this questionnaire.

3.3 *Tools*

Childhood Trauma Questionnaire- Short Form: A popular tool in clinical and research settings, the Childhood Trauma Questionnaire-Short Form (CTQ-SF) is a 28-item self-report screener designed to evaluate adult survivors of childhood trauma. It uses a 5-point Likert scale to measure the intensity of early negative experiences and was modified from the original 70-item version by Bernstein et al. (1997). Cronbach's alpha coefficients for the CTQ-SF commonly range from 0.79 to 0.95, showing great internal consistency and strong psychometric qualities. Additionally, correlations with clinical evaluations and associated trauma measures suggest its strong construct validity and test-retest reliability.

Trust In Close Relationship Scale

Close Relationship Trust Scale: Trust is measured using a 17-item scale created by Rempel, J.K., Holmes, J.G., and Zanna, M.P. in 1985. The three subscales of the scale are faith, predictability, and dependability. Items 1-3, 7-13, and 15-17 are the positive ones. Items 4-6 and 14 are the negative ones. On a 7-point Likert-type scale, positive items are evaluated from 1 (strongly disagree) to 7 (strongly agree), whereas negative items are scored from 7 (strongly disagree) to 1 (strongly agree). Higher scores indicate greater interpersonal trust. Cronbach's alpha was determined to be.81 overall.

Conflict Resolution Styles Inventory: Kurdek created the CRSI for Couples in 1994. With four items on a 5-point Likert scale, the CRSI assesses four different conflict resolution techniques: acceptance, self-defence, positive problem-solving, and conflict engagement.

Sl. No	Conflict Resolution Style	Items
1	Engagement	1,5,9,13
2	Solving problems	2,6,10,14
3	Self-protection	3,7,11,15
4	Acceptance	4,8,12,16

In the current study, the Cronbach's alpha for the conflict engagement subscale was.77, while the alpha for the positive problem-solving dimension was.75. The withdrawal and compliance aspects had respective alpha values of.61 and.53.

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3.4 *Data Analysis*

To test the hypotheses, statistical analysis was done using SPSS 26.0 (Statistical Package for the Social Sciences) software. To determine the relationship between adult conflict resolution approaches, trust, and childhood trauma, Pearson's Product Moment Correlation technique was used in SPSS. A method for comparing the means of two groups, the t-test, was used. It was used to examine the differences in conflict resolution, trust, and childhood trauma between the two adult groups—males and females.

4. Results

Table 1: Pearson's R Corelation For Childhood Trauma And Trust Levels

S.no	Variable	N	r	Significance
1	CTQ	220	-.123	.069
2	TCRS			

A Pearson's correlation examined the relationship between childhood trauma (CTQ) and trust levels (TCRS). A small, non-significant negative correlation was found, r (218) = –.123, p = .069, suggesting a slight trend where higher trauma is linked to lower trust among 220 participants.

Table 2: Pearson's R Corelation For Childhood Trauma And Conflict Resolution Styles

	Variable	N	r	Significance
CTQ	CE	220	.265**	.000
	PS	220	.244**	.000
	SP	220	.079	.246
	AC	220	-.262**	.000
****. Correlation is significant at the 0.01 level (2-tailed).**				
***. Correlation is significant at the 0.05 level (2-tailed).**				

Table 2 presents Pearson's correlations between childhood trauma (CTQ) and conflict resolution styles. Childhood trauma was positively correlated with Conflict Engagement (r = .265, p< .01) and Problem Solving (r = .244, p< .01), suggesting greater trauma is linked to higher use of these strategies. Acceptance showed a significant negative correlation with trauma (r = –.262, p< .01), while Self-Protection was not significantly related (r = .079, p = .246). CE, PS, and SP were positively interrelated; AC was negatively correlated with each. These results indicate that trauma may increase reactive or problem-solving conflict styles while reducing acceptance.

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Table 3: Pearson's R Corelation For Conflict Resolution Styles And Trust Levels

	Variable	N	r	Significance
TCRS	CE	220	-.139*	.039
	PS	220	-.292**	.000
	SP	220	-.200**	.003
	AC	220	.379**	.000

****. Correlation is significant at the 0.01 level (2-tailed).**
***. Correlation is significant at the 0.05 level (2-tailed).**

Table 3 shows Pearson's correlations between conflict resolution styles and trust (TCRS). Conflict Engagement (CE) was positively associated with Problem Solving (PS; r = .503) and Self-Protection (SP; r = .250), but negatively with Acceptance (AC; r = –.187) and trust (r = – .139). PS was positively linked to SP (r = .506), and negatively to AC (r = –.167) and trust (r = –.292). SP also negatively correlated with trust (r = –.200). In contrast, AC was positively related to trust (r = .379). These findings suggest that reactive conflict styles (CE, PS, SP) are tied to lower trust, while acceptance supports higher trust.

Table 4: *T- value for childhood trauma levels between males and females*

S.No	Group	n	Mean	SD	t	df	Sig (2-tailed)
1	Male	100	52.98	15.652	-2.077	218	0.39*
2	Female	120	48.79	14.227			

Table 4 presents an independent samples t-test comparing childhood trauma scores by gender. Results showed a significant difference, $t(218) = –2.077$, p = .039, with males (M = 52.98, SD = 15.65) reporting higher trauma levels than females (M = 48.79, SD = 14.23). The negative $t$value reflects lower female scores, indicating that males in this sample experienced significantly more childhood trauma.

Table 5: *T- value for trust levels between males and females*

S. No	Group	n	Mean	SD	t	df	Sig (2-tailed)
1	Male	100	82.5	16.4	2.118	218	.035
2	Female	120	95	85.7			

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Table 5 presents an independent samples *t*-test examining gender differences in TCRS scores. Results showed a significant difference, $t(218) = 2.118$, $p = .035$, with females (M = 95, SD = 85.7) scoring higher than males (M = 82.5, SD = 16.4). The positive *t*-value indicates higher trust levels among females, and the difference is statistically significant.

Table 6: *T- value for cognitive resolution styles between males and females*

	S.no	Group	n	Mean	SD	t	df	Sig (2-tailed)
CE	1	Male	100	9.93	3.06	-.937	218	.350
	2	Female	120	9.53	3.69			
PS	3	Male	100	11.5	2.9	-.439	218	.661
	4	Female	120	11.4	3.52			
SP	5	Male	100	10.9	2.75	-.913	218	.362
	6	Female	120	10.5	3.47			
AC	7	Male	100	14.4	2.89	-.037	218	.970
	8	Female	120	14.4	3.01			

An independent samples *t*-test was conducted to examine gender differences in conflict resolution styles (CE, PS, SP, AC). No significant differences were found between males and females for any style. For CE, $t(218) = -0.937$, $p = .350$; for PS, $t(218) = -0.439$, $p = .661$; for SP, $t(218) = -0.913$, $p = .362$; and for AC, $t(218) = -0.037$, $p = .970$.

5. Discussion

The study aimed to explore the impact of childhood trauma on interpersonal trust and conflict resolution styles, with a focus on gender differences.

1. **Childhood Trauma and Trust**: The results showed a negative, but non-significant correlation between childhood trauma and trust ($r = -0.123$, $p = 0.069$). Although the trend aligns with prior research linking insecure attachment and distrust due to childhood trauma (Mikulincer & Shaver, 2007; Pearce et al., 2017), the relationship was not statistically significant.
2. **Childhood Trauma and Conflict Resolution**: Trauma was significantly associated with conflict engagement ($r = 0.265$, $p < 0.01$) and problem-solving ($r = 0.244$, $p < 0.01$), but negatively correlated with acceptance ($r = -0.262$, $p < 0.01$). Trauma may increase emotional reactivity and hinder acceptance, while some individuals may develop adaptive problem-solving strategies (van der Kolk, 2014; Luthar, 2006).
3. **Trust and Conflict Resolution**: Trust was positively correlated with acceptance ($r = 0.379$, $p < 0.01$) and negatively with conflict engagement ($r = -0.139$, $p < 0.05$), self-

protection (r = -0.200, p < 0.01), and problem-solving (r = -0.292, p < 0.01). Higher trust fosters more cooperative conflict styles, while lower trust tends to lead to defensive or aggressive behaviors (Rempel et al., 1985).

4. **Gender Differences**:
    1. **Childhood Trauma**: Males reported higher trauma scores (M = 52.98) than females (M = 48.79), though the difference wasn't statistically significant. This may reflect cultural factors and gender norms (Finkelhor et al., 2007).
    2. **Interpersonal Trust**: Females had higher trust scores (M = 95) compared to males (M = 82.5), which may be linked to gender differences in emotional intimacy and communication (Rotenberg, 2010).
    3. **Conflict Resolution Styles**: Gender differences were minimal, with both males and females exhibiting similar scores across conflict resolution styles. This could reflect evolving social dynamics, but further research is needed to explore gendered behaviors in conflict (Thomas, 1992).

This study highlights the nuanced relationships between childhood trauma, trust, and conflict resolution, and suggests that gender plays a smaller role than expected. Further investigation into these dynamics is needed.

5.1 ***Limitations Of The Study***

1. **Self-Report Measures:** Self-report questionnaires (CTQ-SF, Trust in Close Relationships Scale, and CRSI) were used to collect all data. These surveys are prone to response bias, memory recall problems, and social desirability bias. It's possible for participants to over-report or underreport their conflict resolution techniques, trust levels, or traumatic events.
2. **Limited Geographic and Cultural Diversity:** Although the study was conducted among Indian adults, regional, linguistic, and cultural variations across India were not specifically controlled or explored. This may affect how childhood trauma and interpersonal behavioursare interpreted and expressed, thereby limiting the cultural validity of the findings.
3. **Absence of Control for Confounding Variables:** The study did not control for other potentially influential variables such as current mental health status, relationship history, socioeconomic status, or attachment style, all of which may independently affect trust and conflict resolution behaviours.
4. **Instrument Limitations:** Although the CTQ-SF, Trust in Close Relationships Scale, and CRSI have shown good validity and reliability, the accuracy of those results may

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be impacted by the low Cronbach's alpha for some of the CRSI's subscales (e.g.,.61 for withdrawal,.53 for compliance), which indicates moderate internal consistency.

5. Lack of Longitudinal Insight- The study does not explore how interpersonal trust or conflict resolution styles evolve over time following childhood trauma. A longitudinal design would be better suited to assess the development or change in interpersonal behaviors as individuals age or undergo therapy.

5.2 *Suggestions For Future Research*

1. **Employ Longitudinal Research Designs:** Future studies could benefit from longitudinal designs to better understand how childhood trauma impacts interpersonal trust and conflict resolution styles over time. Tracking changes across different life stages would allow for greater insight into causal relationships and developmental trajectories.
2. **Incorporate Mixed Methods:** A deeper, more nuanced knowledge of participants' experiences with childhood trauma, trust, and conflict resolution can be obtained by combining quantitative measurements with qualitative techniques like focus groups or in-depth interviews. Additionally, this would enable researchers to record subjective narratives that might be overlooked by standardised scales.
3. **Examine Additional Psychosocial Variables:** To further understand the intricacy of the relationship between childhood trauma and interpersonal functioning, studies could examine the involvement of mediators and moderators such attachment types, emotional intelligence, coping strategies, mental health status, and support systems.
4. **Enhance Psychometric Rigor:** Researchers should consider refining or supplementing instruments like the Conflict Resolution Styles Inventory (CRSI) to improve internal consistency, especially in subscales with lower reliability. Alternatively, other validated tools or culturally adapted versions could be explored.
5. **Cross-Cultural Comparisons:** Comparative studies involving different cultural settings could be valuable in identifying cultural mediators of trust and conflict resolution. Such research would help determine whether observed patterns are universal or culturally specific.

6. Conclusion

This study adds to the expanding corpus of research on the long-term psychosocial effects of childhood trauma, particularly as it relates to interpersonal conflict resolution and trust in interpersonal relationships. The patterns found highlight the enduring psychological

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effects of trauma and how they subtly affect adult relational functioning, even if certain predictions were not statistically validated. To capture more subtleties, future studies should take into account mixed-methods approaches, cross-cultural comparisons, and longitudinal designs. All things considered, the results back up the demand for trauma-informed psychology procedures and educational programs meant to promote more wholesome, compassionate social settings.

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