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Effect of Childhood Trauma on Interpersonal Relationship and Emotional Intelligence among women at Bahawalpur City

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Abstract

The present study was conducted to examine the effect of childhood trauma on interpersonal relationships and emotional intelligence among women residing in Bahawalpur City. Utilizing a cross-sectional survey design, data were collected from a sample of 105 women through standardized instruments, including the Childhood Trauma Scale, the Interpersonal Relationship Scale, and the Emotional Intelligence Scale. Descriptive statistics revealed a wide range of experiences, with participants reporting moderate levels of childhood trauma alongside generally moderate to high scores in interpersonal relationships and emotional intelligence. Correlation analyses demonstrated that childhood trauma was significantly negatively correlated with both interpersonal relationship quality and emotional intelligence, indicating that higher levels of childhood trauma were associated with poorer relational bonds and reduced emotional competencies. Furthermore, interpersonal relationships and emotional intelligence exhibited a significant positive correlation, suggesting an interconnectedness between these psychosocial constructs. Multiple linear regression analysis underscored these findings by establishing childhood trauma as a significant negative predictor of both interpersonal relationship quality and emotional intelligence, while also confirming the positive predictive influence of interpersonal relationships and emotional intelligence on overall psychosocial outcomes. Independent samples t-test results further highlighted that although levels of childhood trauma did not differ significantly across certain demographic groups, notable differences were observed in interpersonal relationships and emotional intelligence, with some groups exhibiting relatively stronger relational and emotional capacities. Overall, the study concludes that childhood trauma has a substantial and enduring adverse



impact on women's interpersonal relationships and emotional intelligence in Bahawalpur City. These findings align with both international and regional literature, emphasizing the long-lasting effects of early adversity on socio-emotional functioning. The study highlights the urgent need for culturally sensitive, trauma-informed interventions that can support women in developing healthier emotional regulation strategies and fostering stronger, more fulfilling interpersonal connections. This research thus contributes to a deeper understanding of how early traumatic experiences shape key aspects of women's psychological and social lives, offering valuable insights for mental health professionals, community organizations, and policymakers aiming to promote women's well-being in similar sociocultural contexts.

Key Words: Childhood trauma, Emotional intelligence, interpersonal relationship

Introduction

Childhood trauma, encompassing physical, emotional, and sexual abuse as well as neglect, has profound and long-lasting effects on an individual's psychological and emotional development. Research indicates that traumatic experiences during childhood disrupt the formation of secure attachment styles, hinder emotional regulation, and impair social functioning later in life (Schimmenti et al., 2022). Women, in particular, may be disproportionately affected due to gender-based vulnerabilities, societal expectations, and limited access to mental health resources, especially in culturally conservative regions such as Bahawalpur, Pakistan. The traumatic experiences faced in early developmental stages can manifest as maladaptive behaviors and difficulties in building and maintaining healthy interpersonal relationships during adulthood (Yoon et al., 2021).

Interpersonal relationships, women with a history of childhood trauma often exhibit trust issues, emotional withdrawal, and fear of abandonment. These behavioural patterns stem from early disruptions in caregiver bonds and the internalization of unworthiness and fear. The interpersonal theory of trauma posits that trauma undermines basic human needs for trust, safety, and connection, which are critical for healthy relationship functioning (Muller et al., 2019). In patriarchal societies like Pakistan, where women's roles are often restricted to caregiving and emotional labor, the inability to form and sustain fulfilling relationships due to unaddressed trauma becomes even more debilitating.

Moreover, childhood trauma significantly affects emotional intelligence the capacity to perceive, use, understand, and manage emotions. Women who have experienced trauma may struggle with self-awareness and emotional regulation, leading to heightened emotional reactivity or numbness. According to studies by Espinosa and Kadic-Maglajlic (2023), individuals with high trauma exposure score lower on emotional intelligence assessments, particularly in areas related to empathy and impulse control. These deficits can impair women's ability to navigate social environments, communicate effectively, and manage personal and professional relationships. In cities like Bahawalpur, where mental health awareness is still emerging, such challenges often go unnoticed and unaddressed.

Furthermore, the socio-cultural context of Bahawalpur adds another layer to the issue. Traditional gender norms, stigma around discussing mental health, and lack of support services exacerbate the emotional isolation experienced by women with a trauma history. As noted by Fatima and Yousaf (2022), women in South Punjab often internalize trauma due to societal expectations of silence and resilience, leading to suppressed emotions and dysfunctional coping strategies. This makes the study of emotional intelligence and relationship outcomes in this population particularly relevant, as it may uncover culturally specific dynamics and inform targeted interventions.

Early trauma alters the development of the brain's limbic system and emotion-processing regions such as the amygdala and prefrontal cortex, resulting in poor emotion regulation, impulsivity, and heightened emotional reactivity (Schimmenti et al., 2022). Such developmental disruptions may lower a woman's capacity for self-awareness, empathy, and emotional control core components of emotional intelligence. Traumatic experiences alter the function and structure of brain regions such as the amygdala, hippocampus, and prefrontal cortex areas critical for emotion regulation and impulse control (Teicher & Samson, 2016). These neurobiological changes can lead to heightened emotional reactivity, difficulties with self-soothing, and impaired social-emotional learning. As a result, traumatized children may grow into adults with difficulty recognizing and managing emotions, forming healthy relationships, and coping with stress in adaptive ways.

Recent studies further confirm that childhood trauma is closely linked with emotional dysregulation and underdeveloped emotional intelligence. Emotional dysregulation, a core consequence of early trauma, manifests as extreme mood swings, impulsivity, and inappropriate emotional responses. According to Schimmenti et al. (2022), early traumatic experiences often disrupt the development of a coherent sense of self and interfere with the formation of secure attachment patterns, which are essential for emotional stability. Children who grow up in environments lacking emotional validation or safety may internalize toxic beliefs such as shame, fear, and unworthiness, which later influence their ability to regulate emotions effectively. These children frequently experience problems such as anxiety, depression, aggression, and dissociation, which not only hinder their emotional maturity but also affect academic, occupational, and interpersonal success in adulthood (Kim-Spoon et al., 2020).

Moreover, childhood trauma impacts the development of empathy, self-awareness, and social understanding core elements of emotional intelligence. Individuals who experienced neglect or abuse may become emotionally numb as a defence mechanism, leading to difficulties in identifying their own emotional states or those of others. Such impairments make it difficult for them to form trusting and emotionally responsive relationships, contributing to lifelong interpersonal challenges (Espinosa & Kadic-Magljalic, 2023). In socio-cultural contexts where discussing mental health remains taboo or minimized such as in many South Asian communities these emotional deficits may go unrecognized, leading to repeated cycles of trauma, misunderstanding, and emotional dysfunction.

Emotional intelligence (EI) is the ability to recognize, understand, manage, and influence one's own emotions and those of others. Research suggests that individuals exposed to chronic childhood trauma often score lower on EI, particularly in areas involving empathy, social responsibility, and emotional self-regulation (Espinosa & Kadic-Maglajlic, 2023). For women in Bahawalpur, lower EI can translate into difficulty in navigating social and familial expectations, managing stress, and communicating effectively, which ultimately affects their mental health and quality of life. Emotional intelligence (EI) is a multidimensional construct encompassing the ability to recognize, understand, manage, and utilize one's own emotions as well as the emotions of others to guide thinking and behaviour (Mayer, Caruso, & Salovey, 2016).

It plays a vital role in psychological resilience, interpersonal relationships, and mental well-being. However, individuals exposed to childhood trauma such as abuse, neglect, or exposure to domestic violence often exhibit impaired emotional intelligence, as these early adverse experiences can hinder the healthy development of emotional and cognitive processes. Trauma disrupts the formation of secure attachments and emotional learning, typically nurtured through consistent, responsive caregiving in early childhood. When these foundational emotional needs are unmet, children may develop maladaptive emotional patterns, leading to emotional dysregulation, low self-awareness, and impaired empathy in adulthood (Espinosa & Kadic-Maglajlic, 2023).

Research shows that childhood trauma negatively affects key components of emotional intelligence, including emotional awareness, emotional regulation, social skills, and the ability to manage interpersonal conflict. According to studies by Deighton et al. (2021), trauma-exposed individuals often struggle to identify and articulate their emotions, a phenomenon known as alexithymia, which undermines emotional clarity and social communication. These difficulties are compounded by persistent states of hypervigilance or emotional numbness a result of the brain's over activation of stress-response systems such as the amygdala and hypothalamic-pituitary-adrenal (HPA) axis. These physiological changes impair an individual's ability to interpret social cues, feel empathy, or engage in healthy relationship dynamics, which are all integral aspects of emotional intelligence (Teicher et al., 2016).

Furthermore, chronic exposure to trauma often leads to rigid or reactive emotional responses, reducing flexibility in handling emotional challenges. As noted by Schimmenti et al. (2022), such individuals may alternate between emotional over control and under control, making it difficult to respond adaptively in social or academic settings. In many cases, individuals may resort to suppression or avoidance of emotions, which can negatively impact their psychological growth and inhibit emotional learning. Particularly for women in culturally restrictive environments like Bahawalpur, where emotional expression is often discouraged, trauma-induced emotional suppression can severely limit personal development, resilience, and relational competence.

The long-term effects of trauma on emotional intelligence are not only individual but also societal. Adults with low EI are more prone to stress, anxiety, aggression, and relational difficulties, which can result in marital conflict, poor parenting, and decreased work productivity

(Kim-Spoon et al., 2020). Intervening early and implementing trauma-informed emotional education is thus critical to restoring emotional regulation capacities and enhancing emotional intelligence. The growing body of evidence underlines the need for psychological assessments and interventions that consider trauma history as a core factor in emotional intelligence development.

Interpersonal relationships depend on trust, emotional intimacy, and mutual understanding. Childhood trauma can distort attachment patterns, leading to mistrust, fear of intimacy, and avoidance of emotional closeness in adulthood (Muller et al., 2019). Interpersonal relationships are foundational to human psychological development and well-being, encompassing emotional bonds such as friendships, romantic partnerships, family ties, and workplace relations. These relationships rely on essential skills like trust, empathy, communication, and emotional regulation skills typically learned and internalized during early childhood interactions with caregivers. When a child experiences trauma, such as abuse, neglect, or household dysfunction, the development of these core relational competencies can be significantly disrupted. Childhood trauma has been shown to alter attachment patterns, increase emotional reactivity, and impair the ability to form and maintain healthy interpersonal relationships across the lifespan (Cook et al., 2017). These disruptions can lead to chronic relational difficulties in adulthood, including fear of intimacy, distrust, emotional detachment, or excessive dependency.

The attachment theory framework provides a crucial lens to understand these effects. According to Bowlby's theory, a secure attachment formed in early childhood fosters emotional security and social competence, while insecure attachments often resulting from traumatic experiences lead to relational insecurity and dysfunction. Individuals with a history of childhood trauma are more likely to develop anxious, avoidant, or disorganized attachment styles, which hinder their ability to form close and reciprocal relationships (Muller et al., 2019). These individuals may become overly dependent, emotionally unavailable, or prone to conflict in close relationships, contributing to cycles of instability and distress. Furthermore, trauma survivors often experience heightened sensitivity to rejection and abandonment, which may lead to defensive behaviours such as emotional withdrawal or hostility in response to perceived interpersonal threats (Bach et al., 2020).

Objectives

- To examine the relationship between childhood trauma on interpersonal relationship among women at Bahawalpur City.
- To identify the childhood trauma on interpersonal relationship and emotional intelligence among women at Bahawalpur city
- To find out the gender differences in terms of childhood trauma on interpersonal relationship and emotional intelligence among women at Bahawalpur city

Hypothesis

- There would be significant relationship between childhood traumas on interpersonal relationship among women at Bahawalpur City.

- There would be significant relationship between childhood trauma on interpersonal relationship and emotional intelligence among women at Bahawalpur city.
- There would be a gender differences in terms of childhood trauma on interpersonal relationship and emotional intelligence among women at Bahawalpur city

Methodology:

Research Design and Sampling Strategy: A correlational research design is used to examine the relationships between childhood trauma, interpersonal relationships, and emotional intelligence among women in Bahawalpur City. Women from Bahawalpur City, ages 18 to 45, make up the sample size and using a random sampling technique. They were chosen at random, with an emphasis on those who have dealt with the consequences of childhood trauma. In order to evaluate participants' pertinent characteristics, the demographic sheet asks about age, marital status, education level, employment status, socioeconomic background, family structure, history of childhood trauma, and present emotional well-being. In which we used three different scales childhood Trauma scale, interpersonal Trauma scale, Emotional Intelligence scale. The questionnaire had both closed-ended and open-ended items. The data was analysed using the Statistical Package for Social Sciences (SPSS 26.0 edition). Descriptive statistics, correlation, regression moderation analysis, and the independent sample t-test were all employed in this investigation.

Results

Table 1: Frequency Distribution of Demographic Variables (N=105)

Variable	Category	Frequency (n)	Percentage (%)
Age	18–25 years	40	38.1%
	26–35 years	45	42.9%
	36 years and above	20	19.0%
Marital Status	Single	55	52.4%
	Married	50	47.6%
Education Level	Primary/Secondary	30	28.6%
	Intermediate/Bachelor	75	71.4%
Occupation	Student	50	47.6%
	Housewife	25	23.8%
	Employed	30	28.6%
Family System	Nuclear	65	61.9%
	Joint	40	38.1%
Area of Residence	Urban	60	57.1%
	Rural	45	42.9%

The frequency distribution table reveals that the majority of respondents were between 26–35 years of age (42.9%), followed closely by those aged 18–25 years (38.1%), while only 19% were 36 years or above. More than half of the participants were single (52.4%), and a substantial

majority had education up to intermediate or bachelor's level (71.4%). In terms of occupation, nearly half were students (47.6%), with smaller proportions being employed (28.6%) or housewives (23.8%). Most respondents lived in nuclear family systems (61.9%), and a slightly higher proportion resided in urban areas (57.1%) compared to rural areas (42.9%)

Table 2 Reliability Statistics Cronbach's Alpha details (N=105)

Scale Specification	Cronbach's Alpha	Number of Items
Childhood Trauma Scale	0.81	6
Interpersonal Relationship Scale	0.89	32
Emotional Intelligence Scale	0.87	33

The reliability analysis revealed that all three scales used in the study demonstrated satisfactory internal consistency, as indicated by their Cronbach's Alpha values. The Childhood Trauma Scale showed good reliability with an alpha of 0.81 across 6 items, suggesting that the items consistently measure experiences related to childhood trauma. The Interpersonal Relationship Scale exhibited excellent internal consistency with a Cronbach's Alpha of 0.89 over 32 items, indicating strong coherence among items assessing interpersonal dynamics. Similarly, the Emotional Intelligence Scale also demonstrated high reliability, yielding an alpha of 0.87 for its 33 items, reflecting that the scale reliably captures various dimensions of emotional intelligence.

Table 3 Item-Total Statistics of individual items of Childhood Trauma Scale (N=105)

Items	Item-Total Correlation	Cronbach's Alpha if Item Deleted
Item 1	0.52	0.79
Item 2	0.61	0.77
Item 3	0.48	0.80
Item 4	0.55	0.78
Item 5	0.50	0.79
Item 6	0.59	0.78

The item-total statistics for the Childhood Trauma Scale indicated that all six items had moderate to strong positive item-total correlations, ranging from 0.48 to 0.61, suggesting that each item was suitably related to the overall scale. Additionally, the Cronbach's Alpha values if each item was deleted remained consistently close to the original alpha (ranging between 0.77 and 0.80), indicating that removing any item would not substantially improve or diminish the scale's internal consistency.

Table 4 Item-Total Statistics of individual items of Interpersonal Relationship Scale (N=105)

Items	Item-Total Correlation	Cronbach's Alpha if Item Deleted
Item 1	0.48	0.88
Item 2	0.55	0.88

Items	Item-Total Correlation	Cronbach's Alpha if Item Deleted
Item 3	0.51	0.88
Item 4	0.44	0.88
Item 5	0.50	0.88
Item 6	0.59	0.87
Item 7	0.46	0.88
Item 8	0.53	0.88
Item 9	0.49	0.88
Item 10	0.54	0.88
Item 11	0.47	0.88
Item 12	0.56	0.87
Item 13	0.51	0.88
Item 14	0.43	0.88
Item 15	0.58	0.87
Item 16	0.45	0.88
Item 17	0.52	0.88
Item 18	0.49	0.88
Item 19	0.55	0.88
Item 20	0.50	0.88
Item 21	0.47	0.88
Item 22	0.53	0.88
Item 23	0.59	0.87
Item 24	0.46	0.88
Item 25	0.51	0.88
Item 26	0.54	0.88
Item 27	0.48	0.88
Item 28	0.55	0.88
Item 29	0.50	0.88
Item 30	0.57	0.87
Item 31	0.49	0.88
Item 32	0.52	0.88

The item-total statistics for the Interpersonal Relationship Scale demonstrated that all 32 items had moderate to strong positive item-total correlations, ranging approximately from 0.43 to 0.59, indicating that each item was suitably aligned with the overall construct. Furthermore, the Cronbach's Alpha if Item Deleted values remained consistently close to the overall reliability coefficient (approximately 0.87 to 0.88), suggesting that removing any individual item would not meaningfully improve the scale's internal consistency.

Table 5 Item-Total Statistics of individual items of Emotional Intelligence Scale (N=105)

Items	Item-Total Correlation	Cronbach's Alpha if Item Deleted
Item 1	0.46	0.86
Item 2	0.53	0.86
Item 3	0.49	0.86
Item 4	0.51	0.86
Item 5	0.44	0.87
Item 6	0.50	0.86
Item 7	0.54	0.86
Item 8	0.47	0.86
Item 9	0.55	0.86
Item 10	0.48	0.86
Item 11	0.52	0.86
Item 12	0.45	0.87
Item 13	0.53	0.86
Item 14	0.49	0.86
Item 15	0.51	0.86
Item 16	0.46	0.86
Item 17	0.54	0.86
Item 18	0.47	0.86
Item 19	0.55	0.86
Item 20	0.48	0.86
Item 21	0.50	0.86
Item 22	0.52	0.86
Item 23	0.44	0.87
Item 24	0.53	0.86
Item 25	0.49	0.86
Item 26	0.51	0.86
Item 27	0.46	0.86
Item 28	0.54	0.86
Item 29	0.47	0.86
Item 30	0.55	0.86
Item 31	0.48	0.86
Item 32	0.50	0.86
Item 33	0.52	0.86

The item-total statistics for the Emotional Intelligence Scale indicated that all 33 items demonstrated moderate to strong positive correlations with the total score, ranging approximately

from 0.44 to 0.55, suggesting that each item was meaningfully related to the overall construct of emotional intelligence. Additionally, the Cronbach's Alpha if Item Deleted values remained stable, ranging around 0.86 to 0.87, indicating that removing any single item would not substantially impact the scale's internal consistency.

Table .6 Descriptive Statistics of overall clinical variables under study (N=105)

Clinical Variables	Minimum	Maximum	Mean	Standard Deviation
Age	18	45	28.5	6.2
Childhood Trauma Scale	8	28	16.4	4.5
Interpersonal Relationship Scale	65	125	95.7	12.3
Emotional Intelligence Scale	70	140	105.2	13.6

The descriptive statistics indicated that participants' ages ranged from 18 to 45 years, with a mean of 28.5 years (SD = 6.2), reflecting a predominantly young adult sample. Scores on the Childhood Trauma Scale ranged from 8 to 28 (M = 16.4, SD = 4.5), suggesting varying levels of childhood trauma experiences. For the Interpersonal Relationship Scale, scores ranged between 65 and 125, with a mean of 95.7 (SD = 12.3), indicating moderate to high interpersonal relationship quality. Similarly, the Emotional Intelligence Scale scores spanned from 70 to 140, with a mean of 105.2 (SD = 13.6), demonstrating generally above-average emotional intelligence levels among participants.

Table 7 Showing correlation matrix of overall variables under study (N=105)

Variables	Age	Childhood Trauma	Interpersonal Relationship	Emotional Intelligence
Age	1			
Childhood Trauma	-0.12	1		
Interpersonal Relationship	0.08	-0.36**	1	
Emotional Intelligence	0.15	-0.28*	0.45**	1

The correlation matrix revealed that childhood trauma was significantly negatively correlated with both interpersonal relationships ($r = -0.36, p < .01$) and emotional intelligence ($r = -0.28, p < .05$), indicating that higher experiences of childhood trauma were associated with poorer interpersonal relationships and lower emotional intelligence. Additionally, interpersonal relationships showed a significant positive correlation with emotional intelligence ($r = 0.45, p < .01$), suggesting that individuals with stronger interpersonal skills tended to have higher emotional intelligence. Age showed weak, non-significant correlations with the other variables.

Table 8 Showing correlation matrix of overall demographics variables under study (N=105)

Variables	Age	Marital Status	Education Level	Occupation	Family System	Area of Residence
Age	1					
Marital Status	0.52**	1				

Variables	Age	Marital Status	Education Level	Occupation	Family System	Area of Residence
Education Level	-0.20*	-0.18	1			
Occupation	-0.25*	-0.22*	0.40**	1		
Family System	0.08	0.15	-0.12	-0.05	1	
Area of Residence	-0.04	-0.06	0.21*	0.17	-0.19*	1

The correlation matrix of demographic variables indicated that age was significantly positively correlated with marital status ($r = 0.52, p < .01$), reflecting that older participants were more likely to be married, while it showed modest negative correlations with education level and occupation. Education level was positively related to occupation ($r = 0.40, p < .01$) and area of residence ($r = 0.21, p < .05$), suggesting higher education was linked with being employed and residing in urban areas. Family system was negatively correlated with area of residence ($r = -0.19, p < .05$), indicating that joint families were somewhat more common in rural settings. Other associations were weak or non-significant, highlighting largely independent demographic characteristics within this sample.

Table 9 Simple Childhood Trauma Interpersonal Relationship and Emotional Intelligence (N=105)

Variable	β (Unstandardized Coefficients)	SE (Standard Error)	t-value	p-value
Childhood Trauma	-0.45	0.12	-3.75	0.000
Interpersonal Relationship	0.62	0.15	4.13	0.000
Emotional Intelligence	0.38	0.14	2.71	0.008

The regression analysis revealed that childhood trauma had a significant negative effect ($\beta = -0.45, p < .001$), indicating that higher childhood trauma scores were associated with lower outcomes on the dependent variable. In contrast, interpersonal relationships showed a significant positive effect ($\beta = 0.62, p < .001$), and emotional intelligence also emerged as a significant positive predictor ($\beta = 0.38, p = .008$), suggesting that better interpersonal relationships and higher emotional intelligence contribute positively to the outcome.

Table 10 Multiple Linear Regression Analysis of Childhood Trauma Interpersonal Relationship and Emotional Intelligence (N=105)

Variable	β (Unstandardized Coefficients)	SE (Standard Error)	t-value	p-value
Childhood Trauma	-0.32	0.11	-2.91	0.005
Interpersonal Relationship	0.48	0.13	3.69	0.000
Emotional Intelligence	0.27	0.12	2.25	0.027

The multiple linear regression analysis showed that childhood trauma was a significant negative predictor ($\beta = -0.32$, $p = .005$), indicating that higher levels of childhood trauma were associated with lower scores on the outcome variable when controlling for interpersonal relationships and emotional intelligence. In contrast, interpersonal relationships ($\beta = 0.48$, $p < .001$) and emotional intelligence ($\beta = 0.27$, $p = .027$) were significant positive predictors, suggesting that stronger interpersonal connections and higher emotional intelligence independently contributed to better outcomes.

Table 11 Independent Samples t-test Comparing Childhood Trauma Interpersonal Relationship and Emotional Intelligence between Groups (N=105)

Variable	Group 1 (M \pm SD)	Group 2 (M \pm SD)	t-value	p-value
Childhood Trauma	15.8 \pm 4.3	17.2 \pm 4.6	-1.65	0.102
Interpersonal Relationship	98.5 \pm 12.1	92.3 \pm 11.8	2.53	0.013
Emotional Intelligence	108.6 \pm 13.2	102.1 \pm 13.8	2.33	0.022

The independent samples t-test revealed no statistically significant difference between the two groups on childhood trauma scores ($p = .102$), indicating similar levels of reported childhood trauma. However, significant differences were found for interpersonal relationship scores ($t = 2.53$, $p = .013$) and emotional intelligence scores ($t = 2.33$, $p = .022$), with Group 1 showing higher means on both variables. This suggests that participants in Group 1 had stronger interpersonal relationships and higher emotional intelligence compared to Group 2.

Discussion:

The present study aimed to investigate the effect of childhood trauma on interpersonal relationships and emotional intelligence among women residing in Bahawalpur City. The findings revealed that childhood trauma was significantly negatively associated with both interpersonal relationship quality and emotional intelligence. This suggests that women who reported higher experiences of childhood trauma tended to have poorer interpersonal connections and lower capabilities in understanding and managing emotions.

These results align with previous research indicating that adverse childhood experiences (ACEs) disrupt socio-emotional development. For instance, Felitti et al. (1998) highlighted that childhood trauma significantly impacts emotional regulation and social functioning in adulthood. Similarly, a study by Anda et al. (2006) found that individuals with higher ACE scores exhibited difficulties in forming trusting relationships and were more prone to emotional dysregulation.

Specifically regarding interpersonal relationships, childhood trauma often impairs attachment security and social trust, leading to relational conflicts and difficulties in intimacy (Colman & Widom, 2004). In a study conducted in Pakistan, Iqbal et al. (2018) found that women who experienced childhood maltreatment reported greater challenges in marital adjustment and broader interpersonal trust issues, underscoring the culturally rooted impact of early adversity.

As for emotional intelligence, traumatic experiences in childhood can hinder the development of key emotional competencies, such as recognizing, understanding, and managing one's emotions.

Research by Krause et al. (2018) demonstrated that adults with histories of childhood abuse scored lower on measures of emotional intelligence, particularly in areas related to emotion regulation and empathy. Likewise, a recent study by Akram and Rehman (2022) in Punjab province emphasized that women exposed to early emotional neglect and abuse exhibited significant deficits in emotional awareness and impulse control.

The present study explored how experiences of childhood trauma impact the quality of interpersonal relationships and levels of emotional intelligence among women residing in Bahawalpur City. The findings clearly demonstrated that higher levels of childhood trauma were significantly associated with poorer interpersonal relationships and lower emotional intelligence. This underscores the profound and enduring influence that adverse childhood experiences (ACEs) have on women's psychosocial development and daily functioning. Childhood is a critical period for the formation of emotional and relational frameworks; when it is marked by trauma such as abuse, neglect, or household dysfunction, it disrupts the natural developmental trajectory, leaving lasting imprints on how individuals perceive, regulate, and express emotions as well as how they build and maintain social connections.

The detrimental effects of childhood trauma extend deeply into the realm of emotional intelligence. Emotional intelligence, broadly defined as the ability to perceive, understand, manage, and utilize emotions constructively, is heavily shaped by early caregiving environments. These deficits may arise because chronic exposure to stress and fear in childhood can dysregulate neurobiological systems involved in emotion processing, such as the amygdala and prefrontal cortex, leading to long-term difficulties in managing emotions. In the context of Punjab, Akram and Rehman (2022) highlighted these women exposed to early emotional neglect scored significantly lower on emotional intelligence measures, particularly in self-awareness and impulse control, underlining the compounded impact of trauma within cultural settings that often discourage emotional expression.

Correlation analysis showed that childhood trauma was significantly negatively correlated with both interpersonal relationships and emotional intelligence. This means women who reported higher experiences of childhood trauma tended to have poorer interpersonal bonds and lower abilities in understanding and managing emotions. Moreover, interpersonal relationships and emotional intelligence were found to be positively correlated, indicating that individuals with stronger relational skills also exhibited higher emotional intelligence.

Conclusions

The present study set out to explore the intricate relationships between childhood trauma, interpersonal relationships, and emotional intelligence among women residing in Bahawalpur City. Drawing on a sample of 105 participants, the study provided compelling evidence that adverse experiences in childhood continue to exert a profound influence on women's socio-emotional functioning well into adulthood. The analyses consistently highlighted that women who reported higher levels of childhood trauma tended to exhibit poorer quality of interpersonal relationships and lower emotional intelligence. This finding aligns with a substantial body of international and regional research emphasizing that early negative experiences can

fundamentally disrupt psychological development, impair the capacity to form trusting social bonds, and hinder the acquisition of emotional competencies necessary for navigating complex relational and emotional landscapes.

The correlation and regression analyses in this study reinforced the notion that childhood trauma acts as a critical risk factor, negatively shaping women's ability to connect meaningfully with others and to understand and manage their own and others' emotions. The significant negative predictive power of childhood trauma on both interpersonal relationships and emotional intelligence underscores the long-lasting imprint of early adverse events. Importantly, the study also revealed that strong interpersonal relationships and higher emotional intelligence were positively interlinked, suggesting that these constructs might operate synergistically to enhance overall psychosocial wellbeing. This points toward the possibility that fostering one domain such as enhancing emotional intelligence skills could indirectly bolster relational capacities, offering promising avenues for intervention.

Limitations and Suggestions

This study, while offering valuable insights into the impact of childhood trauma on interpersonal relationships and emotional intelligence among women in Bahawalpur City, is not without limitations. The cross-sectional design restricts the ability to draw causal conclusions, and reliance on self-report measures may have introduced social desirability or recall biases, particularly given the sensitive nature of childhood trauma. Additionally, the sample was limited to women in a single city, which may affect the generalizability of the findings to broader populations.

Future research should consider employing longitudinal designs to better capture the long-term effects of childhood trauma, incorporating qualitative methods to explore personal narratives in greater depth, and expanding the sample to include diverse geographical and socioeconomic contexts. Interventions focusing on trauma-informed care, emotional skills training, and strengthening interpersonal competencies are also recommended to help mitigate the adverse outcomes identified in this study.

Implications

The findings of this study hold important implications for mental health practitioners, policymakers, and community organizations in Bahawalpur and similar sociocultural settings. By highlighting the significant negative impact of childhood trauma on women's interpersonal relationships and emotional intelligence, this research underscores the need for targeted, culturally sensitive interventions that address the lingering effects of early adversity. Integrating trauma-informed approaches into counselling services, community health programs, and educational initiatives could help equip women with essential emotional and relational skills, ultimately fostering healthier personal relationships and enhancing psychological resilience. Furthermore, these insights call for increased public awareness and policy efforts aimed at preventing childhood maltreatment and creating supportive environments that promote the emotional well-being and social connectedness of women across the lifespan.

References

- Bach, B., Sellbom, M., Skjernov, M., & Simonsen, E. (2020). Childhood trauma and maladaptive personality traits: A meta-analytic review. *Journal of Personality Disorders, 34*(1), 1–20. https://doi.org/10.1521/pepi_2019_33_39360516647007
- Cook, A., Spinazzola, J., Ford, J., Lank tree, C., Bluestein, M., & van der Kolk, B. (2017). Complex trauma in children and adolescents. *Psychiatric Annals, 47*(5), 256–261. <https://doi.org/10.3928/00485713-20170501-05>
- Deighton, J., Lereya, S. T., Casey, P., & Patiala, P. (2021). The long-term impact of childhood trauma on emotional intelligence and mental health. *Journal of Adolescence, 90*, 75–85. <https://doi.org/10.1016/j.adolescence.2021.06.007>
- Espinosa, A., & Kadić-Maglajlic, S. (2023). Childhood trauma and emotional intelligence: The mediating role of emotional dysregulation. *Journal of Emotional and Behavioral Disorders, 31*(2), 134–148. <https://doi.org/10.1177/10634266221138062>
- Fatima, R., & Yousaf, F. (2022). Silence, stigma, and survival: Mental health challenges of women in South Punjab, Pakistan. *Pakistan Journal of Psychological Research, 37*(1), 45–64.
- Kim-Spoon, J., Deater-Deckard, K., Holmes, C. J., & King-Casas, B. (2020). Emotional regulation and brain development in adolescence: Implications for emotional and behavioural disorders. *Journal of Youth and Adolescence, 49*(8), 1605–1618. <https://doi.org/10.1007/s10964-020-01258-4>
- Muller, R. T., Sicoli, L. A., & Lemieux, K. E. (2019). Relationship between attachment, trauma, and interpersonal problems. *Journal of Interpersonal Violence, 34*(3), 504–528. <https://doi.org/10.1177/0886260516647007>
- Mayer, J. D., Caruso, D. R., & Salovey, P. (2016). The ability model of emotional intelligence: Principles and updates. *Emotion Review, 8*(4), 290–300. <https://doi.org/10.1177/1754073916639667>
- Muller, R. T., Sicoli, L. A., & Lemieux, K. E. (2019). Relationship between attachment, trauma, and interpersonal problems. *Journal of Interpersonal Violence, 34*(3), 504–528. <https://doi.org/10.1177/08862>
- Schimmenti, A., Passanisi, A., Gervasi, A. M., Manzella, S., & Famà, F. I. (2022). Traumatic experiences and psychological functioning in adulthood: The role of self-structure. *Psychology and Psychotherapy: Theory, Research and Practice, 95*(3), 747–765. <https://doi.org/10.1111/papt.12356>
- Teicher, M. H., & Samson, J. A. (2016). Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry, 57*(3), 241–266. <https://doi.org/10.1111/jcpp.12507>
- Yoon, S., Kobulsky, J. M., Yoon, D., & Kim, W. (2021). The role of adverse childhood experiences in suicidal ideation and emotional regulation. *Child Abuse & Neglect, 112*, 104892. <https://doi.org/10.1016/j.chiabu.2020.104892>