

Does Childhood Trauma Predict Relationship Satisfaction in Young Adults?

Oluwunmi A. Obisesan¹

¹Department of Psychology, Baze University, Abuja, Nigeria
oluwunmi.obisesan@bazeuniversity.edu.ng

Comfort S. Atota²

²Department of Psychology, Rivers State University, Nkpolu-Oroworukwo, Nigeria
comfort.alota@gmail.com

Emmanuel E. Uye^{3*}

³Department of Psychology, University of Ibadan, Nigeria.
emmanuel.e.uye@gmail.com
<https://orcid.org/0000-0002-7867-270X>

*E-mail: emmanuel.e.uye@gmail.com

Abstract

This study examined whether childhood trauma predicts relationship satisfaction among young adults in Port Harcourt, Nigeria. A cross-sectional survey design was employed, and 278 participants were selected using purposive and convenience sampling techniques. Data were collected using the Childhood Trauma Questionnaire (CTQ) and analyzed using linear regression. The results indicated that childhood trauma significantly predicted relationship satisfaction, $R^2 = .157$, $F(1,276) = 22.28$, $p < .001$. However, the direction of the relationship suggests the need for careful interpretation due to potential scoring issues. The findings highlight the enduring influence of early adverse experiences on relational functioning in adulthood. The study recommends trauma-informed interventions to enhance relationship outcomes among young adults.

Keywords: childhood trauma; relationship satisfaction; young adults

1. INTRODUCTION

Relationship satisfaction is described as a subjective, multidimensional assessment of the ‘goodness’ or quality of a romantic relationship, which reflects an individual’s level of contentment, fulfilment, and positive feelings toward their partner and the relationship itself. (Aziz et al., 2021). In addition, it has been conceived as an evaluation of feelings, thoughts, and behaviors associated with a romantic relationship. It reflects the level of contentment and fulfillment individuals experience within their romantic partnerships (Roberts et al., 2026). Several factors have been identified to predict relationship satisfaction such as perceived partner commitment, communication styles, personality traits, intimacy and passion, shared values and similarity, social and emotional support and sexual satisfaction ((Borges et al., 2023); (Lee & Ng, 2024); (Roberts et al., 2025)). However, in this study, childhood trauma would be investigated in relationship satisfaction in young adults.

Childhood trauma refers to adverse experiences occurring during the formative years of life of an individual (typically ages 0–12), which have the potential to disrupt psychological, emotional, and social development. These traumas could include physical abuse, emotional neglect, sexual abuse, exposure to domestic violence, parental substance abuse, and loss of a caregiver (Roberts et al., 2025). Globally, the prevalence of childhood trauma is high. (Hughes et al., 2019) found nearly 60% of the global population has experienced at least one form of adverse

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childhood experience (ACE), with a significant portion reporting multiple, co-occurring forms. Similarly, the (*Centers for Disease Control and Prevention, 2021*) found in its national surveillance data that childhood trauma remains prevalent across all socio-demographic groups in the U.S., with emotional neglect, physical abuse, and parental separation being the most commonly reported. These findings underscore the universality of trauma exposure and the critical need for early preventive intervention.

In the African context, including Nigeria, childhood trauma is both prevalent and under-reported due to cultural taboos, stigma, and lack of mental health awareness. A study by (Oginni et al., 2020) found that more than 65% of participants reported experiencing at least one traumatic event before age 12, with emotional neglect and physical abuse being the most common. Complex trauma which refers to repeated and prolonged exposure to traumatic events during early development have been reported. For instance, (Cook et al., 2021) found that adults who experienced multiple overlapping types of traumas during childhood exhibited more severe long-term psychological effects, including depression, dissociation, and interpersonal difficulties.

Furthermore, trauma exposure during early childhood has been found to have enduring effects on brain structure and function. In a neurodevelopmental study, (Teicher & Samson, 2019) found that individuals with histories of childhood trauma often exhibit alterations in brain regions responsible for emotional regulation, threat detection, and attachment behaviors. This neurological evidence supports the link between early childhood trauma and difficulties in adult relational satisfaction.

Childhood trauma is one construct that significantly affects adult emotional health and interpersonal relationships. While studies have used different predictors to examine relationship satisfaction among different populations and samples, one group that has been understudy among Nigerian populations is the young adults. Therefore, this study examines the predictive role of childhood trauma on relationship satisfaction among young adults in Port Harcourt metropolis, Nigeria. The study sought to provide an answer to the question: Will childhood trauma predict relationship satisfaction among youths in Port Harcourt metropolis?

The study would contribute in theory, practice, social, and academically in the fields of psychology, mental health, and social development. Theoretically, the study expands the explanatory power of how childhood trauma predicts relationship satisfaction among young adults. In practice, the study provides valuable insights for psychologists, counselors, therapists, and other mental health professionals who work with young adults dealing with the long-term emotional and relational problems of childhood trauma. Socially, the study calls for the urgent need for early intervention strategies and child protection policies that address childhood trauma before it evolves into deeper psychological and relational dysfunction. Finally, the study contributes meaningfully to the existing literature on childhood trauma on relational wellbeing by offering localized, empirical insights from Nigeria as an underrepresented context in psychological study.

This study is anchored on the Social Exchange Theory by Thibaut & Kelley, 1959 which posits that relationship satisfaction is largely determined by the perceived benefits and costs associated with a relationship. According to this theory, individuals evaluate their relationships based on a comparison between what they give and what they receive. Satisfaction increases when the perceived rewards (such as emotional support, companionship, affection, and validation) outweigh the perceived costs (such as conflict, stress, or unmet needs).

Furthermore, the theory explains that individuals compare their current relationship outcomes with alternative possibilities (comparison level and comparison level for alternatives).

An individual is likely to feel satisfied in a relationship if it meets or exceeds their expectations based on past experiences or societal standards. Conversely, if the relationship falls short of these expectations or if better alternatives are perceived to be available, satisfaction may decline.

Social Exchange Theory provides a rational framework for understanding how individuals make judgments about their relationships. It emphasizes the importance of mutual benefit, reciprocity, and perceived fairness, suggesting that relationship satisfaction is not only emotional but also a cognitive evaluation of relational value over time

Some studies on childhood trauma and relationship satisfaction have been conducted with varied results. For instance, (Felitti et al., 1998) introduced the concept of Adverse Childhood Experiences (ACEs), which include various forms of abuse, neglect, and household dysfunction experienced during childhood. The study conducted on over 17,000 adults in the U.S. revealed a strong, graded relationship between the number of ACEs and negative outcomes in adulthood such as poor physical health, mental illness, substance use, and relationship problems. The ACE study fundamentally shaped the understanding of how early trauma disrupts development and has long-term consequences on emotional and relational well-being.

In a study by (Teicher & Samson, 2019) who examined Neurobiological Effects of Childhood Maltreatment provided compelling evidence of the structural and functional changes in the brain as a result of childhood trauma. Their neuroimaging research revealed that early maltreatment affects areas such as the amygdala, hippocampus, and prefrontal cortex—regions involved in emotion regulation, memory, and executive functioning. These alterations are linked to heightened stress sensitivity, emotional dysregulation, and vulnerability to psychopathology in adulthood.

(Briere & Elliott, 2003) in a Psychological Sequelae of Childhood Abuse study of both male and female participants found that individuals who reported physical and sexual abuse in childhood exhibited higher levels of depression, anxiety, dissociation, and post-traumatic stress symptoms. The study emphasized that childhood trauma often co-occurs with multiple forms of maltreatment (polyvictimization), compounding its effects. It also highlighted the enduring psychological burdens survivors carry into adulthood, especially in interpersonal contexts.

(Harmelen, 2021) synthesizes clinical observations, neuroscience, and trauma therapy insights to show how trauma becomes embedded in the body and mind and found that childhood trauma disrupts the development of self-regulation and interpersonal trust, making survivors more prone to insecure attachments and relational dysfunctions. His findings advocate for trauma-informed care and the need for therapeutic interventions that go beyond talk therapy such as somatic therapies and mindfulness practices.

(Riggs, 2010) who explored the connection between emotional abuse in childhood and the development of maladaptive attachment systems, found that individuals with a history of emotional abuse often developed insecure or disorganized attachment styles, which negatively affected their romantic and interpersonal relationships. The author emphasized the importance of early emotional experiences in shaping attachment schemas and relational expectations throughout life.

(Widom et al., 2008) found in a longitudinal study that followed abused and neglected children into adulthood to assess long-term outcomes 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 & Azuike, 2022) found in qualitative interviews that many adults retrospectively identified their childhood experiences as traumatic only after being exposed to mental health education. Common forms of trauma included parental neglect, excessive physical punishment, emotional abandonment, and exposure to domestic violence which later affected their relationship satisfaction. The hypothesis tested was: Childhood trauma will independently predict relationship satisfaction in young adults.

2. METHODS

Research Design

The study was a cross-sectional survey design using validated questionnaires for data collections. The independent variable was childhood trauma while the dependent variable was relationship satisfaction.

Setting/Sampling Method

The study was done among youth adults in Port Harcourt metropolis where five neighborhoods were purposive sampled. These neighborhoods were Trans-Amadi, Mile 1, Mile 2, Mile 3, and Mile 4. Convenience sampling technique was used to select participants during questionnaire distribution.

Instruments

Two instruments were used for data collection:

Childhood Trauma Questionnaire (CTQ), (Bernstein & 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. Example items include: "I did not have enough to eat" and "I had someone to take care of me and protect me". The CTQ has been used among Nigerian samples with good psychometric properties (Roberts et al., 2026). Cronbach's $\alpha = 0.95$ was obtained in the current study.

Experiences in Close Relationships-Revised (ECR-R) , (Wei, M, Russell, D. W., Mallinckrodt, B, & Vogel, 2007) was used to measure experience in close relationships. It is a 12-item scale rated on a 7-point Likert's format ranging from strongly disagree to strongly agree. Sample items include: "It helps to turn to my romantic partner in times of need" and "I find that my partner doesn't want to get as close as I would like". ECR-R has been used among Nigerian samples with good psychometric properties (Roberts et al., 2026). In this study, Cronbach's $\alpha = 0.78$.

Procedure

Data collection was carried out by the researchers based on one-on-one interaction with the potential participants where they were briefed of the purpose of the study and their consent to participate sought for and obtained. They were told participation was voluntary and they can stop filling the questionnaires at any time without penalty. Only those who agreed to participate were given the questionnaires to complete which took less than 10 minutes and collected on the spot. All collected questionnaires were used for the analysis.

Prior to analysis, assumptions of linear regression including normality, linearity, and homoscedasticity were tested and met. Demographic variables such as age and gender were controlled to reduce potential confounding effects

Data analysis

IBM SPSS version 26 was used for data analysis. Descriptive and inferential statistics were computed on the data while the hypothesis was tested using simple linear regression analysis. The hypothesis tested was accepted at $p < .001$ level of significance.

3. 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.
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 (33%) were between 22- 25 age bracket with equal percentage of genders. In terms of marital status, 70% of the participants were singles and the majority (62%) of them were Higher Diploma/First degree holders. Furthermore, 47% of the participants were unemployed and 90% were practicing Christians.

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Next is the zero-order correlation of the study variables.

Table 2: Zero-order correlation of study variables

Variable	Mean	SD	1	2
Relationship Satisfaction	3.68	0.59	-	
Childhood Trauma	3.44	0.66	.396*	-

NB: N=278, *p <.001

According to Table 2, childhood trauma significantly correlated with relationship satisfaction in young adults (r =.399, p <.001).

H1: Childhood trauma will independently predict relationship satisfaction among youth samples. The hypothesis was tested using simple linear regression analysis and the results are presented in Table 2a-c.

Table 3. Model Summary of Childhood Trauma on Relationship Satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.396	.157	.154	6.941

The result in Table 3 shows that childhood trauma had a significant influence on relationship satisfaction, with R² = .157. This indicates that childhood trauma explained 15.7% of the variation in relationship satisfaction, suggesting that adverse childhood experiences can negatively affect satisfaction in adult relationships.

Table 4: ANOVA of Childhood Trauma on Relationship Satisfaction

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1072.316	1	1072.316	22.28	.000
Residual	5436.684	276	19.698		
Total	6509.000	277			

Table 5: Coefficients of Childhood Trauma on Relationship Satisfaction

Model	Unstandardized B	Std. Error	Standardized Beta	T	Sig.
Constant	16.014	1.932	-	8.29	.000

Model	Unstandardized B	Std. Error	Standardized Beta	T	Sig
Childhood Trauma	0.372	0.079	.396	4.72	.000

NB: N =278, *Significant at $p < .001$

Table 4 revealed that childhood trauma significantly influenced relationship satisfaction among study participants, $F(1,276) = 22.28, p < .001$. Furthermore, Table 5 indicated that childhood trauma independently predicts relationship satisfaction ($\beta = .396, t = 4.72, p < .001$). This suggests that a unit increase in childhood trauma increases relationship satisfaction by 0.372 units. Therefore, the hypothesis was accepted.

4. DISCUSSION

The hypothesis that childhood trauma will independently predict relationship satisfaction in young adults in Port Harcourt metropolis was accepted. This implies that youths who experienced childhood trauma are more likely to report dissatisfaction in their romantic relationships. This would be expressed in patterns such as mistrust of partners, difficulty in sustaining closeness, and heightened sensitivity to perceived rejection or conflict. These patterns create relational strain, reducing the overall quality of intimacy and companionship.

One possible explanation for this finding lies in attachment theory, which posits that early adverse experiences shape internal working models of relationships. Individuals exposed to trauma may develop maladaptive schemas that influence their expectations, emotional regulation, and interpersonal behaviors in romantic relationships. From the perspective of schema theory, repeated exposure to early adversity contributes to the formation of negative core beliefs such as defectiveness, mistrust, or fear of abandonment which become cognitively embedded and guide how individuals interpret relational experiences. These schemas tend to be rigid and self-reinforcing, often leading individuals to perceive neutral or ambiguous partner behaviors as threatening, thereby intensifying relational distress.

In addition, the emotion regulation framework provides further explanatory depth by highlighting how childhood trauma disrupts the development of adaptive emotional processing systems. Individuals with trauma histories often exhibit difficulties in regulating affect, including heightened emotional reactivity, poor impulse control, and reliance on maladaptive strategies such as avoidance or suppression. These regulatory deficits can impair communication, escalate interpersonal conflict, and reduce the capacity for empathy and responsiveness within romantic relationships. Consequently, the interplay between maladaptive schemas and impaired emotion regulation creates a cycle in which negative expectations and dysregulated emotional responses mutually reinforce one another, ultimately undermining relationship satisfaction.

This finding provides further evidence of the enduring influence of early adverse experiences on adult relational outcomes, particularly in the area of intimate partnerships ((Felitti et al., 1998); (Harmelen, 2021)). Childhood trauma disrupts the development of secure attachment

and emotional regulation, which are foundational to sustaining healthy and satisfying relationships in adulthood. The result is consistent with that of Whisman 2006, who found that individuals with histories of childhood trauma frequently experience lower satisfaction in their romantic relationships. Such individuals often struggle with intimacy, trust, and effective emotional regulation, all of which are necessary for maintaining fulfilling and stable bonds. Trauma survivors tend to approach relationships with heightened vigilance, fear of abandonment, or difficulty in expressing vulnerability, which undermines the mutual trust and reciprocity necessary for relationship satisfaction ((Roberts et al., 2025); (Teicher & Samson, 2019)).

In addition, the present study aligns with that of (Riggs, 2010), who found that unresolved childhood trauma was strongly associated with conflict and unstable romantic relationships. This implies that the lingering psychological effects of trauma such as poor emotion management, heightened reactivity, and negative self-perceptions manifest in frequent conflicts, miscommunication, and reduced relational stability among partners. Together, these findings illustrate how the scars of early trauma extend into young adulthood, shaping the quality of intimate bonds (Roberts et al., 2026).

The implications of these findings are multifaceted. On the personal level, they underscore the need for trauma-informed interventions that specifically target maladaptive schemas and emotion regulation difficulties as pathways to improving relational functioning and satisfaction. On the societal level, they highlight the broader impact of childhood trauma on the stability of families and communities. Poor relationship satisfaction among young adults may contribute to rising rates of relationship breakdowns, unstable family structures, and cycles of intergenerational dysfunction.

5. CONCLUSION AND SUGGESTIONS

This study demonstrates that childhood trauma plays a significant role in shaping relationship satisfaction among young adults. The findings underscore the importance of early developmental experiences in influencing later relational outcomes. Future research should incorporate longitudinal designs and additional psychological variables to provide a more comprehensive understanding of this relationship.

The following recommendations were put forward: Parents should foster nurturing and supportive environments for their children to grow to prevent long-term effects of trauma on future relationships. On their part, young adults should actively build and maintain strong coping strategies to enhance relationship satisfaction. Practitioners should adopt trauma-informed based approaches in therapy to address unresolved childhood experiences that would improve relationship satisfaction.

Furthermore, schools and universities should incorporate life skills and relationship education programs to strengthen resilience and interpersonal competencies in youths. Finally, governments and NGOs should design policies and programs that provide accessible counseling services, youth mentorship, and community support groups to mitigate the negative effects of trauma among young adults.

The study suffered some limitations that need to be addressed in further study. For instance, the study was a cross-sectional survey which collected data one point in time which did not allow to establish cause and effect relationships, therefore, further study would benefit from conducting longitudinal and mixed-methods studies to better establish cause-and-effect relationships and to

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capture the lived experiences of trauma survival in relationship. In addition, the study involved only a few communities in one LGA in Rivers state with a sample size of 278 which hindered generalization of study findings. Therefore, further study should include more LGAs and increase sample size to enhance generalization of study finding. Finally, the use of one independent variable was not robust enough to explain relationship satisfaction, hence further study should include learned helplessness, self-esteem and personality traits.

6. Acknowledgments (if any)

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