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# Attachment Styles Among Young Adults: Does Childhood Trauma And Social Support Counts?

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**Abstract**

Attachment styles are the foundation on which adult emotional health and interpersonal relationships are built. Studies linking childhood trauma and social support on attachment styles among young adults in Nigeria are lacking. Therefore, this study examines the predictive roles of childhood trauma and social support on attachment styles among young adults in Port Harcourt metropolis. Cross-sectional survey design was utilized while simple random sampling technique was used to select five communities in Port Harcourt metropolis. Data were collected from 278 participants using validated questionnaires and analyzed with multiple regression analysis to test one hypothesis accepted at p =.001 level of significance. The result indicates that childhood trauma and social support jointly predicted attachment styles among study participants, $R^2$ = .274, F(2,275) = 27.50, p = 001. Furthermore, the results reveal that childhood trauma (β = .312, t = 3.59, p =.001) and social support (β = .281, t = 3.30, p =.001) independently predicted attachment styles among study participants. The study concludes that childhood trauma and social support are strong predictors of attachment styles among young adults in Port Harcourt metropolis. The study recommends that primary caregivers should provide a conducive social support system for young adults who have been traumatized to improve their adult relationship.

**Keywords: Childhood Trauma, Social Support, Attachment Styles, Young Adults**

## INTRODUCTION

Attachment style refers to how individuals behave in intimate relationships especially in



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terms of closeness, communication, and conflict resolution. Attachment styles are secure, insecure, anxious, and avoidant. Securely attached individuals generally report higher relationship satisfaction because they are capable of seeking comfort from and providing reassurance to their partners (Ajayi et al., 2025; Bartholomew & Horowitz, 1991). The individuals tend to trust more, handle conflicts constructively, and express emotions healthily (Collins & Feeney, 2018). The insecurely attached individuals often struggle with relational functioning. The anxiously attached individuals would be overly dependent, excessively seek reassurance, and fear abandonment behaviors that result in emotional exhaustion for both partners (Kim & Kim, 2022).The avoidant attached individuals tend to suppress their need for closeness, avoid vulnerability, and emotionally distance themselves from their partners, often leading to dissatisfaction on both sides (Candel & Turliuc, 2020).

Some factors have been investigated to predict attachment style among young adults. One such factor considered to predict attachment style in this study is childhood trauma which refers to any event or series of events experienced during childhood that causes significant distress and disrupts normal development (Ameh et al., 2025; Centers for Disease Control and Prevention, CDC, 2021). It encompasses a wide range of experiences such as physical, emotional, and sexual abuse, neglect, exposure to domestic violence, and the loss of a primary caregiver (Finkelhor et al., 2009). These traumatic experiences have profound and lasting effects on the psychological, emotional, and social development of a child, often affecting their behavior and relationships into adulthood (Briere & Elliott, 2003). Childhood trauma could be acute trauma which refers to a single, time-limited event, or chronic trauma, which involves repeated exposure to traumatic experiences over a prolonged period (Van der Kolk, 2014). Traumatic experiences could disrupt the development of healthy attachment bonds, leading to insecure attachment styles that affect emotional regulation, trust, and relationship satisfaction in adulthood (Mikulincer & Shaver, 2019).

Some studies on childhood trauma and attachment styles have been investigated with varied results. For example, van Harmelen et al. (2021) found that childhood trauma disrupts the development of self-regulation and interpersonal trust, making survivors more prone to insecure attachments and relational dysfunctions. In addition, Riggs (2010) explored the connection between emotional abuse in childhood and the development of maladaptive attachment systems and found that individuals with a history of emotional abuse often developed insecure or disorganized attachment styles, which negatively affected their romantic and interpersonal relationships. Riggs emphasized the importance of early emotional experiences in shaping attachment schemas and relational expectations throughout life.



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Furthermore, Widom et al. (2008) found individuals with a history of childhood trauma to be more likely to experience difficulties in parenting styles, substance abuse, and intimate partner violence. The study confirmed the cyclical nature of trauma and highlighted the importance of breaking this cycle through early intervention and support systems. Finally, Eke and Azuike (2022) found in qualitative interviews that many adults retrospectively identified their childhood experiences as traumatic only after being exposed to mental health education.

The second factor considered in this study to predict attachment style is social support which refers to both the actual support received from others and an individual's belief in the availability and adequacy of such support. Zimet et al. (2022) emphasizes that the way social support is perceived—rather than its objective availability often dictates its effectiveness in alleviating psychological distress. Lakey and Orehek (2019) further highlighted that perceived support is rooted in an individual's expectations, past relational experiences, and internal working models, especially those formed during early life interactions.

Social support could be emotional, informational, and instrumental types. Emotional support involves empathy, care, and love; informational support provides guidance or advice; and instrumental support entails tangible assistance such as money, shelter, or physical help. Social support could be from the family (Afolabi et al., 2021; Oyeniyi et al., 2025), friends (Rueger et al., 2019), significant others, larger community or institutional networks (Oyelere & Arowolo, 2022). Some studies carried out on perceived social support on attachment styles have produced varied results. For example, Afolabi et al. (2021) found that victims of childhood trauma often struggle with receiving or trusting family-based support, even in adulthood. However, Nwoke et al. (2020) found that Nigerian university students who maintained strong, positive familial relationships demonstrated greater emotional resilience and interpersonal competence.

Studies investigating attachment styles have used different predictors among different populations and samples with varied results. Also, studies linking childhood trauma and social support on attachment styles among young adults in Nigeria are lacking leaving gap in knowledge to fill. Therefore, this study examines the predictability of childhood trauma and social support on attachment styles among young adults in Port Harcourt metropolis, Rivers State, Nigeria. The study sought to provide an answer to the question: Would childhood trauma and social support jointly and independently predict attachment styles among young adults in Port Harcourt metropolis, Rivers State, Nigeria?

The study would provide useful insights into the predictability of childhood trauma and social support on attachment styles among these vulnerable populations in Port Harcourt metropolis. Parents/primary caregivers and other stakeholders interested in adult attachment



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behavior would find this study useful to design programs and activities that helps young adults manage faulty attachment behavior as they navigate in lives.

## THEORETICAL REVIEW

Attachment theory (Bowlby, 1980; Ainsworth, 1978) posits that the bonds formed between a child and their primary caregiver during early life play an important role in shaping personality development and patterns of social interaction across the lifespan. Central to this theory is the idea that humans are biologically predisposed to seek proximity to caregivers for safety, security, and emotional regulation, particularly in times of distress. Attachment styles are classified into secure, anxious (ambivalent), avoidant (Ainsworth, 1978), and disorganized attachment (Main & Solomon, 1990), which is particularly associated with exposure to trauma or frightening caregiving experiences. A securely attached individuals typically find it easier to build intimacy, trust their partners, and navigate conflict constructively. In contrast, anxiously attached individuals often fear abandonment and seek excessive reassurance, while avoidantly attached individuals tend to suppress emotional needs and avoid closeness (Mikulincer & Shaver, 2019). In the context of this study, attachment theory provides a compelling lens for understanding how unresolved childhood trauma shapes adult attachment styles, and how these styles, in turn, influence relationship satisfaction.

### Hypothesis

**H1:** Childhood trauma and social support will jointly and independently predict attachment styles among young adults in Port Harcourt metropolis.

## METHOD

### Research Design

The study adopted cross-sectional survey design while using validated questionnaires to collect data from study participants. Childhood trauma and social support were independent variables while attachment style was the dependent variable.

### Setting/Study Area

The study was conducted within Port Harcourt metropolis, Rivers State, Nigeria.

### Population of the Study

The population for this study comprises youths aged 18 to 35 years residing in the Port



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Harcourt metropolis.

**Sample Size and Sampling Techniques**

Purposive sampling technique was used to select five neighbourhoods: Diobu, Government Reservation Area (GRA), D-Line, Rumuokoro, and Choba, all within Port Harcourt metropolis. A convenient sampling technique was used to select participants for distribution of questionnaires.

**Instruments**

The following instruments were used for data collection:

**Childhood Trauma Questionnaire** (CTQ, Bernstern & Fink, 1998) was used to assess types and severity of trauma including emotional, physical, and sexual abuse as well as neglect among study participants. The scale consisted of 28 items, presented on a 5-point Likert's response format ranging from strongly disagree to strongly agree. Sample items include: **"**I did not have enough to eat" and "I had someone to take care of me and protect me". Cronbach's α = 0.95 was obtained in the current study.

**Social Support Index** (SSI, McCubbin et al., 1982) was used to determine the level of social support received from family, friends, and significant others by study participants. SSI consisted of 17 items rated on a 5-point Likert's format ranging from strongly disagreed to strongly agree. Sample items include: **"**If I had an emergency, even people I do not know in this community would be willing to help" and "I feel good about myself when I sacrifice and give time and energy to members of my family". Social support scale has been variously validated using Nigerian samples (Ehondor et al., 2025; Roberts et al., 2025). Authors reported Cronbach's α was between 0.70 and 0.85, and in the current study, composite Cronbach's α = 0.84 was obtained.

**Attachment Style Questionnaire** (ASQ+SF, Alexander et al., 2001) was used to evaluate attachment style on anxiety and avoidance dimensions. It is a 17-item scale presented on a 6-point Likert's format ranging from strongly disagree to strongly agree. Sample items include: **"**I feel confident that other people will be there for me when I need them" and "I find it hard to make a decision unless I know what other people think". Authors reported Cronbach's α was between 0.72-0.85, and in this study composite Cronbach' α = 0.82 was obtained.

**Procedure**

A letter of introduction was obtained from the Department of Psychology, Rivers State University to identify the researchers by the potential participants. They were met at homes,



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recreational centers, religious centers, workplace environment, etc. They were approached one-on-one and briefly explained the purpose of the study and then invited to participate in the study. They were informed of the voluntary nature of the study and were assured of the confidentiality of their responses. Only those who agreed to participate in the study were given the questionnaires to fill which took less than 18 minutes. A total of 282 questionnaires were distributed and collected on the spot. During screening and coding, four questionnaires had inconsistent responses and were removed leaving 278 used for the analysis.

**Data Analysis**

IBM SPSS version 23 was used for data analysis. Descriptive and inferential statistics were computed. The hypothesis was tested using multiple regression analysis and accepted at p=.001 level of significance.

**RESULTS**

**Table 1: Participants' Socio-demographic Variables**

| Variables | Categories | Frequency | Percent |
|---|---|---|---|
| Age | 18–21 years | 61 | 22 |
| | 22–25 years | 92 | 33 |
| | 26–30 years | 78 | 28 |
| | 31–35 years | 47 | 17 |
| Gender | Male | 139 | 50 |
| | Female | 139 | 50 |
| Educational Qualification | SSCE | 36 | 13 |
| | HND/First Degree | 172 | 62 |
| | Postgraduate Degree | 70 | 25 |
| Occupation | Unemployed | 131 | 47 |
| | Self-Employed | 83 | 30 |
| | Employed | 64 | 23 |
| Marital Status | Single | 194 | 70 |
| | Married | 42 | 15 |
| | Divorced | 9 | 3 |
| | Widowed | 14 | 5 |
| | Widower | 4 | 1 |
| | Separated | 15 | 5. |



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| Variables | Categories | Frequency | Percent |
|---|---|---|---|
| Religion | Christianity | 250 | 90 |
| | Islam | 8 | 3 |
| | Others | 20 | 7 |
| Total | | 278 | 100.0 |

Table 1 shows the socio-demographic variables of the study participants. The descriptive statistics revealed that more participants 92(33%) were between 22- 25 age brackets with equal percentage of genders. In terms of marital status, 194(70%) of the participants were singles and the majority 172(62%) of them were Higher Diploma/First degree holders. Furthermore, 131(47%) of the participants were unemployed and 250(90%) were practicing Christians.

**Testing the hypothesis**

Childhood trauma and social support will jointly and independently predict attachment styles among youths in Port Harcourt Metropolis. The hypothesis was tested using multiple regression analysis and the results are presented in Table 2a-c.

**Table 2a: Model Summary of Childhood Trauma and Social Support on Adult Attachment Styles**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .523 | .274 | .268 | 6.811 |

**Table 2b: ANOVA of Childhood Trauma and Social Support on Attachment Styles**

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 1732.328 | 2 | 866.164 | 27.50 | .000 |
| Residual | 4589.672 | 275 | 16.689 | | |
| Total | 6322.000 | 277 | | | |

**Table 2c: Coefficients of Childhood Trauma and Social Support on Attachment Styles**

| Model | Unstandardized B | Std. Error | Standardized Beta | t | Sig. |
|---|---|---|---|---|---|
| Constant | 12.847 | 1.927 | – | 6.67 | .000 |
| Childhood Trauma | 0.284 | 0.079 | .312 | 3.59 | .000 |
| Social Support | 0.267 | 0.081 | .281 | 3.30 | .001 |



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Table 2a-c presents multiple regression analysis of joint and independent predictors of attachment styles among youths in Port Harcourt metropolis. The result revealed that childhood trauma and social support jointly predicted attachment style among study participants, $R^2$ = .274, F(2,275) = 27.50, p = 001. This means that both independent variables explained 27.4% of variance in attachment style among study participants. Moreover, the results indicated that childhood trauma (β = .312, t = 3.59, p =.001) and social support (β = .281, t = 3.30, p =.001) independently predicted attachment style among study participants. Thus, the hypothesis was accepted.

**DISCUSSION**

The hypothesis that childhood trauma and social support will jointly predict attachment style among youths in Port Harcourt metropolis was confirmed. This finding underscores the complex interplay between adverse early experiences and the presence of supportive relationships in shaping attachment outcomes. It reveals that while childhood trauma alone strongly predicts the emergence of insecure attachment patterns, the availability of social support has the potential to moderate these effects and foster more secure relational orientations. The result is consistent with the work of Ameh et al. (2025) who found that supportive relationships can significantly reduce the long-term psychological consequences of traumatic childhood experiences. This means that individuals who endured adversity in early life but later accessed stable and nurturing social environments were better able to mitigate the harmful effects of trauma. Similarly, Cohen and Wills (1985) in their seminal work on the buffering hypothesis, explained that social support serves as a protective mechanism that shields individuals from the harmful psychological effects of stressors, including trauma.

Furthermore, childhood trauma independently predicts attachment style among youths in Port Harcourt Metropolis. This finding underscores the critical role of early life experiences in shaping relational patterns that extend into adulthood. This means that unresolved childhood trauma increases the likelihood of difficulties in trusting, depending on, and maintaining secure bonds with others. In addition, youths who experienced trauma would exhibit heightened fear of rejection, excessive dependency, or avoidance of intimacy as coping mechanisms. The result aligns with that of Mikulincer and Shaver (2019) who found that adverse childhood experiences are strong predictors of insecure attachment styles, particularly the anxious and avoidant dimensions. It further demonstrates that individuals exposed to neglect, abuse, or inconsistent caregiving in childhood are more likely to internalize patterns of fear, mistrust, and emotional withdrawal that manifest in later relationships. Moreover, this finding corroborated Kim and Kim



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(2022) who found that trauma survivors often oscillate between a longing for closeness and a fear of vulnerability, resulting in patterns of insecure attachment.

Finally, social support independently predicts attachment style among youths in Port Harcourt Metropolis. This finding highlights the importance of social support as a critical determinant in shaping attachment orientations during the transition from childhood experiences to adult relational patterns. This implies that where youths are surrounded by reliable and nurturing social networks, they are more likely to internalize beliefs that others can be trusted and depended upon, thereby cultivating secure relational bonds. The result is consistent with previous findings that supportive social environments foster the development of secure attachment by reinforcing positive expectations of others' availability and responsiveness (Afolabi et al., 2021; Oyeniyi et al., 2025; Rueger et al., 2019). Furthermore, this finding lent credence to that of Lakey and Cohen (2000) who found perceived social support to serve as a protective factor, buffering individuals against psychological distress and enabling them to build and sustain secure attachments. This means that when youths feel supported—whether by family, peers, or significant others—they are more resilient in the face of stress and less likely to adopt maladaptive coping strategies that lead to insecure attachment. In other words, social support not only provides immediate emotional reassurance but also contributes to the formation of stable internal working models that facilitate closeness, trust, and healthy dependence in relationships.

The implications of this finding are multifaceted. On an individual level, it emphasizes that early trauma does not irreversibly determine attachment outcomes; rather, the trajectory can be altered by the quality of social environments in adolescence and adulthood. On a societal level, it underscores the importance of developing and strengthening social support systems—such as counseling services, peer networks, faith-based communities, and educational mentorship programs—that would provide youths with a secure base from which to navigate relational challenges. Moreover, it suggests that interventions aimed at addressing the long-term effects of trauma should not only focus on individual therapy but also on enhancing supportive environments that foster resilience and security. Finally, the joint effect observed in this study affirms that while trauma contributes significantly to the development of insecure attachment, social support functions as a critical counterbalancing resource. Together, these findings reinforce the importance of considering both risk and protective factors in explaining attachment styles, particularly among vulnerable youth populations in urban contexts like Port Harcourt metropolis.



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## CONCLUSION

The study examines childhood trauma and social support on attachment styles among youths in Port Harcourt metropolis. The results reveal that childhood trauma had a significant negative effect on attachment styles while social support helps to buffer these negative effects and promote healthier outcomes among study participants. The joint effects of trauma and social support further highlighted the interplay between adverse and supportive experiences in shaping attachment styles among study participants.

### Limitations of Study

The study suffers some limitations. First, the use of a cross-sectional design limits the ability to establish causality among childhood trauma, social support and attachment style among study participants. Further study would benefit from the use of longitudinal survey and field study to compare results with cross-sectional survey design. In addition, data were collected from participants using self-reported questionnaires which were not free of social desirability bias. Further study should consider focus group discussions and key informant interviews to triangulate self-reported data. Finally, the two independent variables were not exhaustive, therefore, further study should include personality traits, resilience, and coping strategy on attachment styles among young adults.

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