



An Explanatory Sequential Study on Adverse Childhood Experiences and Failed Relationships

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Received: November 27, 2025

Revised: December 23,
2025Accepted: January 30,
2026

Online: May 29, 2026

Abstract

Emerging adulthood is a critical developmental stage marked by identity exploration, emotional regulation, and the formation of intimate romantic relationships, which have lasting implications for psychological well-being and relational stability. Individuals exposed to Adverse Childhood Experiences (ACEs), including abuse, neglect, and household dysfunction, may face greater difficulty maintaining healthy romantic relationships due to disrupted attachment, emotional processing, and coping mechanisms associated with toxic stress. Grounded in Attachment Theory and the Vulnerability–Stress–Adaptation Model, this study examined the relationship between ACEs and failed romantic relationships among 115 emerging adults using an explanatory sequential mixed-methods design. Quantitative results showed that most participants (74.8%) reported one to two failed romantic relationships, while only 5.2% reported five to six failures, suggesting limited yet meaningful relational instability. ACE-Q classifications indicated that 42.61% of participants were intermediate risk and 41.74% high risk, with 84.35% of the sample exposed to elevated toxic stress. Biserial correlation analysis revealed a statistically significant small-to-moderate positive association between ACE scores and the number of failed relationships ($r = .249$, $p = .009$), indicating that higher childhood adversity was modestly linked to increased relationship failure. To contextualize these findings, qualitative interviews were conducted with seven participants reporting high ACE scores and multiple failed relationships. Thematic analysis identified five core themes: trust dynamics, emotional expression, emotional patterns, emotional coping, and coping support. Overall, the findings suggest that although ACEs contribute to relational vulnerability among Filipino emerging adults, trauma-informed support, strong social networks, and adaptive emotional coping strategies may mitigate risks and promote healthier romantic relationships.

Keywords: *Adversity, Attachment, Relationships, Emotion Regulation, Resilience, Filipino Emerging Adults, Mixed Methods*

INTRODUCTION

Romantic relationships are generally defined as a mutual, ongoing, and voluntary partnership characterized by emotional and physical intimacy, affection, and a shared commitment to the relationship (Collins et al., 2009; Civilotti et al., 2021). The stability and satisfaction of such a bond are built on foundational elements such as trust, emotional intimacy, and commitment, often evolving from a close friendship through shared experiences and mutual disclosure (Tartakovsky, 2023). Van der Wal et al. (2024) found that personal values and similarity in values between partners are strongly linked to relationship quality and mediate the development of trust and commitment, highlighting how shared values and positive interactions are foundational for emotional safety and intimacy.

Despite these strong, foundational elements, romantic relationships frequently fail due to a combination of individual and relational factors (Hayes, 2023). General issues that commonly lead to dissolution include a pervasive lack of trust, poor communication, and emotional distance. A more specific and significant contributor is psychological inflexibility, where one or both partners struggle to adapt or engage constructively during conflict (Hayes, 2023). Khalifian et al. (2022)

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reported that individuals with higher ACEs tend to exhibit fear of intimacy and difficulty establishing trust, which can lead to shorter relationship durations and diminished emotional connection.

At the individual and community levels, many adults unknowingly struggle with the impacts of ACEs, manifesting in relational difficulties such as emotional withdrawal, conflict avoidance, and repeated relationship failures (Dunford, 2025). Such challenges are often misattributed, leading to loss of trust and emotional distress when relationship ideals clash with reality (Mutuyimana, 2025). ACEs are now recognized predictors of adult relational dysfunction (Gilbert et al., 2024), a process explained through Bowlby's (1969) Attachment Theory, which reveals how early caregiver-child bonds shape lifelong attachment patterns, influencing trust, intimacy, and emotion regulation.

Recent studies by Ross et al. (2022) and Sagone (2023) show that insecure attachment, often rooted in ACEs, is strongly linked to relational instability and avoidance behaviors in adults. This understanding aligns with the Vulnerability-Stress-Adaptation (VSA) model (Karney & Bradbury, 1995), which emphasizes how enduring vulnerabilities such as insecure attachment and trauma interact with external stressors and adaptive processes to influence relationship quality. Research by Ross (2022) validates this, showing that poor adaptive communication and problem-solving, combined with high stress and vulnerabilities, predict relationship failure. Attachment style mediates these effects (Gallistl, 2025), and recent empirical evidence (Quan et al., 2025) supports that childhood trauma reduces romantic satisfaction via insecure attachment.

Despite the robust Western framework linking Adverse Childhood Experiences (ACEs) to relationship failure through insecure attachment and emotional dysregulation, a critical gap remains: the lack of culturally contextualized, longitudinal studies isolating ACEs' relational impact from mental health comorbidities, particularly within the Filipino population. Most existing research relies on cross-sectional, retrospective self-reports, limiting causal inference and generalizability to collectivist societies where unique cultural norms shape relational dynamics.

This study is necessary to localize Western trauma models and determine their applicability to the Philippines, where family involvement in romantic relationships is common, and stigma often obscures healing. This study thus aims to quantitatively assess the predictive role of ACEs in relational vulnerabilities and qualitatively explore these dynamics in adult romantic relationships to inform effective interventions that foster resilience and healthy adaptation.

LITERATURE REVIEW

Emotion Dysregulation

Ye et al. (2023) showed that emotion dysregulation mediates the effect of ACEs on adult romantic relationship instability, highlighting struggles in managing intense negative emotions. Feiler et al. (2023) extended this by confirming emotion dysregulation as a mediator between ACEs and broader psychopathology symptoms, including PTSD, depression, and anxiety, while also showing that positive childhood experiences can buffer these effects. Dagnino's (2025) study further delineated how specific ACEs like emotional abuse uniquely disrupt emotion regulation through chronic invalidation. In contrast, physical abuse affects attachment and emotional control, emphasizing nuanced pathways to dysregulation in adults with depression. Andersson et al. (2022) linked these difficulties to increased risk for non-suicidal self-injury, highlighting trauma-related emotion regulation deficits as critical risk factors for self-harm behaviors.

Plantade-Gipch et al. (2023) emphasized that strengthening emotion regulation skills in emerging adults can reduce stress and improve mental health, offering a pathway to resilience and recovery following early adversity. For instance, Lorenzo and Camus (2024) found a statistically significant link between ACEs and lower marital satisfaction in Metro Manila. However, the small

variance suggests that other cultural or contextual factors also play a significant role. This body of evidence indicates that attachment disruptions serve as a key pathway through which early trauma impairs adult relational functioning, contributing directly to emotional distress and dissatisfaction.

Impact of Adverse Childhood Experiences

Recent research has shown that Adverse Childhood Experiences (ACEs) play a major role in shaping the quality of adult relationships, often contributing to difficulties such as poor emotional regulation and insecure attachment. [Akintunde et al. \(2024\)](#) found that early relational trauma intensifies emotional distress, leading to dissatisfaction and instability in parent-child and romantic relationships. [Whipple et al. \(2024\)](#) supported this by demonstrating that higher ACE scores predict greater avoidant and anxious adult attachment, with stronger effects in women, indicating how ACEs foster relational insecurity and emotional regulation difficulties. [Dunford \(2025\)](#) reviewed how early trauma contributes to insecure attachment, emotional dysregulation, and maladaptive coping strategies, reducing relationship satisfaction and suggesting the need for trauma-informed interventions.

[Silva et al. \(2024\)](#) showed that adults with ACEs experience heightened emotional dysregulation and self-regulation deficits, which interfere with forming and maintaining healthy relationships. [Mutum et al. \(2024\)](#) also found that childhood trauma correlates with increased attachment anxiety, relational conflict, and decreased emotional closeness and dependency in adult romantic partnerships. In the Philippines, Adverse Childhood Experiences (ACEs) are disproportionately prevalent among marginalized populations. A study in the urban poor community of Payatas found childhood trauma to be two to five times more common than in middle-class populations ([Ferrer & Moore, 2020](#)). This disparity shows how poverty intensifies exposure to adversity, increasing risks for negative outcomes like depression, substance use, and domestic violence

Attachment Theory and Relationship Outcomes

Attachment theory provides a useful framework for understanding how Adverse Childhood Experiences (ACEs) shape adult relationship outcomes. [Thapa \(2023\)](#) used a mixed-methods approach, revealing that interpersonal hostility from caregivers strongly predicts adult relational challenges and suicidality, highlighting the harmful influence of specific caregiver behaviors beyond general ACEs categories. [Howard \(2023\)](#) found that attachment disruptions mediate the links between childhood adversity and adult mental and physical health, showing how insecure attachment impairs relationship functioning. [Ye et al. \(2023\)](#) further demonstrated that early caregiver hostility fosters insecure attachment styles that influence adult relationship quality and contribute to emotional dysregulation and depression.

[Quan et al. \(2025\)](#) confirmed that childhood trauma predicts lower romantic relationship satisfaction both directly and indirectly via insecure attachment, underscoring attachment's key mediating role between early adversity and adult relational outcomes. [Uluyol et al. \(2024\)](#) connected insecure adult attachment patterns to interpersonal hostility in romantic partnerships, supporting the idea that childhood caregiver hostility can translate into adult relationship conflict. A study by the [UNFPA \(2023\)](#) in the Philippines revealed that 26% of ever-married women report experiencing intimate partner violence, a form of Adverse Childhood Experience (ACEs) that perpetuates cycles of trauma and relational breakdown. The recent pandemic has exacerbated these conditions, increasing economic insecurity and exposure to domestic violence.

Vulnerability-Stress-Adaptation Model

[Quan et al. \(2025\)](#) and [Gilbert et al. \(2024\)](#) highlight that attachment-related vulnerabilities

interact with stress and poor adaptive strategies, such as ineffective communication and problem-solving, thereby increasing the risk of relationship dissatisfaction and breakdown. [Ross et al. \(2022\)](#) tested the VSA model, finding that enduring vulnerabilities and stress affect relationship satisfaction, with adaptive processes such as couple communication playing a significant but not mediating role, especially among disadvantaged couples.

[Ye et al. \(2023\)](#) demonstrated that ACEs lead to insecure attachment and emotion dysregulation, which, together with stress and poor adaptive strategies, mediate depression and relational difficulties, consistent with VSA concepts. [Barboza et al. \(2022\)](#) emphasized that ACEs create relational vulnerabilities through insecure attachment and maladaptive coping, while strengthening dyadic adaptation enhances relationship functioning. [Mutuyimana \(2025\)](#) underscored resilience and effective communication as key adaptive processes that buffer the negative impacts of ACE-related vulnerabilities and stressors on relationship quality within the VSA framework.

[Koram et al. \(2024\)](#) and [Carroll et al. \(2021\)](#) illustrate that Adverse Childhood Experiences (ACEs) and attachment insecurity function as enduring vulnerabilities that predispose individuals to lower relationship satisfaction, particularly when amplified by stressors such as financial strain or daily relational challenges, thereby confirming the Vulnerability-Stress-Adaptation (VSA) model. These vulnerabilities do not act in isolation; they amplify the negative impact of stress on relationships. Extending this, [McNulty & Russell \(2023\)](#) show that couples with poor emotional regulation exhibit reduced constructive communication under acute stress, such as during the pandemic, further undermining relationship quality.

Synthesis

Research consistently demonstrates that Adverse Childhood Experiences (ACEs) shape adult romantic relationships through insecure attachment, emotional dysregulation, and maladaptive coping. Prior studies ([Ye et al., 2023](#); [Feiler et al., 2023](#)) show that ACEs disrupt emotion regulation, contributing to relational instability, while [Dagnino \(2025\)](#) and [Andersson et al. \(2022\)](#) highlight that specific ACEs, such as emotional or physical abuse, uniquely impair emotional control and increase vulnerability to relational difficulties. Strengthening emotion regulation skills has been shown to foster resilience and relational functioning ([Plantade-Gipch et al., 2023](#)).

The present study's quantitative results, where higher ACE scores were modestly associated with more failed romantic relationships, and qualitative themes, including trust dynamics, emotional expression, emotional patterns, emotional coping, and coping support, align with these findings, suggesting that early adversity affects adult relationship experiences among Filipino emerging adults.

Attachment theory provides a framework for understanding these dynamics. ACEs contribute to insecure attachment, which mediates emotional dysregulation and relational dissatisfaction ([Whipple et al., 2024](#); [Quan et al., 2025](#)). In the Philippine context, ACEs are disproportionately prevalent among marginalized populations ([Ferrer & Moore, 2020](#)). However, research on how childhood adversity specifically impacts romantic relationship outcomes among Filipino emerging adults remains limited. The Vulnerability-Stress-Adaptation (VSA) Model further explains that enduring vulnerabilities, such as insecure attachment and poor emotion regulation, interact with stressors to undermine relationship satisfaction ([Ross et al., 2022](#); [Mutuyimana, 2025](#)).

While existing literature emphasizes these mechanisms, few studies integrate quantitative and qualitative data to capture both the prevalence of ACEs and the lived relational experiences of emerging adults in the Philippines. This gap underscores the need for the present study, which investigates not only the association between ACEs and failed romantic relationships but also the

nuanced emotional and relational processes underlying these outcomes. Specifically, the study tests the null hypothesis that there is no significant relationship between Adverse Childhood Experiences and the frequency of failed romantic relationships, examines whether early adversity is statistically linked to relational instability, and explores participants' personal narratives.

RESEARCH METHOD

The data-gathering procedure began with the researchers obtaining formal permission to conduct the study at Tanauan Institute, Inc. After approval was granted, a Facebook post was created to invite potential participants who met the inclusion criteria: adult students aged 18 to 25. Interested individuals were informed of the study's objectives, procedures, and ethical safeguards. Informed consent was then obtained before administering the Adverse Childhood Experiences Questionnaire for Adults (ACE-Q). Participants were assured of confidentiality and reminded of their right to withdraw from the study at any time without penalty.

After collecting the quantitative data, the researchers analyzed the results to identify participants with the highest and lowest ACE-Q scores. These individuals were then purposively selected for the qualitative phase of the study. Validated semi-structured interviews were conducted using a prepared interview guide to explore how their childhood experiences may have influenced their romantic relationships. This sequential process allowed the qualitative findings to provide deeper insight and context to the quantitative results, achieving a more comprehensive understanding of the research problem.

This study utilized an explanatory sequential mixed-methods design, which first employed quantitative analysis to determine whether Adverse Childhood Experiences (ACEs) predict failed romantic relationships, followed by a qualitative inquiry to deepen understanding of the observed patterns (Creswell & Plano Clark, 2018; Draucker et al., 2020). The study focused on adult students aged 18 to 25 at Tanauan Institute, Inc., Tanauan City, Batangas, as this age range corresponds to Erikson's psychosocial stage of intimacy versus isolation, which typically begins at age 18 (Cherry, 2025).

For the quantitative phase, convenience sampling was employed for its practicality and efficiency in recruiting participants who met the inclusion criteria in the school setting. For quantitative data analysis, SPSS was used to organize, process, and interpret the numerical data. The software facilitated the computation of descriptive statistics, such as frequencies, means, and standard deviations, as well as the generation of tables and outputs essential for summarizing participant responses. Its analytical features ensured systematic data handling and enhanced the accuracy and reliability of the statistical results.

For the qualitative phase, purposive sampling was used to select participants based on their quantitative results, ensuring that those chosen could provide in-depth and contrasting perspectives. Specifically, the highest- and lowest-scoring individuals from the quantitative phase were selected to participate in semi-structured interviews. This selection allowed the researchers to capture a diverse range of lived experiences and to contextualize the statistical findings, thereby enriching the understanding of how early adverse experiences may influence emotional patterns and relationship outcomes among young adults.

For data analysis in this portion, QDA Miner Lite was used to assist in organizing, coding, and interpreting the qualitative data. The software enabled systematic categorization of participants' responses, allowing emerging themes and patterns to be identified more efficiently. Its features supported the rigorous management of textual data, ensuring that the analysis remained structured, transparent, and aligned with qualitative research standards.

Adverse Childhood Experiences—Questionnaire (ACE-Q)

For the quantitative phase of the study, the researchers used the Adverse Childhood Experiences Questionnaire for Adults (ACE-Q), a 10-item survey designed to assess exposure to ACEs. Participants responded to each item with either “yes” or “no,” and their total scores determined their risk category for toxic stress physiology, classified as low (0), intermediate (1–3), or high (4 and above) based on the number of adverse experiences reported and the presence of ACE-related health conditions (Aces Aware, 2020). Although the ACE-Q yielded a Cronbach’s alpha of 0.67, slightly below the ideal reliability benchmark, it remains acceptable for exploratory and correlational research (Iddrisu & Iddrisu, 2025).

The instrument’s validity is supported by its widespread use in ACEs research and its alignment with established constructs of childhood adversity and toxic stress. Content validity was ensured by aligning with prior ACEs studies, and the scoring system has been shown to correlate with health and psychosocial outcomes, thereby reinforcing construct validity. Additionally, to assess the prevalence of failed romantic relationships, participants were asked to indicate how frequently their relationships had ended unsuccessfully.

All responses were kept anonymous to ensure confidentiality, and ethical standards were maintained by upholding voluntary participation, allowing withdrawal at any stage, and strictly adhering to institutional research guidelines. Given that Adverse Childhood Experiences are sensitive in nature, the researchers employed a trauma-informed approach during data collection. Participants were thoroughly informed of their rights and reminded that they could discontinue participation at any point if they felt discomfort or distress. Before data gathering, the researchers also provided appropriate contact information for mental health support services to ensure that participants had access to professional help if needed. This approach safeguarded participants’ emotional well-being while maintaining ethical integrity and respect throughout the research process.

For the qualitative portion, the researchers used a validated semi-structured interview guide, which was validated by a Registered Psychometrician, ensuring that the questions accurately captured participants’ lived experiences and aligned with the study’s research objectives. Reliability was supported by pilot testing and consistent application of the interview protocol across participants, enhancing trustworthiness and dependability of the qualitative data.

FINDINGS AND DISCUSSION

Table 1. Distribution of Participants of the Study (Quantitative)

Sex	No. of Participants	Total Percentage
Female	69	60%
Male	46	40%
Total	115	100%

Table 1 presents the 115 students who participated in the quantitative portion of the study. Each percentage in the table represents the proportion of students. The gender distribution indicates that 60% of the participants are female and 40% are male, out of a total sample of 115 students. A power analysis was conducted using an *a priori* approach to determine the required sample size for a correlation study.

The statistical procedure employed was an exact test of correlation based on a bivariate normal model, with a one-tailed hypothesis. The analysis specified a Type I error rate (α) of .05 and a desired power ($1 - \beta$) of .95 to detect an effect size of $r = .30$, assuming a null correlation (H_0) of $r = .00$. Results indicated that a total sample size of 115 participants was required to achieve the desired level of power, with the software reporting an actual power of .9501151.

The demographic profile of the 115 participants reveals a gender distribution of 60% female and 40% male. To ensure the reliability of the findings, an a priori power analysis was conducted for a correlation study based on a bivariate normal model. With a Type I error rate (α) of .05 and a desired power ($1 - \beta$) of .95, the analysis confirmed that the current sample size of 115 is sufficient to detect a moderate effect size ($r = .30$), yielding an actual power of .9501151.

Table 2. Profile of Participants (Qualitative)

Participant	Age	Gender
1	19 years old	Female
2	20 years old	Female
3	19 years old	Male
4	19 years old	Female
5	21 years old	Male
6	18 years old	Female
7	20 years old	Male

Table 2 shows the participants in the qualitative portion of the study. Typically, having six (6) to twenty-five (25) people is sufficient for data saturation, meaning that new themes or information no longer appear (Ellis, 2016, as cited in Akilith, 2023). With this in mind, the researchers chose seven (7) participants for this study. These individuals were chosen from the 115 participants in the quantitative phase who reported high levels of both Adverse Childhood Experiences (ACEs) and Frequency of failed relationships.

Purpose Statement: Determine the Frequency of Failed Relationships Among Participants

Table 3. Frequency of Failed Relationships Among Participants

Frequency of Failed Relationships	No. of Participants	Percentage	Rank
1 - 2	86	74.8%	1
3 - 4	23	20.0%	2
5 - 6	6	5.2%	3
Total	115	100%	

Table 3, titled "Frequency of Failed Relationships Among Participants," summarizes the past relationship histories of the 115 participants in the study. The data show that the majority of participants, 86 individuals, reported only 1-2 failed relationships, making this the most common category. This is followed by 23 participants who reported 3-4 failed relationships, and a small number (6) reported 5-6 failed relationships. Overall, the raw counts indicate that most participants have a relatively limited history of failed romantic relationships.

Purpose Statement: Determine the Level of Adverse Childhood Experiences Among Participants

Table 4. Level of Adverse Childhood Experiences Among Participants

Risk Category	Frequency	Percentage	Rank
Low Risk	19	16.52%	3
Intermediate Risk	49	42.61%	1
High Risk	48	41.74%	2
Total	115	100%	

Legend: 0-low risk; 1-3 intermediate risk; 4 and above-high risk for toxic stress

Analysis of ACE-Q risk classifications showed that the Intermediate Risk category was the most frequently reported, comprising 42.61% of participants ($n = 49$), and received the highest rank. The High-Risk category followed closely, representing 41.74% of the sample ($n = 48$). Combined, these two categories accounted for 84.35% of participants, indicating that the majority were classified as being at elevated risk for toxic stress.

In contrast, the Low-Risk category was the least common, reported by 16.52% of participants ($n = 19$), and received the lowest rank. According to [ACEs Aware \(2020\)](#), individuals who score between 1 and 3 on the ACE questionnaire without additional health conditions are placed in the intermediate risk category for toxic stress, while those with a score of 4 or higher—or a score between 1 and 3 with associated health conditions—are considered high risk.

[Lorenzo and Camus \(2024\)](#) investigated the relationship between Adverse Childhood Experiences (ACEs) and marital satisfaction among young adults in Metro Manila, uncovering a significant association between childhood adversity and relationship dissatisfaction, while emphasizing the importance of cultural context in interpreting these outcomes. [Ferrer and Moore \(2020\)](#) reported a notably high prevalence of childhood trauma within marginalized urban communities in the Philippines, with trauma exposure rates two to five times greater than those seen in middle-class populations, highlighting the role of socioeconomic factors in ACEs prevalence.

Further research by [Mutum et al. \(2024\)](#) established connections between childhood trauma and adult outcomes such as attachment anxiety, relational conflict, and emotional dysregulation in Filipino adults, consistent with global evidence on the impact of ACEs on relational health. Additionally, [Khalifian et al. \(2022\)](#) emphasized that emotional maltreatment, including verbal and emotional abuse, is common in Filipino familial settings due to cultural norms and significantly affects the quality of adult relationships. Collectively, these studies underscore the widespread presence of ACEs in the Philippines and their persistent influence on relational and emotional difficulties associated with child abuse and maltreatment.

Meanwhile, [Karney and Bradbury \(1995\)](#) and [Schiltz et al. \(2021\)](#) explained, through the Vulnerability-Stress-Adaptation (VSA) Model, that early negative experiences, such as verbal or emotional abuse, can create lasting vulnerabilities that may affect how people handle stress and conflict in their romantic relationships later in life. Supporting this, [Pietromonaco and Overall \(2021, 2022\)](#) found that individuals with a history of emotional abuse tend to react more strongly to conflicts and struggle with constructive communication during stressful moments, which can lead to relationship problems. These findings suggest that even if most individuals had few adverse experiences growing up, certain forms of emotional maltreatment can still have a lasting impact on how they manage and maintain romantic relationships.

The table on Frequency of Failed Relationships indicates that the majority of the 115 participants ($n = 86$) reported only 1–2 failed relationships, suggesting a relatively limited romantic history across the sample. However, this numerical data must be viewed alongside the participants' psychological profiles, which reveal that 84.35% fall within the intermediate to high-risk categories for toxic stress. This elevated risk aligns with established research on childhood trauma in Philippine marginalized urban communities, where exposure rates significantly exceed those of middle-class populations ([Ferrer & Moore, 2020](#)).

The concentration of participants in high-risk categories ($n = 48$, 41.74%) lends empirical weight to the Vulnerability-Stress-Adaptation (VSA) Model, suggesting that these Adverse Childhood Experiences (ACEs) act as "enduring vulnerabilities" that impair adult communication ([Karney & Bradbury, 1995](#)). Such vulnerabilities likely explain the link between childhood adversity and the relational dissatisfaction or attachment anxiety identified in Filipino adults by [Lorenzo and](#)

Camus (2024). Even when cultural norms may normalize emotional maltreatment, these experiences persistently degrade relationship quality over time (Khalifian et al., 2022). Ultimately, the high ACE-Q scores in this study serve as a quantitative bridge, linking early family dysfunction with the potential for future romantic instability in the Philippine context.

Purpose Statement: Determine the Relationship between Frequency of Failed Relationships and Level of Adverse Childhood Experiences

Table 5. Relationship Between Frequency of Failed Relationships and Adverse Childhood Experiences

	Sig. (2-tailed)	Failed Relationships	Adverse Childhood Experiences
Failed Relationships	0.009	1	0.249
Adverse Childhood Experiences	0.009	0.249	1

Note: N=115; **Correlation is significant at the .01 level (2-tailed)

The table presents a correlation between Failed Relationships and Adverse Childhood Experiences (ACEs) among 115 Participants. The key metric here is the correlation coefficient of .249, indicating a small-to-moderate positive relationship between ACEs and failed relationships: as ACE scores increase, so does the number of failed relationships. The significance value (Sig. 2-tailed) is .009, meaning the correlation is statistically significant at the 0.01 level and unlikely to be due to chance. This finding suggests that ACEs are important predictors of relationship outcomes, highlighting the need to consider childhood adversity in understanding adult romantic relationship difficulties. While the result does not establish causality, it demonstrates a meaningful association that warrants further, more detailed investigation.

The statistically significant positive correlation of .249 between Adverse Childhood Experiences (ACEs) and failed relationships supports both Attachment Theory and the Vulnerability–Stress–Adaptation (VSA) Model, indicating that early relational trauma shapes insecure attachment styles and serves as an enduring vulnerability that heightens sensitivity to stress and impairs adaptive processes in adult relationships. These compromised coping mechanisms, such as poor communication and emotional dysregulation, undermine relational resilience, increasing the likelihood of relationship breakdown over time.

Quan et al. (2024) and Howard et al. (2023) demonstrated that Adverse Childhood Experiences (ACEs) are significantly associated with poorer romantic relationship outcomes among young adults aged 18-25, with insecure attachment serving as a mediating factor and social support moderating the impact of trauma on attachment, thereby providing empirical support for both Attachment Theory and the Vulnerability–Stress–Adaptation Model in the context of adult romantic relationships.

The correlation coefficient was .249, indicating a statistically significant, small-to-moderate positive relationship between ACEs and failed relationships. As such, qualitative insights from the seven (7) participants with the highest ACE scores provided context and depth, helping to explain the underlying reasons for the observed statistical association.

The finding of a statistically significant positive correlation ($r = .249$) between Adverse Childhood Experiences (ACEs) and failed relationships aligns closely with the empirical evidence provided by Quan et al. (2024) and Howard et al. (2023). These researchers similarly identified that childhood adversity serves as a robust predictor of poor romantic outcomes, specifically highlighting how the development of insecure attachment styles often mediates early trauma.

While the current study quantifies this relationship as small to moderate, it reinforces the

broader academic consensus that ACEs function as "enduring vulnerabilities" within the Vulnerability–Stress–Adaptation (VSA) Model. By echoing the results of Howard and Quan, this research confirms that early relational trauma consistently impairs the adaptive processes—such as communication and emotional regulation—necessary for long-term relational stability, further validating the predictive power of childhood history in determining adult romantic success.

Purpose Statement: What is the Lived Experience of Participants with Adverse Childhood Experiences (ACEs) in Relation to Their Romantic Relational Breakdown and Outcomes?

Interview Guide Question No. 1: How do your early relational experiences shape your ability to trust romantic partners? (Paano nakaapekto ang mga unang karanasan mo sa pakikitungo sa iba sa tiwala mo sa isang karelasyon?)

Theme A: Trust Dynamics

In the first question, the theme **Trust Dynamics** emerged. It captures the varied experiences of participants regarding interpersonal doubt, trust development, betrayal, and fear of intimacy. This theme highlights the complex and individualized nature of trust, showing how participants navigate their relational vulnerabilities and emotional boundaries differently in the aftermath of early trauma.

As a subtheme, **Interpersonal Doubt** was described as the participants' persistent uncertainty and hesitation in forming and maintaining close relationships. Participant 1 stated:

"... it is really hard to trust a person" – Participant 1

As a subtheme, **Trust Development** was described as the participants' gradual process of learning to trust others in relationships, even after experiencing early trauma. This subtheme reflects how some participants rebuilt trust over time, despite initial difficulties rooted in past experiences. Participant 3 stated:

*"Positive experiences can foster trust, while negative ones may lead to hesitation."
– Participant 3*

Finally, the subtheme **Fear of Intimacy** was described as the participants' tendency to emotionally distance themselves from others, even when they recognize genuine care and concern. This subtheme emerged due to the lingering effects of early trauma, which often led participants to build emotional barriers as a protective mechanism. Participant 7 stated:

*"Which is nagresulta rin sa pagtaas ko ng walls ko kahit genuine yung tao at yung care niya sa akin." (This leads me to put up emotional walls, even when someone genuinely cares for me.)
– Participant 7*

According to [Quan et al. \(2024\)](#), experiences of early trauma can hinder the development of trust, leading to enduring interpersonal insecurities and an increased sensitivity to betrayal that may continue into adulthood. Their study highlights that social support and therapeutic interventions play a crucial role in lessening these negative impacts by fostering healthier trust formation and emotional regulation within relationships. Nonetheless, trust development is not a linear process; individuals manage relational vulnerabilities and emotional boundaries differently, depending on their unique trauma histories.

The participants' experiences of Interpersonal Doubt and Fear of Intimacy, Participant 7's "emotional walls" strongly echo the findings of [Quan et al. \(2024\)](#), who posit that early trauma

creates a heightened sensitivity to betrayal. Both the current study and Quan's research suggest that these walls are not merely "difficulties" but protective mechanisms developed in response to early relational instability.

Interview Guide Question No. 2: How do you usually express your emotions and behave when facing conflicts in a relationship? (Paano mo karaniwang ipinapakita ang damdamin mo kapag may problema o away sa relasyon?)

Theme B: Emotional Expression

In response to the second guide question, the theme **Emotional Expression** emerged. This theme refers to the varied ways individuals process and communicate their feelings in the aftermath of trauma. It captures the complex and individualized strategies people use to manage their emotions, whether by distancing themselves, seeking dialogue, remaining silent, or engaging in introspection.

One of its subthemes, **Emotional Withdrawal**, reflects the tendency of individuals to distance themselves emotionally from others, often as a protective response to trauma or overwhelming stress. Participant 1 stated:

"I tend always to ignore and like detach myself from the situation," – Participant 1

The second subtheme, **Open Communication**, is described as individuals' willingness to express their feelings and thoughts, even when experiencing strong emotions, to prevent internalizing distress. Participant 2 stated:

"Nakikipag communicate ako kahit mataas emotion ko kasi ayoko ipunin mga nararamdaman ko," (I communicate even when my emotions are high because I do not want to keep my feelings bottled up) – Participant 2

The third subtheme, **Silent Treatment**, is described as the tendency of individuals to express their feelings by withholding communication, often as a way to cope with emotional distress or trauma. Participant 3 stated;

"I usually show my feelings by being cold or not talking," – Participant 3

The final theme, **Self-Reflection**, is described as the process by which individuals take time alone to reflect on their thoughts and emotions. Participant 7 stated:

"Like I need some time alone to process my thoughts and emotions. Hindi kasi ako sanay na pag-usapan yung nga ganitong bagay," ("I need some time alone to process my thoughts and emotions because I am not used to talking about things like this.") – Participant 7

Lee (2023) highlights that trauma survivors often rely on emotional self-disclosure and self-reflection as ways to handle mixed emotions after experiencing trauma. The research shows that sharing one's feelings and experiences openly supports personal development, improves mental health, and increases Post-Traumatic Growth (PTG). Additionally, self-reflection allows individuals to more thoroughly process their trauma, take a balanced approach to their struggles, and deliberately revisit their experiences, which in turn helps foster PTG and strengthens trust in relationships.

The study's subthemes of Open Communication and Self-Reflection, as seen in Participants 2

and 7, provide direct empirical support for Lee (2023), who argues that emotional self-disclosure and deliberate introspection are vital pathways to Post-Traumatic Growth (PTG). While Lee emphasizes that these behaviors lead to better mental health and relationship trust, the current study reveals that for many ACEs survivors, these are not "default" settings but learned or intentional choices. Conversely, the subthemes of Emotional Withdrawal and the Silent Treatment (Participants 1 and 3) highlight the hurdles that Lee's research suggests individuals must overcome to achieve growth.

Interview Guide Question No. 3: What recurring emotions or behaviors in your relationships may reflect the patterns of care you experienced during childhood? (Anong mga paulit-ulit na ugali o damdamin mo sa relasyon ang sa tingin mo ay nagmula sa kung paano ka inalagaan noong bata ka pa?)

Theme C: Emotional Patterns

In the third guide question, the theme **Emotional Patterns** emerged. This refers to the recurring emotional responses and relational dynamics experienced by individuals who have faced trauma.

The subtheme Emotional Invalidation reflects how individuals often feel that their emotions are dismissed, minimized, or not acknowledged by others. Participant 1 stated:

"They had made me feel like it is not valid to feel emotions," – Participant 1

Another subtheme, **Fear of Abandonment**, reflects how individuals who have experienced trauma often struggle with the persistent anxiety of being left or rejected by others, especially when they become emotionally attached. Participant 2 stated:

"Siguro yung takot ako na iwanan ako ng isang tao lalo na kapag attached nako," ("I guess someone is leaving my fear, especially when I become attached.") – Participant 2

The third subtheme, **Restlessness**, reflects the persistent state of agitation and difficulty in finding peace, often experienced by individuals in the aftermath of trauma. Participant 3 stated:

*"It is not fixed right away; it is hard to sleep at night because of what you are thinking."
– Participant 3*

The other subtheme, **Emotional Support**, refers to the understanding, generosity, care, and patience that family members provide to individuals, especially during challenging times. Participant 4 stated:

"pagiging maunawain nya, mapagbigay, caring, at mahaba ang pasensya," ("her being understanding, generous, caring, and having a lot of patience.") – Participant 4

The final subtheme, **Dependency**, reflects how some participants rely heavily on others for decision-making and emotional support, often stemming from their upbringing and past experiences. Participant 6 stated:

"..dependent na like, ah some or even most my decisions tatanungin ko pa sa kanila what what would I wear this day, lalabas ba ko like ganon, magiging ako kasi lumaki sa lola," ("I am dependent, like, I still ask them for some or even most of my decisions—what I should wear

today, whether I should go out, things like that, because I grew up with my grandmother.")
– Participant 6

Levine & Zimering (2022) emphasize that adult trauma survivors frequently struggle with emotional invalidation and fear of abandonment, often resulting in heightened restlessness and a pronounced need for emotional support and dependence in relationships. These emotional and behavioral patterns are traced back to early adverse experiences, which influence how individuals seek comfort and cope with emotional distress later in life. The review further explains that such patterns arise from the interaction between internal emotional regulation processes and the external social support systems individuals depend on during recovery. Accordingly, Levine & Zimering (2022) advocate for trauma-informed interventions that address these intricate emotional dynamics and promote healthier relationship functioning.

The study's subthemes of Emotional Invalidation, Fear of Abandonment, and Restlessness align seamlessly with the research by Levine & Zimering (2022). Their work emphasizes that trauma survivors often carry a "pronounced need for emotional support" due to early experiences that dismissed their emotional reality. Participant 1's belief that it was "not valid to feel emotions" is a direct example of the invalidation described by Levine & Zimering (2022), which often leads to the Dependency observed in Participant 6.

Furthermore, Restlessness (Participant 3) and the anxiety of being left (Participant 2) validate the literature's claim that these patterns are not isolated incidents but are "traced back to early adverse experiences" that disrupt internal regulation. However, the presence of Emotional Support from family (Participant 4) provides an important nuance: it serves as the "external social support system" that Levine & Zimering (2022) argue is crucial for recovery and healthier relationship functioning.

Interview Guide Question No. 4. How do your past experiences shape the way you react to and handle stress in your romantic relationships? (Paano naapektuhan ng mga nakaraan mong karanasan ang paraan mo ng pagharap sa stress o sa mga problema sa relasyon?)

Theme D: Emotional Coping

In the fourth guide question, the theme **Emotional Coping** emerged. This theme refers to the various strategies individuals use to manage their emotions and cope with stress, especially in the aftermath of trauma or significant life events.

The subtheme Personal Growth refers to the process by which individuals strive to change and develop in response to their experiences, especially after trauma. This subtheme emerged because many participants recognize the need to break negative cycles and actively work toward self-improvement, often motivated by a desire to avoid repeating past mistakes. Participant 1 stated:

"I am really changing it because I do not want to repeat the same cycle," - Participant 1

The second subtheme, **Stress Reaction**, refers to the immediate physical and emotional responses individuals experience in stressful situations, especially after trauma or adversity. This subtheme emerged because stress can trigger both psychological and physiological symptoms, such as intense anger, anxiety, and physical manifestations like trembling hands, which are common coping mechanisms in high-pressure moments. Participant 2 stated:

"Pagharap ko sa stress every time na may problem, is mahirap sya kasi every time na galit na galit na ako or stress ako nangangatal kamay ko," ("Facing stress whenever there is a problem

is difficult because every time, I get really angry or stressed, my hands start trembling.")
- Participant 2

The third subtheme, **Distraction**, refers to the use of activities or behaviors to shift focus away from distressing emotions or problems temporarily. Participant 2 stated:

"What I do is entertain myself, like playing online games or playing basketball, that way I entertain myself and forget that there is a problem." - Participant 2

The last subtheme, **Self-Doubt**, reflects how individuals question their own abilities, decisions, and worth, especially in the aftermath of stressful experiences. This subtheme emerged because trauma can disrupt self-esteem and foster persistent negative self-talk, making individuals second-guess themselves and feel uncertain about their choices. Participant 5 stated:

"napapaisip ako ng ano man bagay tulad ng kailangan ko ba baguhin sarili ko at hindi ko masabi sa kanya side ko..." ("I find myself thinking about anything, like whether I need to change myself, and I cannot express my side to him.") - Participant 5

Persson and Rydén (2023) examined the interplay among coping strategies, personal growth, and stress responses in individuals experiencing adversity, emphasizing the role of emotional coping in supporting psychological well-being. Their findings revealed that active coping mechanisms, including seeking peer support, using distraction techniques, and focusing on self-development, were linked to better mental health outcomes. In contrast, self-doubt was shown to weaken coping effectiveness, as those with higher self-criticism experienced greater emotional distress and reduced resilience. Notably, peer support served as a key protective factor, offering emotional validation and practical assistance that promoted stress management and positive adaptation.

The study's findings provide strong empirical backing for Persson and Rydén (2023) by demonstrating how "active coping mechanisms," such as the Distraction techniques used by Participant 2, support psychological well-being. By shifting focus through activities like sports or gaming, survivors temporarily mitigate physiological Stress Reactions, such as trembling hands, which literature identifies as a common manifestation of high-pressure emotional distress. Furthermore, the subtheme of Personal Growth aligns with the emphasis on self-development as a pathway to improved mental health, specifically through the participant's conscious desire to break negative generational cycles.

However, the Self-Doubt expressed by Participant 5 highlights a critical barrier identified in the existing literature: persistent self-criticism weakens coping effectiveness and reduces overall resilience. Ultimately, these findings suggest that while survivors strive for growth, the "enduring vulnerability" of trauma often resurfaces as negative self-talk, which can significantly hinder the development of stable adult relationships.

Interview Guide Question No. 5. What strengths or sources of support enable you to adapt when experiencing difficulties in your relationship? (Anong mga lakas o suporta ang nakatutulong sa iyo kapag may pinagdadaanan kang problema sa relasyon?)

Theme E: Coping Support

In the fifth guide question, the theme **Coping Support** emerged. This theme refers to the various forms of support that help individuals effectively manage stress and emotional challenges.

The subtheme **Emotional Outlet** refers to the healthy ways individuals express and process

their emotions, which is essential for emotional regulation and well-being. This subtheme emerged because having an emotional outlet allows people to release pent-up feelings, reduce stress, and gain clarity, rather than bottling up emotions that can lead to further distress. Participant 1 stated:

"During the toughest moment of my life, nag-lean ako sa music and honestly, ayun talaga yung naging life support ko during that time," ("During the toughest moment of my life, I turned to music, and honestly, that really became my life support during that time.") - Participant 1

The subtheme **Family Support** refers to the emotional and practical assistance individuals receive from family members, which plays a crucial role in coping with stress and adversity. This sub-theme emerged in Filipino culture, where family is often seen as a primary source of strength and comfort, especially during difficult times. Participant 2 stated:

"Yung mga pinsan ko sila lang ang taong sobrang nagpapalakas ng loob ko sa lahat ng pinagdadaan ko sa buhay kahit problema o hindi nandyan lang sila for me." ("My cousins are the only ones who really give me strength through everything I go through in life, whether it's a problem or not, they are always there for me.") - Participant 2

The subtheme **Source of Strength** refers to the personal and relational resources that empower individuals to face adversity and manage emotional challenges. This subtheme emerged because of having reliable sources of strength, such as faith, friends, or meaningful activities. Participant 3 stated:

"Pray and friends because they encourage me, make me strong, and they entertain me, that way I can relieve my feelings." - Participant 3

The last subtheme, **Peer Support**, refers to the emotional and practical assistance individuals receive from friends and peers, which plays a crucial role in coping with stress and emotional challenges. Participant 6 stated:

"I have friends na ready makinig, ayun, may mga walking notebook ako—madali, 'like, 'tol, tara tambay tayo,' ganon. Maganda yung way ko na 'yon na nakaka-cope ako sa mga bagay-bagay, lalo na." ("I have friends who are always ready to listen, so I have these walking notebooks, and it is easy just to say, 'Hey, let us hang out,' like that. That way of coping works well for me, especially when dealing with things.") - Participant 6

[Acoba \(2024\)](#) discovered that social support from family and significant others plays a crucial role in enhancing mental health by lowering perceived stress and improving emotional regulation, positive feelings, and resilience. Emotional support, guidance, and companionship were found to be key in helping individuals manage emotional distress during difficult times. Having access to emotional outlets and a variety of support networks enabled people to reframe their challenges and reduce emotional strain. Overall, the study highlights the importance of family, friends, and personal strength in supporting mental well-being and helping individuals adapt to adversity.

The study's findings align closely with [Acoba's \(2024\)](#) research, which asserts that social support from family and significant others is essential for reducing perceived stress and improving emotional regulation. The subthemes of Family Support (Participant 2) and Peer Support (Participant 6) directly mirror Acoba's emphasis on companionship and emotional guidance as tools for navigating distress.

Furthermore, Participant 1's use of music as an Emotional Outlet and Participant 3's reliance

on faith and friendship as a Source of Strength support Acoba's conclusion that diverse support networks enable individuals to reframe challenges and reduce emotional strain. Collectively, both the study and Acoba's work demonstrate that while ACE scores may indicate a predisposition to relationship difficulties, robust social and personal support is a primary catalyst for resilience and mental well-being.

Purpose Statement: Based on the results of the study, what action plan could be proposed?

Table 6. Recommendations for Individuals with Adverse Childhood Experiences (ACEs)

Goals and Objectives	Activities	Person Responsible	Time Frame	Expected Outcome
To increase self-awareness about the impact of ACEs on relationships	ACE Screening & Reflective Journaling (Includes: using ACE questionnaire, guided journaling, facilitated discussions)	School counselor, therapist, or trained facilitator	2 sessions (1 screening, 1 group/individual session)	Participants recognize how childhood experiences influence their relationship patterns and emotional responses
To enhance emotional regulation and healthy communication	Emotional Skills Group (Includes: emotional regulation skills, open communication techniques, coping strategy sharing)	Mental health professional, counselor, or support group leader	Weekly sessions for 1 month	Increased use of healthy communication and emotional regulation, leading to more positive relationship behaviors
To build trust and address attachment issues	Trust-Building & Attachment Activities (Includes: group trust exercises, role-playing, building secure attachments through positive feedback)	Psychologist or support group facilitator	Biweekly for 2 months	Reduction in mistrust, avoidance, and fear of abandonment; stronger, safer attachment styles in relationships
To promote adaptive coping and resilience	Coping Skills Workshop (Includes: mindfulness, stress management, resource mapping for social and faith support)	Social worker, school counselor, or trained peer leader	Monthly session plus group/online support as needed	Participants demonstrate adaptive coping in romantic challenges and increased resilience
To strengthen social support and peer	Peer & Family Support Group (Includes: group	Community social worker, peer	2x/month group sessions	A broader and deeper social support system,

connection	sharing sessions, family involvement, faith community engagement)	facilitator, or faith leader	reduced relational isolation, encouragement for growth, and healing.
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The table above presents a structured, step-by-step intervention framework that directly addresses the link between Adverse Childhood Experiences (ACEs) and challenges in adult romantic relationships. Each intervention goal is paired with specific, practical activities grounded in evidence-based strategies and trauma-informed care. The process begins with helping individuals build self-awareness about how their childhood experiences shape their current relational patterns, using screening tools and reflective exercises to foster personal insight.

The next steps work on enhancing emotional regulation, communication, and trust by providing safe spaces and group activities to practice these skills. Adaptive coping workshops equip individuals with practical skills for managing stress and emotional pain in healthier ways. Finally, fostering family, peer, and community support ensures that individuals have the external resources and encouragement they need to sustain growth and healing.

CONCLUSIONS

The quantitative findings indicate that Adverse Childhood Experiences (ACEs) are significantly associated with relational vulnerabilities and the frequency of failed romantic relationships among participants. Analysis of ACE-Q risk classifications showed that the Intermediate Risk category was the most frequently reported, comprising 42.61% of participants ($n = 49$), followed closely by the High-Risk category at 41.74% ($n = 48$); together, these two groups accounted for 84.35% of the sample, indicating that most participants were at elevated risk for toxic stress, whereas only 16.52% ($n = 19$) fell in the Low-Risk category.

Within this context, the observed correlation between ACEs and failed relationships, although small to moderate in magnitude ($r = 0.249$, $p = 0.009$), suggests that higher ACE scores predict a greater likelihood of relationship breakdown, even where the absolute ACE scores are not extreme. These results support Attachment Theory and the Vulnerability-Stress-Adaptation (VSA) Model by showing that elevated toxic stress risk from childhood adversity can contribute to insecure attachment, emotional dysregulation, and maladaptive coping, which heighten sensitivity to relational stress and erode relationship resilience.

The qualitative analysis further elaborated on these patterns, revealing five (5) primary themes: Trust Dynamics, Emotional Expression, Emotional Patterns, Emotional Coping, and Coping Support. Participants reported persistent difficulties with trust, fear of intimacy, and relational doubt, often linked to early adverse experiences, reflecting the insecure attachment processes described in Attachment Theory. Variations in Emotional Expression, such as withdrawal, open communication, and reflective silence, illustrated different strategies for managing distress and aligned with the VSA Model's emphasis on coping behaviors under relational stress.

Emotional Patterns, including fear of abandonment, restlessness, and dependency, highlighted how ACEs shape adult relational behaviors. Emotional Coping strategies, ranging from personal growth to self-doubt, and the role of peer support identified in Coping Support emphasize the adaptive and maladaptive mechanisms through which individuals negotiate relational challenges, reinforcing the theoretical framework that connects early experiences to adult relational functioning.

LIMITATION & FURTHER RESEARCH

This study has several limitations that should be considered when interpreting the findings. First, the sample was limited to adult participants aged 18 to 25 from a single educational institution, which may restrict the generalizability of the results to other age groups, populations, or cultural contexts. Second, the reliance on self-report measures, such as the ACE-Q, introduces the possibility of recall bias, as participants may not accurately remember or report their childhood experiences.

Third, the cross-sectional design of the quantitative phase limits the ability to establish causal relationships between ACEs and failed relationships, as it only captures associations at a single point in time. Fourth, the qualitative sample size, while sufficient for thematic saturation, is relatively small, which may limit the depth and diversity of perspectives captured. Finally, the study did not control for potential confounding variables such as current mental health status, socioeconomic factors, or other life stressors, which could influence both ACEs and relationship outcomes.

Future research could address these limitations by utilizing additional quantitative techniques, such as regression or structural equation modeling, to examine the predictive power of ACEs while controlling for other variables. Incorporating broader and more diverse samples would enhance generalizability, and longitudinal designs could help clarify causal pathways between ACEs and relationship outcomes. Furthermore, exploring additional variables, such as communication patterns, emotional intelligence, or coping strategies, may provide a more comprehensive understanding of factors contributing to the failure of romantic relationships, deepening the insights gained from both the quantitative and qualitative phases.

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