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INVESTIGATING THE INTERRELATIONSHIP AMONG ADVERSE CHILDHOOD EXPERIENCES, ATTACHMENT STYLES AND ADULT VIOLENCE IN ADULTS FROM CONFLICT-AFFECTED AREAS OF KHYBER PAKHTUNKHWA

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Abstract

The study aimed to examine the relationships between Adverse Childhood Experiences (ACEs), Attachment Styles, and Adult Violence (AV), with a focus on gender differences. The objectives were to explore how different dimensions of ACEs (Conventional and Expanded) correlate with Attachment Styles (Close, Depend, Anxious) and AV, as well as to investigate gender differences across these variables. The study hypothesized that there would be significant positive correlations between ACEs and insecure attachment styles, as well as between ACEs and adult violence. Additionally, it was hypothesized that males would report higher levels of ACEs and violent tendencies compared to females. Using a correlational, cross-sectional design, data were collected from 517 adults (264 males and 253 females) in conflict-affected tribal areas of Pakistan. The Philadelphia Adverse Childhood Experiences Scale, Revised Adult Attachment Scale, and Attitudes Toward Violence Scale were employed to measure the key variables. Results revealed strong positive correlations between ACEs and insecure attachment styles, suggesting that individuals with higher childhood adversity are more likely to exhibit insecure attachment patterns in adulthood. Furthermore, ACEs were significantly associated with increased adult violence, particularly in forms such as Corporal Punishment and Partner Violence. Gender differences were observed, with males reporting higher levels of ACEs, anxious attachment, and violent tendencies compared to females.

Keywords: Adverse Childhood Experiences (ACEs), Attachment Styles (AS), Adult Violence (AV), Insecure Attachment.

Introduction

Childhood is a formative period where the foundations of personality, behavior, and emotional health are established. However, for some individuals, this stage is marred by adverse experiences that can leave a lasting imprint on their development and well-being. Adverse childhood experiences are the traumatic events that occurred during childhood. Any potentially traumatic event that has occurred during the course of childhood, and have negative long lasting consequences on health and wellbeing as whole, can be termed as adverse childhood experiences (Boullier & Blair, 2018). These early childhood experiences could vary i.e., neglect, household dysfunction and physical abuse. For example, early childhood experiences like abuse in childhood, as well as neglect, with substance use in family or home are adverse childhood experiences, and it can hinder the optimal development (Shonkoff, 2016).

Moreover, childhood adversities has been associated with serious health outcome, especially with chronic illness (Felitti et al., 1998). Similarly, childhood adversities increases the health problems for those individuals facing four or more types of childhood adversity, compared to those facing none of types of childhood adversity by 4 to 12 folds, for the chronic problems like alcoholism, drug abuse, depression, and suicide attempts (Felitti et al., 1998). Also, childhood adversities like neglect in Childhood and Physical abuse long lasting effects have been noted, where Anxious-Avoidant attachment explain much of negative mental health conditions after 30 year of age at adulthood (Widom et al., 2018). Research has shown that ACEs can deeply affect personality development, attachment styles, and emotional intelligence, all of which are critical to how individuals relate to themselves and others throughout their lives (Felitti et al., 1998; Dube et al., 2002; Mikulincer & Shaver, 2007). While ACEs have been extensively studied in various global contexts (Cooke et al., 2019; Munoz et al., 2022; Murphy et al., 2014), their specific impact on adult attachment styles and adult violence within the Pakistani context remains largely unexplored (Sheikh et al., 2017).

Attachment theory, initially developed by John Bowlby, posits that early relationships with caregivers shape an individual's patterns of attachment, which then influence their interactions and relationships throughout life (Bowlby, 1982). Secure attachment, typically resulting from consistent and nurturing care, equips individuals with the ability to form healthy, trusting relationships. In contrast, insecure attachment styles—such as anxious, avoidant, or disorganized—often stem from unstable or harmful caregiving environments.

These insecure attachment styles have been linked to a host of difficulties, including problems with emotional regulation, lower relationship satisfaction, and increased vulnerability to mental health issues (Mikulincer & Shaver, 2007). Furthermore, a meta-analysis by Fearon et al. (2010) indicated that individuals with insecure attachment styles are at a higher risk for developing psychopathologies, highlighting the long-term consequences of early attachment disruptions.

Attachment style refers to the unique way an individual circumnavigates societal interactions as well as relationships, predominantly with close, intimate attachment figures (Levy et al., 2011). Attachment theory explains how attachment could be formed. It is based on Bowlby (1969) attachment theory and refers to an individual's distinctive ways of connecting in the close caregiving as well as receiving in the relationships with "attachment figures (Levy et al., 2011). There are two dimensions of this theory, the avoidance dimension and anxiety dimension, both of which characterizing the attachment insecurity (Bartholomew & Horowitz, 1991). The avoidance dimension refers to the fear one have about possible rejection in relationship, which translates as avoidance while engaging in close relationship, as well as distancing themselves from close relationships, suppress their emotions, and seek independence (Cooke et al., 2019). Similarly the anxious attachment refers to possible loss in relationships one fears, which translates as extreme need for closeness as well as clinging in relationship, or demanding behavior (Mikulincer et al., 2003). Research suggested that whenever a child witness the maltreatment, then they are at far more danger for developing the insecure attachment, and which may translate into the more psychological susceptibility and pathological breakdowns (Cicchetti & Doyle, 2016).

One of the more troubling potential outcomes of insecure attachment and unresolved trauma from ACEs is the propensity for violence in adulthood. Violence, whether self-directed or directed toward others, can be viewed as a maladaptive coping mechanism rooted in early developmental disruptions (Douglas & Dutton, 2001). Studies have shown that individuals with high ACE scores are significantly more likely to engage in violent behaviors, both as perpetrators and victims (Duke et al., 2010). The link between ACEs and violence is further complicated by the role of attachment styles. Insecure attachment can exacerbate the effects of early trauma, leading to an increased likelihood of aggressive and violent behavior (Mikulincer & Shaver, 2007). Moreover, research by Twardosz and Lutzker (2010) suggests that early interventions aimed at fostering secure attachment could potentially mitigate the

long-term effects of ACEs on violent behavior, although more research is needed in this area to fully understand the mechanisms at play.

Adult Violence is the violence perpetrated by adults, which is the deliberate perpetration of physical force intended to harm others. Violence in youth is a common phenomenon posing a serious problem (Davidson & Canivez, 2012). Youth violence is the violence between the peer, between dating groups and between youth groups (Davidson & Canivez, 2012), displaying violence for various means. The factors responsible could be many, ranging from violent past experiences, or exposure to violence, as well as factors associated with antisocial behavior (Davidson & Canivez, 2012). Similarly, there is a subsequent link between violence perpetration and early childhood experiences, for example mentioning, childhood ill-treatment association with delinquency and criminal offending (Widom & Maxfield, 2001). Similarly, findings shows that the abuse in childhood, as well as neglect have increasingly added the likelihood of being delinquent in future, and chances of criminality in adulthood by 29 percent (Widom & Maxfield, 2001).

Despite the growing body of research linking ACEs to adult violence, the role of attachment styles in this relationship remains underexplored. While it is well-established that both ACEs and insecure attachment can independently contribute to the development of violent behaviors, the interaction between these factors is less clear. A study by Wilson et al. (2015) found that individuals with histories of child maltreatment were more likely to develop insecure attachment styles, which in turn increased their risk of engaging in violent behavior as adults. Research in Pakistan has also begun to explore the connections among ACEs, attachment styles, and violent behaviors, although this area remains relatively underdeveloped. A study by Yousafzai et al. (2022) highlighted the prevalence of ACEs in Pakistani children and their association with behavioral issues later in life. Similarly, a study by LeMasters et al. (2021) examined the impact of ACEs on adult mental health in Pakistan, finding that high levels of childhood adversity were associated with increased aggression and interpersonal difficulties in adulthood. These studies highlight the global relevance of the ACEs framework, but they also point towards unique cultural and contextual factors in Pakistan that may influence the relationship between childhood adversity, attachment, and adult behavior.

For this purpose, the current study aimed to contribute to the development of targeted preventative and therapeutic interventions that are culturally appropriate and effective in reducing violence. Given the rising concern about violence in Pakistani society and the global

interest in addressing the root causes of violence, this study's findings could have significant implications for both local and international public health strategies. Ultimately, the goal is to better inform policies and practices that can help reduce the long-term impact of childhood adversity on violent behavior, thus promoting healthier and more secure relationships in adulthood.

Objectives

Following were the objectives of the current study;

- To examine the relationships of Childhood Adverse Experiences (Conventional and Expanded) to Attachment Styles (Close, Depend, Anxious).
- To investigate how different dimensions of Childhood Adverse Experiences (CA-Conventional and CA-Expanded) correlate with Adult Violence (AV) and its subtypes (Corporal Punishment, Crime and War, Partner Violence).
- To explore the associations among different Attachment Styles (Close, Depend, Anxious) and Adult Violence (Corporal Punishment, Crime and War, Partner Violence).
- To examine gender differences on study variables.

Hypothesis

- H1: There was significant positive correlation between ACEs (conventional & expanded) to Attachment styles dimensions (attachment-close, dependent & anxious).
- H2: Also, there would be positive correlation between ACEs (conventional & expanded) to Adult Violence (Corporal Punishment, Crime and War, Partner Violence).
- H3: Attachment styles (Corporal Punishment, Crime and War, Partner Violence) would have positive correlations to Adult Violence and its dimension (Corporal Punishment, Crime and War, Partner Violence).
- H4: Males would have higher Adverse Childhood experiences and violent tendencies as compared to females.

Methodology

Research Design

The current study research design was correlational cross sectional. Data was collected through Survey questionnaires.

Sample and Sampling

A total of 517 adults (264 males accounting 51.1 %, while 253 females accounting 48.9 %) were selected for study from tribal conflict affected areas of Pakistan. The participants were selected through purposive sampling. The sample size was determined using Raosoft sample size calculator (Raosoft, 2024) and Krejcie and Morgan formula (Krejcie & Morgan, 1970).

Inclusion criteria:

- Individuals whose age were 18 years and above.
- Individuals living in conflict affected areas.

Exclusion criteria:

- Individuals whose age were below 18 years.
- Individuals whom were not living in conflict affected areas.

Instruments

Demographic Information Sheet

A demographic sheet was used to collect data about demographic information. Data were collected on gender, age, marital status, family status and socioeconomic status.

Attitudes toward Violence Scale (ATV)

The Attitude towards violence scale measures the violence tendencies was developed by Velicer et al. (1989). The original version has 48 items, measuring the constructs like war, capital-punishment, corporal-punishment and interpersonal disputes (Velicer et al., 1989). The scale was then shortened to 20 items (Lonsway & Fitzgerald, 1995). Lonsway and Fitzgerald (1995) Shorter version measured the same constructs as the original version is measuring. However, the shorter version despite the ease, lack the established internal factor structure, as factor analysis was not carried out on the shorter version by Lonsway and Fitzgerald (Davidson & Canivez, 2012). Therefore, the validated version was used for current study, which was validated for high school sample (Davidson & Canivez, 2012). The ATV scale has 20 items, where responses were rated on 7 points ranging from not at all agrees to very much agree. The previous reliability coefficient values was .87 (Lonsway & Fitzgerald, 1995).

Adverse Childhood Experiences Scale

Philadelphia Adverse Childhood Experiences (PHL ACEs) was developed by Cronholm et al. (2015). The Philadelphia Adverse Childhood Experiences Scale measures the past childhood exposure to trauma. The scale has two main sub-constructs, the Conventional

ACE subscale and Expanded ACE subscale. The Conventional ACE subscale has 15 items, measuring the childhood adverse events that are related to different types of abuse and household dysfunctions. Then Expanded ACE subscale has 6 items, measuring witnessing violence and dysfunctional community experiences.

Revised Adult Attachment Scale

Adult attachment scale measures the attachment styles of an individual. The scale has 21 items in original version (Collins & Read, 1990), initially developed by Collins and Read (1990). Later on, the scale has been revised. In revised version, there are 18 items, measuring close, dependent and anxious attachment styles (Collins, 1996). Responses are rated on Likert scale with 5-points scoring. The previous reliability coefficient values for subscale close, depend, and anxiety were .77, .78, and .85 respectively (Collins, 1996).

Procedure

The present study sort association among adult violence, adverse childhood experiences and attachment styles. The sample was adults from tribal areas which is categorized as conflict affected areas. A total of 517 individual were approached through purposive sampling techniques, and surveyed. Data was collected through booklet, which contain Information Sheet, Consent Form, Demographic Sheet and Study Questionnaires. Data collected was entered in SPSS 22 and analyzed. Appropriate Statistical analyses run over data. Respective Descriptive and Inferential Statistics were calculated and tabulated for data.

Results

The current study aimed at finding an association among adult violence, attachment styles and childhood adversaries. Results are tabulated below:

Table 01

Correlation among study Variable (N = 517)

Variable	1	2	3	4	5	6	7	8	9	10	M	SD
ACE	-										5.46	3.78
ACE-Con	.95***	-									3.55	3.04
A-Exp	.69***	.43***	-								1.91	1.29
AS-Close	.65***	.63***	.41***	-							15.38	4.18
AS-Dep	.69***	.65***	.48***	.69***	-						16.07	4.37
AS-Anx	.75***	.71***	.52***	.65***	.76***	-					15.41	5.66
AV	.84***	.81***	.57***	.57***	.61***	.68***	-				64.31	18.23
AV-CP	.72***	.70***	.46***	.44***	.54***	.55***	.80***	-			15.46	8.31
AV-CW	.39***	.36***	.31***	.34***	.31***	.40***	.54***	.03	-		30.03	8.04
AV-PV	.64***	.63***	.39***	.39***	.41***	.45***	.75***	.71***	.01	-	9.68	6.09

Note. ACE = Adverse Childhood Experiences; ACE-Con = Adverse Childhood Experiences-Conventional; ACE-Exp = Adverse Childhood Experiences-Expanded; AS-Close = Attachment Style-Close; AS-Dep = Attachment Style-Depend; AS-Anx = Attachment Style-Anxious; AV = Adult Violence; AV-CP = Adult Violence-Corporal Punishment; AV-CW = Adult Violence-Crime and War; AV-PV = Adult Violence-Partner Violence*** $p < .001$

Table 01 showed correlations among study variables, which include Adverse Childhood Experiences (ACEs), Attachment Styles (AS), and Adult Violence (AV) with various subtypes. The overall Adverse Childhood Experiences score is strongly correlated with both its Conventional (ACE-Con) and Expanded (ACE-Exp) components, showing correlations of .95 and .69, respectively. This indicates that both the conventional and expanded forms of childhood adversities significantly contribute to the overall CA score.

Adverse Childhood Experiences (ACEs) showed strong positive correlations with different Attachment Styles (AS). Specifically, ACE was significantly correlated with Attachment Style-Close (AS-Close) at .65, Attachment Style-Depend (AS-Dep) at .69, and Attachment Style-Anxious (AS-Anx) at .75. These correlations suggest that individuals with higher levels of adverse experiences in childhood are more likely to exhibit insecure attachment styles characterized by closeness, dependency, and anxiety in their relationships.

When looking at the subtypes of ACEs, both Conventional (ACE-Con) and Expanded (ACE-Exp) experiences were positively correlated with all three attachment styles. ACE-Con showed a particularly strong correlation with AS-Anx (.71), indicating that conventional adverse experiences in childhood were closely linked with anxious attachment in adulthood.

Overall, ACE is strongly correlated with AV (.84), suggesting that individuals with more adverse childhood experiences were more likely to be involved in violent behaviors as adults. For specific subtypes, ACE-Con is strongly correlated with AV-Corporal Punishment (AV-CP) at .70 and AV-Partner Violence (AV-PV) at .63, while ACE-Exp shows a notable correlation with AV-CP at .46 and AV-PV at .39. These findings indicate that both conventional and expanded adverse experiences in childhood contribute to the likelihood of engaging in corporal punishment and partner violence in adulthood.

Finally, the table highlighted the associations among different Attachment Styles and Adult Violence. All attachment styles (AS-Close, AS-Dep, AS-Anx) are positively correlated with AV, with correlations ranging from .57 to .76, indicating that insecure attachment styles are linked to higher levels of adult violence. AS-Anx shows the strongest correlation with AV (.68), followed by AS-Dep (.61) and AS-Close (.57). This suggests that individuals who exhibit anxious attachment are particularly prone to violent behaviors in adulthood.

When examining the subtypes of AV, AS-Anx shows a significant correlation with AV-CP (.55) and AV-PV (.45), while AS-Dep is also notably correlated with these subtypes (.54 for AV-CP and .41 for AV-PV). These results indicate that individuals with anxious or

dependent attachment styles may be more likely to engage in corporal punishment and partner violence.

Table 02

Mean Differences of Study Variables across Gender (N = 517)

Variables	Male			Female			<i>t</i> (515)	<i>p</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>			LL	UL	
ACE	7.47	3.98	264	3.36	2.03	253	14.89	.001	3.57	4.65	1.29
ACE-Con	5.04	3.28	264	2.00	1.73	253	13.24	.001	2.58	3.48	1.15
ACE-Exp	2.43	1.26	264	1.36	1.08	253	10.43	.001	0.87	1.28	0.91
AS-Close	17.00	4.27	264	13.69	3.34	253	9.83	.001	2.65	3.97	0.86
AS-Dep	17.86	4.61	264	14.21	3.19	253	10.52	.001	2.97	4.34	0.92
AS-Anx	17.82	5.95	264	12.90	4.02	253	11.06	.001	4.05	5.80	0.96
AV	73.22	18.34	264	55.02	12.63	253	13.19	.001	15.49	20.92	1.15
AV-CP	18.97	8.68	264	11.80	6.03	253	10.95	.001	5.88	8.46	0.96
AV-CW	31.91	7.80	264	28.07	7.84	253	5.59	.001	2.49	5.20	0.49
AV-PV	11.91	6.38	264	7.36	4.79	253	9.20	.001	3.58	5.53	0.80

Note. ACE = Adverse Childhood Experiences; ACE-Con = Adverse Childhood Experiences-Conventional; ACE-Exp = Adverse Childhood Experiences-Expanded; AS-Close = Attachment Style-Close; AS-Dep = Attachment Style-Depend; AS-Anx = Attachment Style-Anxious; AV = Adult Violence; AV-CP = Adult Violence-Corporal Punishment; AV-CW = Adult Violence-Crime and War; AV-PV = Adult Violence-Partner Violence; CI = Confidence interval; UL = Upper limit; LL = Lower limit.

Table 02 shows mean difference across gender. On Childhood Adverse Experiences, males ($M = 7.47$, $SD = 3.98$) ($n = 264$) significantly scored higher than females ($M = 3.36$, $SD = 2.03$) ($n = 253$), $t(515) = 14.89$, $p < .001$, 95% CI [3.57, 4.65], and Cohen's $d = 1.29$ representing larger effect size. Which means males have higher adverse childhood experiences. Similarly, on subscale of Adverse Childhood Experiences, the Conventional and Expanded subscales, males scored higher than females. On Attachment Style, males have highest score on Anxious attachment style ($M = 17.82$, $SD = 5.95$, $n = 264$) as compared to females ($M = 12.90$, $SD = 4.02$, $n = 253$), in comparison to two other attachment styles. The differences are significant $t(515) = 11.06$, $p < .001$, 95% CI [4.05, 5.80] means male have higher Anxious Attachment as compared to females. Whereas, on Attitude towards violence males have higher scores, as well as on subscales, indicating that males have higher attitude towards violence.

Discussion

The current study examined the relationships among Adverse Childhood Experiences (ACEs), Attachment Styles: AS-Close (closeness), AS-Depend (dependence), and AS-Anx (anxiety) and Adult Violence (crime & war, and partner violence). Our hypothesis 1st posited that there would be a significant positive correlation between Adverse Childhood Experiences (ACEs) and all three Attachment Styles: AS-Close (closeness), AS-Depend (dependence), and AS-Anx (anxiety). The results from our analysis supported this hypothesis, revealing strong positive correlations between CA and each of the attachment styles. Specifically, the correlation coefficients ranged from .65 to .75, indicating a substantial relationship between the amount of childhood adversity and the intensity of attachment-related concerns. These findings suggest that individuals who experience more adverse events during childhood are more likely to develop attachment styles characterized by challenges in closeness, dependence, and anxiety in relationships.

Our results are in line with prior research that have identified that ACE is related to the insecure attachment styles in adulthood. For instance, in a cross-sectional study by Bifulco et al. (2002) documented that people who have had higher ratings of childhood adversity tend to develop anxiously and avoidant attachments. Similarly, Mikulincer & Shaver, (2007) pointed out that early adverse experiences make one vulnerable to attachment-related anxieties, which may be expressed as problems with trust and/or dependence of others as well as the management of intimacy. These results can also be explained by the attachment theory which suggests that children's early models of relationships definitely determine their patterns of attachment. Neglected, abused or even inadequately cared for during childhood, children who struggle to form a secure attachment with their caregivers end up with insecure patterns of attachment in which they appear pathologically dependent, pathologically avoidant or pathologically anxious about relationships (Bowlby, 1980).

In our hypothesis 2, we proposed a positive relationship between both conventional and expanded ACEs and all sorts of Adult Violence (AV) including corporal punishment, crime, war and partner violence. This hypothesis was based on the literature available suggesting that early social stress greatly influence behavior in the later years. For example, Felitti et al. (1998) revealed that people, who reported higher ACE scores had a higher probability of risky and violent behaviors in adulthood. Similarly, Anda et al. (2006) traced the relationship between childhood traumatic experiences and intimate partner violence indicating that experiences in childhood define how people will treat others in future.

The overall findings of this study are in agreement with these previous studies, the correlation coefficient between ACEs and adult violence was .84. To be more specific, conventional ACEs were strongly correlated with corporal punishment ($r = .70$) and partner violence ($r = .63$), paralleling Dube et al.'s (2003) study of the link between abuse and household dysfunction in childhood and violence in later relationships. While the expanded ACEs were not as highly associated with these behaviors as the original ACEs it was still found that there was a relationship. In this respect, these findings are in consonance with those of previous studies like Edwards et al. (2003) who have pointed out that both traditional and new ACEs have continued to have an enduring effect on adulthood, especially through violence. In a similar way, we have also pointed out that childhood adversity is a strong risk factor for future violence and thus expounding the earlier mentioned imperative for addressing childhood adversity.

We hypothesized (3) that attachment styles, those developed due to the negative experiences like corporal punishment, crime, war, and partner violence, would have a positive association between them and Adult Violence (AV) and its dimensions. Our hypothesis was supported through establishing a high positive correlation between the ACEs and adult violence ($r = .84$). ACE-Con was most closely related to corporal punishment ($r = 0.70$) and partner violence ($r = .63$), whereas ACE-Exp also evidenced meaningful associations with these behaviors ($r = .46$ for AV-CP and $r = 0.39$ for AV-PV). These findings are consistent with recent studies, i.e., a study conducted by Zeanah et al., (2016), the authors affirmed that early attachment and the changes which are bound to the adverse experiences are connected with aggression as well as violence in adulthood. Also, Berlin et al. (2008) established that instable and anxious attachment experienced during the childhood may make individuals turn into antisocial personalities who may engage in violent behavior. Furthermore, Groh et al. (2017) did a meta-analysis that showed link between attachment insecurity and more aggression and hostility in adulthood and romantic relationships.

Furthermore, our hypothesis 4 proposed that males would exhibit higher levels of Adverse Childhood Experiences (ACEs) and a greater tendency toward violent behaviors compared to females. The results confirmed our hypothesis, showing that males scored significantly higher than females on Adverse Childhood Experiences, with a large effect size (Cohen's $d = 1.29$), indicating that males indeed have more adverse childhood experiences. Specifically, males scored higher on both the Conventional and Expanded subscales of ACEs. Additionally, males exhibited significantly higher scores on the Anxious Attachment Style

compared to females ($t = 11.06, p < .001$), suggesting that males are more likely to develop insecure attachment patterns. These findings align with previous research, such as that by Afifi et al. (2009), which found that males are more frequently exposed to childhood adversities and are more likely to exhibit externalizing behaviors, including aggression and violence. Furthermore, Fleming et al. (2015) highlighted that male, due to socialization processes, are often encouraged to express emotions like anger through aggression, potentially explaining their higher scores on attitudes toward violence. The significant gender differences observed in ACEs, attachment styles, and attitudes toward violence underscore the need for targeted interventions that address these gender-specific risks and aim to reduce the long-term impact of childhood adversity on violent behaviors.

Conclusion

The present study tended to investigate the relationships among ACEs, AS and AV with a special focus on gender differences. The results showed associations between ACEs and the three Insecure Attachment Styles, Close, Depend, and Anxious that mean that higher ACE score is associated with the insecure attachment patterns in adulthood. ACEs were also significantly associated with increased Adult Violence (AV), particularly in forms like Corporal Punishment and Partner Violence. Gender differences showed that males reported higher levels of ACEs, anxious attachment, and violent tendencies compared to females, highlighting the long-term impact of childhood adversity on attachment and violent behavior in adulthood.

Limitations & Recommendations

The study's limitations include the use of purposive sampling from conflict-affected areas, limiting generalizability, and a cross-sectional design that prevents establishing causality. Additionally, reliance on self-reported data may introduce biases, affecting the accuracy of the findings. Future research should use diverse and representative samples to enhance generalizability, employ longitudinal designs to better understand causal relationships, and incorporate multiple data sources to reduce bias and improve the accuracy of the findings. Additionally, interventions targeting childhood adversity should be explored to mitigate long-term negative outcomes.

Implications

The results of this research are significant for exploration of the potential later impact of ACEs on the types of attachment and violence in the adulthood. The following

relationships between variables depict that people, who experience more ACEs and insecure attachment styles in their childhood, are at the higher risks of creating an unhealthy relationship pattern and to use violence in their adulthood. A potential limitation is sample selection: the results are worthy of gender-targeted approaches due to the differences whereby boys scored higher in ACEs, anxious attachment, and violent behaviors compliances. Child maltreatment and insecure attachment could also be some of the reasons why prevention and intervention for violence and better mental health across the lifespan should be extended to childhood.

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