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Examining The Relationship Between Childhood Trauma, Interpersonal Dependency, and Relational Aggression

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Abstract

Early exposure to maltreatment and traumatic experiences may contribute to the development of negative interpersonal relationships and aggressive behaviors in adulthood. Childhood trauma is considered one of the fundamental psychosocial variables that predict relational aggression. Attachment theory and schema therapy perspectives suggest that these early experiences may lead individuals to form dependent relationships with others, resulting in the emergence of relational aggression behaviors. This study aimed to test the hypothesized relationships between childhood trauma, relational aggression, and interpersonal dependency. Mediation analyses were conducted using PROCESS Macro (Model 4) with 5,000 bootstrap resamples. The study included 696 students (505 women and 191 men) aged 18 to 49 years (M = 21.86) enrolled at a university. The analyses revealed significant positive relationships between childhood trauma, interpersonal dependency, and relational aggression. Additionally, interpersonal dependency was found to play a significant mediating role in the relationship between childhood trauma and relational aggression**.** Childhood trauma accounted for approximately 2% of the variance in relational aggression, and the full mediation model explained 3% of the variance, indicating small effect sizes. Findings from the current study indicate that childhood trauma is statistically associated with relational aggression and that this association may be partially mediated by interpersonal dependency. Interpersonal dependency may therefore represent a relevant relational factor to consider when understanding relational aggression among individuals with experiences of childhood trauma.

Keywords: childhood trauma, relational aggression, ınterpersonal dependency, mediation

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Introduction

Aggression has been the focus of numerous studies for many years, examined in its various dimensions. While physical aggression has been the primary focus of these studies (Chang et al., 2016; Coker et al., 2015; Hettrich & O'Leary, 2007; Nivette et al., 2019), the literature has expanded to include different classifications such as verbal, proactive, impulsive, direct, and indirect aggression (Archer, 2004; Connor et al., 2019; Hubbard et al., 2010; Moore et al., 2020; Poling et al., 2019). Among these, relational aggression (RA) is considered a form of indirect aggression and refers to behaviors aimed at harming others through the manipulation or disruption of social relationships (Blankenship et al., 2018; Crick & Grotpeter, 1995). Despite its relevance to interpersonal functioning, RA appears to have received relatively less empirical attention than other forms of aggression. One possible reason for this may be that RA is generally perceived as less harmful or more socially acceptable. Specifically, RA includes exclusionary behaviors such as not talking to someone, not spending time with them, deliberately ignoring them, or threatening to end friendships and withdraw affection (Xie et al., 2003). Such behaviors may be easier to justify or rationalize, which can contribute to RA being viewed as less severe than more overt forms of aggression (Goldstein & Tisak, 2010).

Aggression refers to actions performed with the intent to cause harm (Anderson & Bushman, 2002). As a social phenomenon**,** it involves at least two individuals (Bushman & Huesmann, 2010) and is defined not as an internal state such as an emotion, cognition, or attitude, but rather as a behavior (Blankenship et al., 2018). Cognitions are widely accepted as fundamental structures influencing behavior (Beck, 1976/2005). The cognitions underlying aggression can be shaped by early life experiences. It has been suggested that individuals who have experienced early trauma may develop hostile attributions and display aggressive behavior by making encoding errors (Dodge et al., 1995). Although cognitive attribution models offer a broader explanatory background, the present study primarily adopts an attachment-based framework to explain the link between early adverse experiences and RA. Childhood trauma (CT), referring to experiences such as abuse, neglect, and other forms of childhood maltreatment (De Bellis et al., 2014; McKay et al., 2021; Pearlman et al., 2010), is conceptualized here as an early adverse experience that may shape later interpersonal functioning. In this study, attachment theory serves as the primary theoretical framework to explain how CT may be related to RA. According to attachment theory, exposure to maltreatment in childhood can lead to insecure attachment in children (Baer & Martinez, 2006). Individuals with insecure attachment styles may exhibit aggressive behavior in interpersonal relationships by making negative attributions about others' actions (Simons et al., 2001; Xu et al., 2024). The positive correlations observed between insecure attachment styles formed in early childhood and the development of maladaptive schemas (Karantzas et al., 2023) indicate that, in addition to attachment styles, schemas are also associated with behaviors such as aggression. In this context, schema therapy is considered in the

present study as a complementary theoretical framework that helps explain the cognitive and emotional patterns underlying attachment styles (e.g., abandonment, insecurity, and helplessness schemas).

According to schema therapy, maladaptive schemas begin to form in early life and persist throughout adulthood as core beliefs. Adults who have experienced trauma tend to repeat the emotions and reactions they had as children when faced with problems (Simeone-DiFrancesco et al., 2017). Consequently, aggressive or dependent behavior may be observed in these individuals (Allen & Lauterbach, 2007; Podubinski et al., 2015). If an individual perceives themselves as helpless, weak, or powerless during childhood, they tend to view others as powerful and develop a dependence on others (Bornstein, 2005b). Both approaches assume that CT may be reflected in the individual's current interpersonal relationships. Thus, negative experiences in early life may contribute to current aggressive behaviors; perceiving oneself as powerless and helpless in childhood, due to these negative experiences, may lead to dependency in future relationships.

One of the most common concepts used to explain codependency is interpersonal dependency (ID). ID is defined as the tendency to rely on another person's care, protection, guidance, and support, even in situations where the individual could act independently (Bornstein, 2011). Helplessness and the urge to depend on others may develop as a result of traumatic experiences in early life (Hill et al., 2001). Although interdependent individuals generally display passive traits (such as expecting protection or care), they can sometimes exhibit quite active and even aggressive behaviors (Bornstein, 2011).

It is noteworthy that the beliefs triggering aggression and ID are similar. Fear of abandonment, one of the schemas underlying aggression, is also a key reason behind the dependent behaviors that shape interpersonal relationships (Bornstein, 2011; Maiuro et al., 1988). Dependent individuals interpret social cues based on their current perceptions, often with a sense of helplessness and defenselessness (Bornstein, 2005b). Driven by fear of abandonment and a belief in their own helplessness, individuals may resort to aggression to gain control over the relationship and prevent abandonment, rather than developing constructive relationships (Bornstein, 2016; Murphy et al., 1994). For individuals exhibiting ID traits, the primary goal is often to maintain the relationship and avoid abandonment. Therefore, rather than resorting to overt or physical aggression, they may attempt to control the relationship through more indirect and relationship-focused methods such as exclusion, manipulation, or threatening to withdraw affection. For this reason, aggression may emerge through ID. Accordingly, in this study, ID is positioned as a potential relational mechanism linking CT to RA.

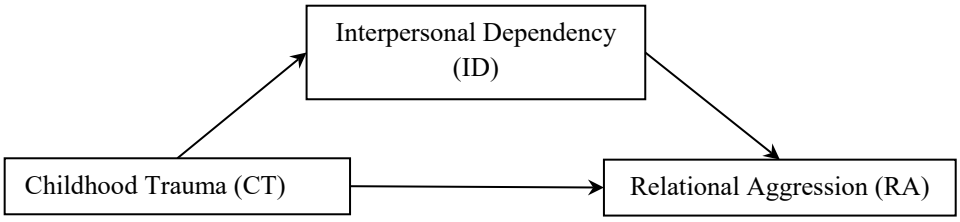
Furthermore, ID can appear in individuals with a history of CT (Bornstein, 2005a; Kane & Bornstein, 2018), and individuals with high ID display aggressive behaviors (Carney & Buttell, 2006; Kane et al., 2000). However, research demonstrating the effect of CT experience on RA is limited (Auslander et al., 2016;

Cullerton-Sen et al., 2008; Li et al., 2023). Moreover, it is noteworthy that the role of ID in this relationship has not been examined. Therefore, exploring the relationship between CT experience, ID and RA may advance understanding of this topic. On the other hand, RA (Crick, 1996; Werner & Crick, 2004), ID (Bornstein, 2012; Denckla et al., 2011), and CT experiences (Berzenski & Yates, 2019; Brodsky et al., 2001) are associated with adjustment problems. Identifying the relationships between these variables may help determine how to deal with these problems. Increasing awareness of this issue among individuals in young adulthood, a period marked by intense interpersonal relationships, may be beneficial. Understanding the social-emotional development of young adults requires considering not only the developmental period they are currently in, but also the influence of their earlier life experiences (Santrock, 2013). Therefore, considering these variables, which are shaped in early life, in light of the characteristics of young adulthood can contribute to a more accurate understanding of individuals' social-emotional development.

Research indicates that young people require psychological assistance due to problems they experience in interpersonal relationships (Cairns et al., 2010; Erkan et al., 2011), and that one in three university students seek help from a psychological counseling center for academic or relationship issues (Istanbul Technical University Psychological Counseling Center [ITU PCC], 2024). Additionally, RA disrupts interpersonal relationships (Carroll et al., 2010; Crothers et al., 2014). Therefore, identifying the precursors of RA can both broaden young people's knowledge about RA and shape the interventions of mental health professionals who provide psychological support. According to the attachment-based approach, CT is expected to influence RA through ID. The current study aims to examine the effect of the CT experience on RA and to test whether ID mediates this relationship. Theoretical explanations in the literature suggest that the CT experience will have a positive effect on both ID and RA. Based on the literature, CT was hypothesized to positively and significantly predict RA (H_1) and ID (H_2). Furthermore, ID was expected to positively and significantly predict RA (H_3) and to mediate the relationship between CT and RA (H_4). The hypothetical model, which includes the research variables, is shown in Figure 1.

Figure 1

Hypothetical Model



Method

Participants and Procedure

The current study included associate degree and undergraduate students continuing their education at a university in the Eastern Anatolia Region of Turkey during the 2024-2025 academic year. A convenience sampling method was chosen for the study. Convenience sampling was selected because it facilitates easy access to participants and includes individuals who voluntarily agree to participate (Johnson & Christensen, 2014). After obtaining the necessary approval from the university's ethics committee, an official announcement about the study was disseminated within the university. Data were collected from students who volunteered to participate. Approximately 5% of the data were collected online via Google Forms. However, due to the inability to reach a sufficient number of participants through online means, the remaining 95% of the data were collected through face-to-face administration in classroom settings during scheduled course hours, with the support of faculty members.

Participants were informed that the study was a scientific research project, that participation was voluntary, and that they had the right to withdraw from the study at any time before the write-up and publication stages. They were also assured that their personal information would be protected and would not be used for purposes other than the study. No identifying information (e.g., names, student identification numbers, or IP addresses) was collected. All data were anonymized prior to analysis and stored in a secure cloud-based storage system (e.g., Google Drive) accessible only to the two authors. Participants were asked to read and sign the informed consent form prepared by the researcher, after which the scale forms were administered. A total of 696 university students (505 women, 191 men) aged 18–49 ($M = 21.86$, $SD = 3.73$) participated in the study. Of the participants, 39.2% were first-year students, 28.6% were second-year students, 19.1% were third-year students, and 13.1% were fourth-year students.

Measures

Childhood Trauma Questionnaire (CTQ-28)

The scale was developed by Bernstein et al. (1994) to enable retrospective and quantitative assessment of neglect and abuse occurring during childhood. The original version created by the authors included 53 items, while the Turkish version contains 28 items. The validity of the Turkish version was confirmed by Şar et al. (2012). The scale is a five-point Likert-type measure consisting of five subscales: 1) Emotional abuse, 2) Physical abuse, 3) Sexual abuse, 4) Emotional neglect, and 5) Physical neglect. The Turkish version of the scale demonstrated good psychometric properties, with acceptable factor loadings (.61–.94), high internal consistency (α =

.93), and strong test–retest reliability (r = .90), supporting its use in this sample. Because this study did not aim to assess trauma denial, Items 10, 16, and 22 were excluded from the total score. Accordingly, analyses were conducted using 25 items, resulting in a total score range of 25 to 125. In this study, Cronbach's alpha internal consistency coefficient for the total score was .83.

Relational Aggression Scale (RAS)

The scale was developed by Kurtyılmaz et al. (2011) as part of a separate study to measure RA among university students. The RAS is a five-point Likert-type scale with a three-dimensional structure, consisting of three subscales: 1) Exclusion, 2) Manipulation, and 3) Gossip, with factor loadings ranging from .52 to .83. CFA results indicated that the three-factor structure was confirmed, with acceptable model fit (χ^2/df = 2.44, RMSEA = .06, SRMR = .06, CFI = .98). Reliability analyses also showed high internal consistency (α = .91), with split-half reliability of .87 and test–retest reliability of .93. Scores on the scale range from 22 to 110 (Kurtyılmaz et al., 2011). In the current study, Cronbach's alpha internal consistency coefficient for the total score was .91.

Interpersonal Dependency Scale Short Form

The Interpersonal Dependency Scale was developed by Hirschfeld et al. (1977) to measure ID tendencies. The 48-item scale, translated into Turkish by Ulusoy (2010), has a three-dimensional structure. The short form of the Interpersonal Dependency Scale was developed by Yılmaz and Ulusoy (2024) and was used in this research. The short form of the scale is a four-point Likert-type measure, consisting of 12 items that are divided into three subscales: 1) Emotional security, 2) Social self-confidence deficiency, and 3) Autonomy. According to Exploratory Factor Analysis (EFA) results, item factor loadings ranged from .61 to .73. CFA results indicated that items loaded on their respective factors (.42–.67), with acceptable model fit (RMSEA = .06, CMIN/DF = 2.38, RMR = .04, GFI = .95). The Cronbach Alpha internal consistency coefficient for the total score of the short form of the scale is .60 (Yılmaz & Ulusoy, 2024). Within the scope of the current study, the Cronbach's alpha internal consistency coefficient for the scale's total score was calculated as .61.

Data Analysis

In this study, SPSS Statistics Version 25 (IBM Corp., 2017) and the PROCESS macro (Model 4; Hayes, 2018) were used to perform the analyses. For the identification of univariate outliers, z-scores were calculated to detect extreme values above or below the mean. Cases falling outside the ±3 range were examined. In the subsequent stage, outlier diagnostics were conducted using the outliers option in SPSS. After controlling for z-scores and univariate outliers, 100 cases were removed from the dataset. No outlier values were detected when Cook's D was examined. For

multivariate analyses, Mahalanobis distance values were examined to detect multivariate outliers. Mahalanobis distance values were calculated using all model variables (CT, RA, and ID). The critical value was determined based on $\chi^2(3) = 16.27$, $p < .001$. One case (MD = 16.95) exceeded this threshold and was removed from the analyses. After excluding the aforementioned observation, the analyses were rerun; no changes were observed in the magnitude, direction, or statistical significance of the regression coefficients. This finding indicates that the results were not sensitive to the outlier. Skewness and kurtosis coefficients were analyzed to determine whether the data showed a normal distribution. When the skewness and kurtosis values were examined, they were found to fall within acceptable ranges. To test the significance of the mediation effect, 5,000 bootstrap samples were used, and the significance of the indirect effect was evaluated based on the criterion that the lower and upper limits of the 95% confidence interval did not include zero. Regression assumptions of linearity, homoscedasticity, and independence of residuals were examined, and no serious violations were observed.

Results

The current study examined the mediating role of interpersonal dependency (ID) in the relationship between childhood trauma (CT) and relational aggression (RA). After the outlier removal procedures, analyses were conducted with a final sample of $N = 595$. No covariates were included in the mediation model. Variables were analyzed using their raw scores and were not mean-centered.

Table 1

Correlation Coefficients Among the Variables, Means, Standard Deviations, Scoring Ranges and İnternal Consistency Coefficients

Variables	1	2	3	*M*	*SD*	Range	α
1. CT	-			34.34	7.95	25−125	.83
2. RA	.14**	-		44.81	13.38	22−110	.91
3. ID	.13**	.10**	-	27.02	4.50	12−48	.61

Note. CT = Childhood Trauma; RA = Relational Aggression; ID = Interpersonal Dependency.
**$p < .01$.

As shown in Table 1, correlations among CT, RA, and ID were positive, ranging from .10 to .14. Consistent with Hypotheses 1–3, CT was positively associated with RA, RA with ID, and ID with CT.

In the current study, the model was first tested to measure the total effect of CT (independent variable) on RA (dependent variable). The analyses were conducted without including demographic or other control variables. In the next stage, ID (mediating variable) was included in the model to examine the relationship between CT and ID, the relationship between ID and RA, and the effect of CT on RA through

ID. The indirect effect of CT on relational aggression through ID was a primary focus of the analysis.

Since non-standardized beta coefficients are typically presented in Process Macro applications (Gürbüz, 2021; Hayes, 2018), the non-standardized beta coefficient (*b*) and significance level are reported in the text. The total effect of CT on RA (path c) was positive and significant, $b = .239$, 95% CI (.115, .363), $t = 3.777$, $p < .001$, with $R^2 = .020$. According to the results, CT is a positive and significant predictor of RA.

In line with the fourth hypothesis of the study, the mediating role of ID in the relationship between CT and RA was examined. The results of the mediation model are presented in Table 2.

As shown in Table 2, the model obtained by including the mediating variable revealed that the effect of the independent variable CT on the mediating variable ID (path a) is positive and significant ($t = 3.568$, $p < .001$). CT explains approximately 2% of the variance in ID ($R^2 = .018$). It was also found that the effect of the mediating variable of ID on the dependent variable of RA (path b) is positive and significant ($t = 2.166$, $p < .05$). According to the results, CT is a significant and positive predictor of ID, while ID is a significant and positive predictor of RA.

In the mediation model, the direct effect of CT on RA remained statistically significant ($t = 3.462$, $p < .001$). However, the magnitude of the direct effect decreased compared to the total effect. Furthermore, it was found that ID, in conjunction with CT, accounted for approximately 3% of the variance in RA ($R^2 = .027$).

A mediation analysis was performed using the Process Macro with 5,000 bootstrap resamples based on unstandardized raw scores to test the mediating role of ID in the relationship between CT and RA. As presented in Table 2, the indirect effect of CT on RA through ID did not include zero, indicating a statistically significant partial mediation effect.

Table 2

Direct and İndirect Effects of Childhood Trauma on Relational Aggression Through İnterpersonal Dependency

Model paths	*B*	*SE*	95% CI [LB, UB]
CT → RA (path c)	.239	0.063	[.115, .363]
CT → ID (path a)	.076	0.021	[.034, .118]
ID → RA (path b)	.244	0.112	[.023, .465]
Direct effect (c' path) CT → RA	.220	0.063	[.095, .345]
Indirect effect (path a x b) CT → ID → RA	.019	0.011	[.001, .042]

Note. $N = 595$. CT = Childhood Trauma; RA = Relational Aggression; ID = Interpersonal Dependency; *B* = Unstandardized coefficients; *SE* = Standard error; CI = Confidence interval; LB = Lower bound; UB = Upper bound. Model $R^2 = .027$. No covariates were included in the model.

Discussion

The current study examined the mediating role of ID in the relationship between CT and RA. The findings indicate that CT was significantly associated with RA both directly and indirectly through ID. However, the magnitude of these associations was small, suggesting limited explanatory power. Consistent with previous research, the positive and significant relationship found between CT and RA in this study aligns with the literature (Burnette & Reppucci, 2009; Murray-Close et al., 2008; Yang et al., 2022). Traumatic abuse and neglect experienced during childhood can affect individuals later in life by contributing to the development of aggressive behavior (Adler et al., 2021) and the use of violence in close relationships (Ménard et al., 2021).

Aggressive behaviors in individuals who have experienced CT can generalize to all relationships and manifest in various forms (Milaniak & Widom, 2015). This pattern is consistent with the findings of the present study, which demonstrated a significant positive association between CT and RA (supporting H_1). Therefore, even if CT is not shown through acts of physical aggression, it may be linked to RA, as suggested by attachment-based and schema-focused explanations**.** Research conducted by Auslander et al. (2016) supports this idea, showing that individuals who experienced trauma in childhood exhibit RA along with physical aggression.

The positive relationship found between CT and RA can be explained by the assumption in schema therapy that maladaptive schemas begin to form early in life and persist as core beliefs throughout life (Göral-Alkan & Tüzün, 2023). A fundamental assumption of schema therapy is that interpersonal relationship problems observed in adulthood are rooted in stable schemas (Simeone-DiFrancesco et al., 2017). Schemas, which are emotional and cognitive patterns related to how an individual perceives themselves and the world, guide relationships (Göral-Alkan & Tüzün, 2023). Attitudes and behaviors seen in later stages of life are related to schemas, i.e., early experiences (Ponce et al., 2004; Safran, 1990; Simard et al., 2011). Individuals who have experienced trauma may have pessimistic perceptions about the world, make negative inferences in response to situations, and make hostile attributions, particularly about others (Murray-Close et al., 2010).

Individuals with a tendency to make hostile attributions may have reactive responses or outbursts and engage in RA, which can fuel passive-aggressive behaviors, due to deficiencies in their ability to interpret situations accurately (Ostrov et al., 2011). Thus, this finding suggests that CT experiences may be related to relational aggression and these associations appear consistent with the propositions of attachment and schema therapy. That is, negative experiences in early life can shape a person's internal representations of themselves and others and may influence their behavior in subsequent interpersonal relationships.

The current study found a positive and significant relationship between CT and ID (supporting H_2). These results are consistent with findings from studies in the

literature (Bornstein, 2005a; Bornstein et al., 2009; Tolan & Tümer, 2023). This supports the idea that individuals may need support to overcome negative self-perceptions resulting from their CT experiences (Hill et al., 2001). Underlying the individual's critical attitude toward themselves, their feelings of inadequacy, abandonment, and helplessness stem from the negative experiences they were exposed to during childhood (Marchetti et al., 2022).

The present findings align with the view that exposure to childhood maltreatment may lead individuals to engage in excessive self-criticism and negative self-evaluation, which in turn may increase dependency tendencies (Reyome & Ward, 2007). This outcome is expected because individuals with low self-efficacy perceptions may develop dependency by needing others (Kane & Bornstein, 2018). Our study also supports this finding. Specifically, the present study extends prior research by empirically demonstrating this relationship within a university student sample. As a result of early life experiences, individuals may feel vulnerable and weak, internalize helplessness, and become dependent (Bornstein, 2016). Therefore, CT experiences may be associated with dependent relationships, which our findings likewise suggest.

The current study found a positive, significant relationship between ID and RA (supporting H_3). Similar findings have been reported in the literature (Carney & Buttell, 2006; Kane & Bornstein, 2016; Mellinger & Carney, 2014). The positive relationship between ID and RA can be explained by attachment theory. Research conducted by Li et al. (2023) found that rejection sensitivity was associated with RA in individuals with a traumatic past. It has been stated that individuals sensitive to rejection may resort to RA when faced with rejection (Sijtsema et al., 2011). Rejection sensitivity may have played a role in the emergence of RA among individuals with a history of trauma, as observed in our findings.

From the perspective of attachment theory, sensitivity to rejection plays a significant role in individuals with insecure attachment patterns, who often exhibit RA (Choi & Lim, 2023). Individuals with insecure attachment styles may use RA to cope with feelings of powerlessness (Oka et al., 2016). When a secure attachment is not established, individuals may resort to manipulative methods to maintain the relationship, exhibiting RA (Erzi, 2022). The sensitivity to rejection and the tendency to maintain the relationship at any cost, characteristic of ID (Bornstein, 2006; Pincus & Gurtman, 1995), explain its positive correlation with RA. Furthermore, the fact that a dependent individual, when not receiving sufficient attention, may behave manipulatively toward the person from whom they expect attention and demand attention aggressively (Wiggins & Winder, 1961) confirms that ID can have an impact on RA.

The current study demonstrates that the indirect effect of CT on RA is significant and that, after including ID in the model, the relationship between CT and relational aggression remains substantial, with ID contributing to the existing relationship (supporting H_4). The literature has examined only the mediating role of

moral disengagement in the relationship between CT and RA (Ding et al., 2023). To our knowledge, there is limited empirical evidence regarding the mediating role of ID.

In this context, ID may be important for coping with increased RA following a CT experience. Although dependency has been associated with passivity and a tendency to conform (Ainsworth, 1969; Overholser, 1987), it can also manifest in behaviors that require activity, such as seeking support and attention, as well as aggression (Bornstein, 1995). Because the self-efficacy of interdependent individuals is not sufficiently developed, their self-confidence and tolerance for disappointment are low (Kane & Bornstein, 2018).

Furthermore, when individuals become aware of their powerlessness in life, they begin to feel anxious and develop defensive responses to protect themselves (Freud, 1933/2001). Such processes may also be relevant for understanding how CT is linked to RA through ID. Interpersonally dependent individuals may become aggressive when they perceive a threat to relationships they consider important, when social influence strategies are insufficient, or to prevent abandonment (Bornstein, 2016). In this sense, these responses may reflect the mechanisms through which ID contributes to the relationship between CT and RA. Therefore, ID may represent a meaningful relational mechanism that helps explain variations in RA. This is because lowering both RA and ID is considered important for establishing healthy relationships (Buttell et al., 2005; Ellis et al., 2013). While the magnitude of the mediating effect was modest, the present findings nonetheless support the role of ID in the relationship between CT and RA. What makes the current study unique is that it empirically identifies ID as a mediating pathway linking CT and RA**,** thereby contributing to a more refined understanding of this association.

Building on these findings, the present results may have important implications for intervention and prevention efforts. This may deepen our understanding of how to approach young people who seek psychotherapy, particularly for interpersonal problems. Current research findings suggest that mental health professionals working with individuals with CT experience (Vanderzee et al., 2019), who are known to seek psychotherapy frequently, may consider including coping with ID in the goals they develop to reduce RA. This is because current findings indicate that CT predicts RA both independently and through ID.

According to a recent report, approximately one-third of university students seek help from university counseling centers for academic or relationship-related problems (ITU PCC, 2024). In these centers, early identification of students prone to ID due to CT experience may contribute to addressing RA. Group-based programs for university students who require assistance with RA may benefit from including goals that promote healthy attachment. In addition, skill-based courses (e.g., communication, setting boundaries) and seminars may be offered more widely in higher education to help individuals establish healthy interpersonal relationships. Furthermore, social projects may provide supportive contexts for university students who have experienced CT and struggle to cope with RA.

Limitations

The current study is cross-sectional, so the long-term effects of childhood traumas on RA through ID are unknown. Therefore, it is recommended that the model presented here be examined in future longitudinal studies. Only university students were included using a convenience sampling method, which limits the generalizability of the findings to young individuals outside of university or the general population. The use of convenience sampling may increase the risk of sampling bias and potentially distort effect size estimates (Etikan et al., 2016). Therefore, it is recommended that the study be replicated using larger and more diverse samples, including individuals of varying ages, educational backgrounds, and socioeconomic characteristics, and employing alternative sampling strategies.

The research data were collected using quantitative methods; no qualitative data (e.g., interviews or open-ended responses), which could provide more in-depth information about the participants' experiences, were collected. This may make it difficult to understand the context between the variables. Therefore, qualitative studies could be conducted in the future to further increase our understanding of the findings obtained in the current research. In addition, the internal consistency coefficient of the ID measure was relatively modest in the present sample, which should be considered when interpreting the strength of the observed associations. Moreover, all variables were assessed using self-report measures, which may increase the risk of common method bias and social desirability effects. In particular, childhood trauma was measured retrospectively, and therefore responses may be influenced by recall bias. These measurement-related limitations should be taken into account when interpreting the findings. Another limitation concerns the mixed-mode data collection procedure (5% online and 95% face-to-face), which may raise concerns regarding measurement equivalence. Combining Google Forms with paper–and-pencil or supervised administrations may introduce mode effects, such as differences in social desirability, perceived anonymity, and response patterns. These issues should be considered when interpreting the findings. Other possible mediating or moderating variables that could affect RA (apart from ID) were not included in the current study's analysis. This may limit the model's explanatory power. Therefore, future studies with a quantitative aspect could include variables such as self-esteem, social support, and gender to increase the explanatory power of the model.

Conclusion

Recent studies on university students have examined RA (Amoh & Allwood, 2020) and CT (Chang et al., 2021; Turner et al., 2016). These variables have been associated with increased violence (McClure & Parmenter, 2020; Wright & Benson, 2010), while ID has been linked to difficulties in maintaining healthy relationships (Ha et al., 2021). Today, the importance of variables that guide interpersonal

relationships has increased, as people have a greater need to develop healthy and functional relationships (Abbott et al., 2021; Brar et al., 2023; Forenza et al., 2018; Rodenhizer et al., 2021). Therefore, considering that interpersonal relationships are intense and important during young adulthood, the findings of this study are expected to make a valuable contribution to the literature.

Current research indicates that CT experience is associated with RA. This is consistent with theoretical frameworks suggesting that adverse early experiences are associated with later interpersonal functioning. Furthermore, it has been observed that CT experience is positively associated with higher ID among young people and that ID is related to the relationship between CT and RA. These findings are consistent with the assumptions of attachment theory (Bowlby, 1969/2012; Burger, 1993/2016) and schema therapy (Young et al., 2003), while also providing **s**ome insight into potential barriers that prevent young people from establishing healthy interpersonal relationships. In conclusion, the findings show that CT experiences may be associated with difficulties in establishing healthy interpersonal relationships and may increase RA, highlighting the need to develop various psychosocial interventions and preventive policies in universities.

Author Contribution Statement. Şilan Yılmaz: Study planning and Design, Data collection, Analysis, Manuscript preparation. **Yağmur Ulusoy Doğmuş:** Study planning and Design, Manuscript preparation, Writing – Reviewing & Editing.

Ethics Statement. This study was conducted in accordance with the ethical standards of the institutional research committee and with the 1975 Helsinki Declaration and its later amendments. Ethical approval was obtained from the Inonu University Ethics Committee (Approval No: E.420524, Date: 08/03/2024). All participants were informed about the purpose and procedures of the study and provided written informed consent prior to their participation.

Data Availability Statement. Data supporting the conclusions of this study can be obtained from the first author upon reasonable request.

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Odnos između traume u djetinjstvu, interpersonalne ovisnosti i relacijske agresije

Sažetak

Rana izloženost zlostavljanju i traumatskim iskustvima može pridonijeti razvoju negativnih interpersonalnih odnosa i agresivnih obrazaca ponašanja u odrasloj dobi. Trauma u djetinjstvu smatra se jednom od temeljnih psihosocijalnih varijabli koje predviđaju relacijsku agresiju. Perspektive teorije privrženosti i shema terapije sugeriraju da takva rana iskustva mogu dovesti do stvaranja ovisničkih odnosa s drugima, što rezultira pojavom relacijski agresivnih ponašanja. Cilj je ovoga istraživanja bio ispitati pretpostavljene odnose između traume u djetinjstvu, relacijske agresije i interpersonalne ovisnosti. Medijacijske su analize provedene primjenom statističkoga alata PROCESS Macro (Model 4) uz 5000 *bootstrap* ponavljanja uzorkovanja. U istraživanju je sudjelovalo 696 studenata (505 žena i 191 muškarac) u dobi od 18 do 49 godina ($M = 21.86$). Analize su pokazale značajne pozitivne povezanosti između traume u djetinjstvu, interpersonalne ovisnosti i relacijske agresije. Nadalje, utvrđeno je da interpersonalna ovisnost ima značajnu medijacijsku ulogu u odnosu između traume u djetinjstvu i relacijske agresije. Trauma u djetinjstvu objašnjavala je približno 2 % varijance relacijske agresije, dok je cjelokupni medijacijski model objašnjavao 3 % varijance, što upućuje na male veličine učinka. Nalazi ovoga istraživanja pokazuju da je trauma u djetinjstvu statistički značajno povezana s relacijskom agresijom te da ta povezanost može biti djelomično posredovana interpersonalnom ovisnošću. Stoga interpersonalna ovisnost može biti relevantan relacijski čimbenik koji treba uzeti u obzir pri razumijevanju relacijske agresije kod osoba s traumatskim iskustvima u djetinjstvu.

Ključne riječi: trauma u djetinjstvu, relacijska agresija, interpersonalna ovisnost, medijacija

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