

Impacts of childhood adversity on relationships: expressions of affection and social connection

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SUMMARY

Individuals who experience childhood adversity are more likely to develop mental health problems and struggle to form healthy emotional connections in adulthood. Prior work has investigated how childhood adversity affects interpersonal skills and attachment styles. However, it is unclear how experiencing childhood adversity shapes how adults show and receive affection. The purpose of this study was to determine the association between different types of childhood adversity and adult preferences for expressions of love. We hypothesized that different types of childhood adversity would impact adult giving and receiving preferences for expressions of love based on Chapman's five love languages. Specifically, we hypothesized there would be a correlation between experiencing physical abuse and giving and receiving physical touch; experiencing verbal abuse and giving and receiving words of affirmation; experiencing emotional neglect and giving and receiving quality time; and experiencing sexual abuse and giving and receiving physical touch. Fifty-four participants completed an online survey containing questions about their preferences for giving and receiving expressions of love. Analyses demonstrated that individuals who experienced emotional neglect during childhood demonstrated a preference for showing affection through quality time, compared to individuals who did not experience emotional neglect. The results between experiencing verbal abuse and having a preference for giving words of affirmation revealed a potential connection, however, these results were not significant and should be repeated with a higher number of participants. Our findings provide insights into how the brain internalizes adverse childhood experiences and highlight the effects of these experiences in different aspects of adulthood.

INTRODUCTION

Childhood experiences build the foundation for forming reliable, healthy relationships with peers and adults, learning emotional regulation, and gaining social skills (1). There is also an increased importance of positive social and emotional relationships with primary caregivers during this time, which sets the tone for interpersonal development (1). An adverse childhood experience (ACE) is a potentially traumatic event that involves abuse, neglect, or an environment that

interferes with a child's sense of safety or stability (2). For example, growing up in a household that struggles with substance abuse, mental health issues, or domestic violence can qualify as an ACE (2). ACEs can also include experiences like sexual abuse, physical neglect, and verbal abuse (2). In 2024, 64% of adults in America reported having experienced at least one ACE (2). Exposure to traumatic events in childhood can affect neurobiological development, leading to increased mental and physical health risks (3). Many studies have linked traumatic childhood experiences to lowered self-esteem, increased risk of depression, anxiety, and substance misuse, potentially as a coping mechanism (4). Approximately one-third of mental health issues in adults have been linked to ACEs (5). Children exposed to ACEs are more likely to struggle with developing healthy emotional regulation (3). Children's tantrums are often an expression of elevated emotional reactivity and trouble identifying safe social situations because they are used to a constant state of fear (3). Within the field of psychology, there is now more attention being paid to how childhood adversity is connected to interpersonal struggles in adult relationships. There is increasing evidence that negative childhood experiences are contributing to adulthood struggles to develop healthy relationships (3).

Childhood adversity not only puts a strain on mental and physical health but also on the ability to form healthy relationships (3). People exposed to adverse experiences during development often rely on these early experiences as the basis for all other relationships (4). Studies have found that physical abuse can affect social skill development, including the ability to connect and be vulnerable with a partner, form healthy attachments, and maintain healthy boundaries in relationships (6). This may lead to trouble picking healthy partners, forming healthy connections with significant others, and having trust and intimacy within a relationship (6). A prior study has shown how childhood adversity impacts adult interpersonal functioning (7). The researchers found that different types of adversity experienced during childhood influenced individuals' interpersonal functioning in different ways (7). For example, individuals who reported verbal abuse as a child were directly correlated with a desire for distance from others and a lack of openness in adult interpersonal relationships (7). Individuals who experienced physical neglect during childhood reported a greater desire to feel comfortable and less desire to self-assert (7). Researchers hypothesized that this correlation may stem from individuals' fears of getting their hopes up then being denied basic needs again (7).

Another way childhood adversity has been linked to unhealthy relationship skills is through attachment styles. A previous study explored how different types of childhood adversity affect romantic adult relationships through attachment

styles (8). The study defined attachment theory as how an individual's relationship with parental figures during development affects the way they make connections with other people during adulthood (8). There are two main types of attachment: secure and insecure. A secure attachment style is being able to set healthy boundaries and have empathy (8). This can lead to romantic success because people with a secure attachment style are comfortable being single and can feel comfortable in emotional closeness (8). There are three types of insecure attachment: anxious/preoccupied, fearful/avoidant, and dismissive/avoidant (8). In the same study, individuals who experienced ACEs were more likely to have an insecure attachment style and people who did not experience childhood adversity were more likely to have a secure attachment style (8). Different types of childhood adversity were found to correlate with different insecure attachment styles (8). For example, physical neglect was linked to a dismissive/avoidant attachment style, which meant that such individuals avoid emotional closeness and distance themselves from others in romantic relationships (8). The results of this study showed that childhood adversity had negative effects on emotional and social development that impact other romantic preferences. Given these findings, we wanted to investigate the importance of childhood adversity on another aspect of adult relationships: how a person gives and receives love.

One helpful way to understand how people show affection is through a categorization method popularized in the 1990s called the five love languages. The five love languages are defined as physical touch, words of affirmation, quality time, acts of service, and gift giving, and each person has one or two main love languages that most resonate with them (9). The purpose of the love languages was to simplify expressions of emotional and physical intimacy, helping individuals connect more effectively with their partner's preferred ways to be shown love (9). The concept of the five love languages has become very popular on social media and in marriage counseling and is now a familiar and widespread metric. However, the five love languages have undergone frequent and inconsistent validity tests, leading to inconclusive results. While the five love languages have previously been applied to improving parent-child relationships, there is little research on how experiences with parents during childhood development affect love languages in adulthood. This study aimed to bridge the gap of how preference for love languages links to childhood adversity. We examined four relationships between childhood adversity and preferences for different love languages in adult relationships. We hypothesized that positive correlations exist between experiencing physical abuse and receiving physical touch; experiencing verbal abuse and receiving words of affirmation; and experiencing emotional and/or physical neglect and giving or receiving quality time. Additionally, we hypothesized that negative correlations exist between experiencing physical abuse and giving physical touch; experiencing verbal abuse and giving words of affirmation; and experiencing sexual abuse and giving and receiving physical touch. We found there was a relationship between experiencing emotional neglect and having a preference for giving quality time, when compared to those who did not. However, the remaining hypotheses were not supported by the statistical analyses. Here, we identified that childhood adversity impacts the way people prefer to give and receive love. From these results, we concluded that the life events a person experiences, even at

a young age, can have lasting impacts on how they handle relationships and prefer to interact with others. Moreover, these results highlight the importance of how identifying adverse events in an individual's life can lead to more understanding and more fulfilling expressions of love in a relationship.

RESULTS

We surveyed 54 participants on their experience with childhood adversity and preferences for love languages. The demographics of survey respondents include men, women, and non-binary individuals (**Table 1**). To evaluate the relationships between adversity types and love languages, we performed chi-squared analyses to test each type of adversity with the hypothesized love language.

Abuse

To evaluate if there was a connection between experiencing verbal abuse during childhood and a preference for using words of affirmation in adult relationships, we performed a chi-squared test. The chi-squared test uncovered a possible preference for using words of affirmation for those who experienced verbal abuse, when compared to those who did not. This chi-squared test approached significance, but did not pass our p-value threshold of 0.05 ($F(1,52)$, $p=0.062$) (**Table 2**).

We performed additional chi-squared tests to examine relationships between experiencing verbal abuse and receiving words of affirmation ($F(1,52)$, $p=0.218$), experiencing physical abuse and receiving physical touch ($F(1,52)$, $p=0.475$), experiencing physical abuse and giving physical touch ($F(1,52)$, $p=0.817$), experiencing sexual abuse and receiving physical touch ($F(1,52)$, $p=0.766$), and experiencing sexual abuse and giving physical touch ($F(1,52)$, $p=0.702$) (**Table 2**). However, none of these results were statistically significant.

Neglect

We used a chi-squared test to examine whether there was a correlation between experiencing emotional neglect during childhood and having an affinity for giving quality time in adult relationships. This analysis revealed that there was a statistically significant association between those who experienced emotional neglect and a preference for quality time, in com-

Variable	Women (n=44)	Men (n=8)	Non-Binary (n=2)
Mean age (years)	51	57	32
Marital status (n, %)	Married	31 (70.50)	7 (87.50)
	Dating	8 (18.20)	0 (0)
	Single	4 (9.10)	1 (12.50)
Response to conflict (n, %)	Avoid Conflict	14 (31.80)	3 (37.50)
	Confront Conflict	9 (20.50)	4 (50)
	Ignore Conflict	2 (4.50)	0 (0)
	Resolve Conflict Quickly	19 (43.25)	1 (12.50)
Adversity, abuse and neglect (n, %, multi-select question)	Childhood Adversity	31 (70.50)	6 (75)
	Physical Abuse	14 (31.80)	1 (12.50)
	Verbal Abuse	19 (43.20)	2 (25)
	Sexual Abuse	10 (22.70)	1 (12.50)
	Emotional Neglect	19 (43.20)	3 (37.50)
	Physical Neglect	9 (20.50)	0 (0)
Health conditions (n, %, multi-select question)	Diagnosed Mental Condition	27 (61.40)	1 (12.50)
	Physical Condition (e.g., diabetes, high blood pressure, etc.)	19 (43.20)	5 (62.50)

Table 1: Participant Demographics. Participants' responses to demographic, interpersonal skills, exposure to abuse and neglect, and health status questions by gender.

	Was not physically abused	Was physically abused
No preference towards giving physical touch	13	6
Preference towards giving physical touch	25	10
	Was not physically abused	Was physically abused
No preference towards receiving physical touch	15	8
Preference towards receiving physical touch	23	8
	Was not sexually abused	Was sexually abused
No preference towards receiving physical touch	17	6
Preference towards receiving physical touch	24	7
	Was not sexually abused	Was sexually abused
No preference towards giving physical touch	15	4
Preference towards giving physical touch	26	9
	Was not verbally abused	Was verbally abused
No preference towards giving words of affirmation	7	1
Preference towards giving words of affirmation	24	22
	Was not verbally abused	Was verbally abused
No preference towards receiving words of affirmation	16	8
Preference towards receiving words of affirmation	15	15
	Was not emotionally neglected	Was emotionally neglected
No preference towards receiving quality time	14	15
Preference towards receiving quality time	16	9
	Was not emotionally neglected	Was emotionally neglected
No preference towards giving quality time	6	11
Preference towards giving quality time	24	13
	Was not physically neglected	Was physically neglected
No preference towards receiving quality time	25	4
Preference towards receiving quality time	20	5
	Was not physically neglected	Was physically neglected
No preference towards giving quality time	16	1
Preference towards giving quality time	29	8

Table 2: Chi-squared Cross Tabulations. The number of responses that each pair of childhood adversity and love language preference received used in the chi-square tests.

parison to those who did not experience emotional neglect ($F(1,52)$, $p = 0.042$) (**Table 2**).

We performed additional chi-squared tests to examine the relationships between experiencing emotional neglect and receiving quality time ($F(1,52)$, $p=0.246$), experiencing physical neglect and receiving quality time ($F(1,52)$, $p=0.542$), and experiencing physical neglect and giving quality time ($F(1,52)$, $p=0.149$); however, none of these results were statistically significant (**Table 2**).

DISCUSSION

The purpose of this study was to further the understanding of how different types of childhood adversities shape expressions of affection in adulthood. We hypothesized that experiencing physical abuse would correlate with preferring to receive physical touch but not giving physical touch, experiencing verbal abuse would correlate with preferring to receive words of affirmation but not giving words of affirmation, experiencing sexual abuse would correlate with preferring to not give or receive physical touch, and experiencing neglect would correlate with preferring to give and receive quality time.

The results of this study showed that people who experienced emotional neglect during childhood had a strong affinity for giving quality time in adulthood relationships relative to those who did not. It is possible that children who lacked basic emotional support and affection grew up feeling worthless and ignored by the people who should have been their first connections. In turn, they may have grown up to internalize the idea of not being worth attention, affection, and basic emotional support. Individuals, as adults, would make a deliberate decision to show their romantic partner greater af-

fection and emotional support than they received as a child. The definition of quality time is not only being in the same room together but also actively doing things to share time with one's partner, even if those tasks are separate (9). It is vital to someone who values quality time that an individual takes time to listen to their partner's thoughts, feelings, and concerns in the relationship so that they can work through issues together. Those who lacked emotional support in childhood may be uniquely aware of the integral necessity to make their partner feel seen, heard, and cared for, unlike the environment they grew up in.

The results suggested that there may be a connection between experiencing verbal abuse and preferring giving words of affirmation, however, the results did not pass the significance threshold. We suspected that people who grew up hearing words used negatively would grow up to become more sensitive to how words can impact people's feelings. Individuals would pay closer attention to the words they use with their partners and would be more likely to use words to validate their partner and express affection. They might be compensating for experiencing verbal abuse by choosing to use words positively to show affection. The definition of words of affirmation is encouraging messages and open communication about wants and needs (9). It is important to use words wisely and be aware of how verbally lashing out can cause destruction (9). Therefore, we theorized that people who have repeatedly experienced verbal abuse would be more aware of the effect of words on other people, and consciously use words of affirmation to reassure their partner and communicate their feelings. However, the results of the current study were inconclusive.

The other eight results between love languages and child-

hood adversity were not significant, meaning the statistical significance threshold of $p < 0.05$ was not met (**Table 2**). This could have been due to our relatively small sample size or lack of depth of questions. It is possible that the tested childhood adversity types had no impact on love language preferences. However, childhood experiences can be so vastly unique for each individual that predicting how that event will shape their perception, behavior, and the way they interpret other's actions based on a broad categorization may create inconsistent responses. Previous research established that childhood adversity can inhibit the development of social skills necessary to form healthy connections (6-8). However, there has not been much research exploring how people who experienced adversity adapt in relationships to show affection. Most research has focused on the setbacks to vulnerability and openness in relationships, not how people in healthy relationships have changed and evolved after experiencing adversity in childhood.

While we believe our study has contributed to understanding how those that have experienced ACEs adapt to adult relationships, there were some limitations. First, the study relied on self-reported data through an online survey. The data may have been unreliable because self-reported childhood trauma relies on the participants' perception of the events. Participants may not have been honest or able to accurately remember the events, especially when these events caused trauma. The survey asked very personal questions and participants may have been hesitant to be honest. There is also a stigma associated with experiencing trauma, which could affect whether an individual is willing to disclose experiences of adversity. Second, the structure of the survey did not ask in-depth questions that pertained to childhood adversity; it asked if participants experienced it but did not include questions regarding duration or severity, which could have varied strongly between participants and influenced the results. Survey questions were designed to be easy to analyze, leading to questions that forced participants to give yes-or-no answers. Third, the legitimacy of Chapman's five love languages as a reliable metric is unclear. Some researchers suggest that Chapman's five love languages were based primarily on anecdotal observations of human experience and heavily influenced by his religious background (10). Additionally, the categorization may not be exhaustive, as many people who are neurodivergent or from different cultural backgrounds may show and receive love in other ways not included in Chapman's five love languages. Fourth, the study sample was small. Our sample had significantly more female participants which means that our results are not reflective of the general population. The age range of the sample trended towards the middle-aged participants, which could have further skewed the results. This study would benefit from a wider demographic sample in the future to gain more accurate results and to explore possible connections across different age groups, genders, and races in the context of the current study. Future work should investigate potential gender differences and how these events might affect men and women differently in their relationships. Another important factor for future research is how age and frequency of abuse incidents play a role in how individuals adapt in future adult relationships. Literature suggests that the severity and frequency of an ACE have an impact on long-term social skill development (11). Adversity is very complex and should use multi-dimensional research

methods because many factors, like details of the adversity, influence development (12). For example, it would be important to consider the relation between perpetrators and victims to fully understand how childhood adversity is shaping behaviors and social skills. With more precise data, we could gain a better understanding of the connection between expressions of love and childhood adversity. It would also allow more research on a less-discovered topic because there is a lot of literature about subtypes of adverse experiences and their effects, but not often the specifics of such adverse experiences. Finally, future studies should focus on how different subtypes of adversity affect mental and physical conditions, as well as whether mental and physical health conditions become worse if certain relationships between childhood adversity and expressions of love exist. These could all be very informative paths to research in the future to further develop our understanding of how different adverse experiences in childhood affect different aspects of our social lives.

Altogether, our work has demonstrated that adverse events in childhood can impact relationships through adulthood. We have shown that, in particular, emotional neglect and quality time have a connection. These results highlight how important early adverse events are in shaping a person and impacting society. By creating a deeper understanding of these connections, we may be able to better predict the needs and reactions of people we care about to avoid conflict and better love the people in our lives.

MATERIALS AND METHODS

Participants

Participants included 54 subjects (44 women, 8 men, and 2 non-binary), ranging in age from 21 to 77 (Mean = 51) (**Table 1**). 75.5% of participants were married, 15.1% were dating (not married), and 9.4% were single. Participants were recruited through physical flyers in high-traffic areas and online platforms such as Facebook, Reddit, and a psychology discussion board. The only criterion for participation was that respondents must be 18 years of age or older. This was due to the fact that this study was conducted to find the long-term effects of childhood adversity on adult relationships. No data that met the criteria for participation was excluded.

Procedures

Respondents to the advertisement were given a QR code and link to a digital consent form that verified that all participants were older than 18 and were aware of the potential impacts of participating in the study. Once the consent form was filled out, respondents could access the survey. The consent form and survey were not linked in any way to keep the privacy of the participants safe. The survey had 19 questions and took approximately 10 minutes to complete. All questions were multiple-choice, except age, to keep answers unidentifiable. The first three questions were demographic-based questions about age, gender, and relationship status.

Measures

The survey included questions that indicated the occurrence of a variety of adverse childhood experiences, as well as inquired about how individuals preferred to show and receive affection. The ACE questionnaire was utilized as a model for the survey to assess the types of childhood adversity experienced. The final survey included five of the categories

of ACE (13). Verbal abuse was determined by the question “did a parent or adult ever swear at you, insult you, or put you down?” Physical abuse was determined by the question “did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?” Physical neglect was determined by the question “did you feel that you did not have enough to eat, had to wear dirty clothes, or have anyone to protect you?” Emotional neglect was determined by the question “did you feel that no one in your family loved you or thought you were special?” Sexual abuse was determined by the question “did you experience unwanted sexual contact?” These five questions were answered with a “select all that apply” format. To evaluate how the participants showed affection in adult relationships, the survey used Chapman’s five love languages: physical touch, words of affirmation, quality time, acts of service, and gift giving. Participants were asked how often they show and receive these forms of affection using a 5-point Likert scale: 1 = Not Often, 2 = Occasionally, 3 = Semi-regularly, 4 = Often, 5 = Very Often. The survey also contained questions about non-romantic relationships to describe their closeness to family and friends. These questions also utilized the Likert scale: 1 = Not at all, 2 = Partially, 3 = Decently, 4 = Mostly, 5 = Very much so. The survey also asked about medical conditions and conflict resolutions to explore other possible connections between affection and childhood adversity (**Table 1**).

Analyses

All analyses were performed in Statistical Package for the Social Sciences (SPSS). All categorical data was hand-coded into binary numbers (e.g., 0, 1) for statistical analyses. The Likert scale was hand-coded such that scores 1-3 were 0, meaning there was no preference towards that love language, and scores 4-5 were 1, meaning there was a preference towards that love language. To analyze the connection between those who experienced childhood adversity and love language preference, we conducted ten separate chi-squared tests for different types of childhood adversity related to preferences for love languages both giving and receiving. The chi-squared test was used to examine the association between responses for preference giving and receiving different types of love languages and whether someone experienced a certain type of childhood adversity (e.g. physical abuse vs. no physical abuse). Associations for multiple forms of adversity were not examined. Means were calculated for age, relationship status, conflict management preferences, mental and physical conditions, and types of childhood adversity (**Table 1**).

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