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CHILDHOOD TRAUMA AND FEAR OF INTIMACY IN UNIVERSITY STUDENTS: EXPLORING THE MEDIATING ROLE OF ATTACHMENT STYLE AND THE MODERATING INFLUENCE OF PERCEIVED SOCIAL SUPPORT

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ABSTRACT

This study investigated the relationship between childhood trauma and fear of intimacy, with perceived social support as a potential moderator and attachment style as a potential mediator. Data was taken from 202 university students. Data was collected through self-reported questionnaires, including the Childhood Trauma Questionnaire - Short Form, Adult Attachment Questionnaire, Multidimensional Scale of Perceived Social Support, and Fear of Intimacy Scale. Results showed that childhood trauma significantly predicted fear of intimacy, with sexual abuse as a key predictor. Avoidant attachment significantly mediated the relationship between childhood trauma and fear of intimacy, particularly when perceived social support was low. Lower perceived social support amplified the effect of childhood trauma on avoidant attachment. The findings show the impact of childhood trauma on adult intimacy, emphasizing the protective role of social support and the mediating role of avoidant attachment. Key implications include the need for trauma-informed interventions focusing on attachment patterns, the importance of creating supportive connections and forming culturally sensitive approaches regarding family dynamics in Pakistan.

Keywords: childhood trauma, attachment style, perceived social support, fear of intimacy.

Introduction

Childhood trauma profoundly shapes adult relationships. Experiences in early life shape how individuals manage emotions and relate to others (Sansone et al., 2012). Childhood trauma is linked with lasting psychological consequences, such as difficulty in managing emotions (Marusak et al., 2015), negative self-perception (Çelik & Odacı, 2012), and challenges in forming and maintaining close relationships (Ozdemir & Sahin, 2020). Attachment theory, created by Bowlby and Ainsworth, gives a framework for studying these outcomes. According to the theory, early caregiver interactions form internal working models that guide future relational behavior (Levy et al., 2011). Broadly, attachment styles are categorized into secure and insecure types. Insecure attachment—manifesting as anxious or avoidant patterns—often results in relational difficulties. Anxiously attached individuals tend to fear abandonment, while those with avoidant attachment struggle with emotional closeness.

In collectivist societies such as Pakistan, family dynamics are shaped by cultural values emphasizing obedience, enmeshment, and conformity. Children are often discouraged from expressing emotions. They may face harsh discipline, strict gender roles, and little privacy. These conditions reduce emotional safety and can lead to long-term issues with emotional closeness. A recurring consequence of such insecure attachment patterns is a fear of intimacy, which includes avoidance of personal disclosure, discomfort with closeness, and reluctance to engage in emotional vulnerability (Thelen et al., 2000). Individuals who have had adverse childhood experiences often experience disruptions in emotional security, leading to heightened fear of intimacy in adulthood (Aggarwal & Dutt, 2024).

However, perceived social support—the sense of being supported and valued, and having access to a dependable support network—plays a critical protective role. Social support can protect against the harmful psychological effects of childhood trauma (Wills, 1991; Evans,

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Steel, & DiLillo, 2013). It promotes emotional openness and resilience, which are necessary for developing and maintaining healthy adult relationships. Higher perceived social support is linked with reduced fear of intimacy, as they foster feelings of trust and relational safety. Conversely, lower levels of perceived support may reinforce avoidance and emotional suppression. Strong social support systems help challenge negative internalized beliefs stemming from childhood trauma and contribute to more secure relational outcomes (Nawaz et al., 2014).

While existing research highlights the role of childhood trauma, attachment, and social support in shaping adult relational wellbeing, these dynamics remain underexplored within Pakistan's unique socio-cultural context. The specific patterns of emotional development and relational expectations in collectivist cultures present a distinct background for understanding these psychological processes. This research aimed to address this gap by investigating how childhood trauma relates to fear of intimacy, with attachment as a potential mediating factor and perceived social support as a moderating influence. Given the lack of culturally relevant data, this study is the first to empirically explore these variables within Pakistan. It aims to provide insights that can inform targeted mental health interventions and contribute to reducing stigma around emotional expression and vulnerability in collectivist societies.

LITERATURE REVIEW & THEORETICAL BACKGROUND

Attachment Theory

Attachment Theory, first introduced by John Bowlby and later built upon by Mary Ainsworth, explains how early caregiving experiences shape our ability to form emotional bonds throughout life. Ainsworth identified secure and insecure attachment styles, with secure individuals developing trust through consistent care, while those with anxious or avoidant styles often struggle with closeness due to early neglect or inconsistency. Anxiously attached individuals may need reassurance, and they fear abandonment. In contrast, avoidant individuals pull back emotionally to protect themselves. This affects how they handle emotions, resolve conflicts, and express their needs. As a result, they misread support and often withdraw or disconnect from relationships. Insecure attachments start in early life but persist into adulthood, making intimacy difficult. In the context of this study, attachment theory provides a framework to understand how childhood trauma creates insecure bonds and, therefore, contributes to fear of intimacy in adulthood.

Trauma Theory

Judith Herman's Trauma Theory explains how early interpersonal trauma disrupts emotional and relational functioning by overwhelming a person's ability to cope, impairing emotional regulation, self-concept, and trust. Childhood trauma can break a child's sense of safety. It often leads to long-term emotional and psychological effects. Many survivors develop coping habits like emotional detachment or staying constantly alert. These patterns help in the moment but often continue into adulthood. Vulnerability can feel unsafe, and closeness may seem risky. Survivors might avoid connection, struggle to show emotions or mistrust others. Their bodies stay on high alert, even when there is no danger. Emotional numbness and sensitivity are not choices — they are learned responses to pain. A damaged sense of self can also grow, feeding fears of rejection or feeling unworthy of love. Some survivors withdraw entirely, while others form intense yet insecure bonds driven by conflicting desires for connection and fear of pain. In this study, Trauma Theory provides a foundation for understanding how early adversity fosters fear of intimacy, emphasizing how disrupted emotional safety in childhood influences adult relational challenges, particularly around emotional trust and closeness.

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CJSSR
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Social Support Theory

Cohen and Wills' Social Support Theory highlights how social connections can serve as a protective factor in managing psychological distress by distinguishing between emotional, instrumental, and informational support. The theory operates through two mechanisms: the direct effects model, where positive relationships enhance mental health generally, and the stress-buffering model, where support mitigates the effects of stress. In terms of childhood trauma, supportive relationships can aid recovery by improving coping and rebuilding trust. However, individuals with insecure attachment often find it hard to ask for or accept support. This limits how much they gain from close relationships. Feeling seen and valued is key to healing, especially for those with trauma. Even one safe, caring bond can lower anxiety, ease shame, and encourage openness. Over time, steady support can change how people see themselves and relate to others. It helps them believe they deserve love and care. Support cannot undo trauma but can offer healthier ways to connect. This study uses Social Support Theory to explore how support—or the lack of it—shapes fear of intimacy in those with early life adversity.

Childhood Trauma & Fear of Intimacy

Childhood trauma disrupts emotional and relational development, fostering long-term difficulties in close connections and promoting insecurity. Davis et al. (2001) found that abused university females exhibited a higher fear of intimacy and poorer interpersonal relationships. Repic (2007) showed that physical abuse histories correlated with a significantly higher fear of intimacy. Dorahy et al. (2013) found that dissociation, shame, and avoidance in complex PTSD hinder emotional closeness. More recently, Aggarwal and Dutt (2024) linked childhood adversity to fear of intimacy in young adults. Drawing from the reviewed literature, the subsequent hypothesis is derived:

H1. There is a significant positive correlation between childhood trauma and fear of intimacy.

Childhood Trauma, Attachment Style, & Fear of Intimacy

Childhood trauma strongly affects attachment style and relational capacity. Özcan et al. (2016) demonstrated that childhood trauma fosters insecure attachment styles and emotional dysregulation. Finzi-Dottan and Abadi (2024) identified insecure attachment (anxious/avoidant) mediating childhood emotional abuse and fear of intimacy. Guerrero (1996) provided behavioral validation, showing secure individuals engage intimately, while dismissive/fearful-avoidant individuals exhibit detachment. Oates (2022) reported that women with childhood trauma experienced emotional intimacy difficulties in marriage, often due to avoidant or anxious-ambivalent attachment. Following these findings, the following hypothesis is put together:

H2. Attachment style mediates the relationship between childhood trauma and fear of intimacy.

Childhood Trauma, Perceived Social Support, & Fear of Intimacy

Unger & De Luca (2014) reported that early physical trauma predicts attachment avoidance, which social support can mitigate. Angelakis and Gooding (2022) showed that adverse childhood experiences lead to lower social support and higher distress, with social support moderating links between depression and suicide experiences. Sperry & Widom (2013) provided longitudinal evidence that social support mediates early life trauma's link to adult anxiety/depression. Wilson and Scarpa (2014) further demonstrated perceived social support moderates the link between early life adversity and posttraumatic stress symptoms. Drawing from the reviewed literature, the subsequent hypothesis is derived:

H3. Perceived social support moderates the relationship between childhood trauma and fear of intimacy.

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While literature links childhood trauma, attachment, and social support to adult relationships, specific research on fear of intimacy is limited. Existing studies predominantly address broader relational difficulties, not the specific dynamics with fear of intimacy. Crucially, the moderating role of social support between trauma and intimacy fear remains underexplored. Moreover, no prior research has comprehensively examined these interconnected factors within Pakistan's unique cultural context. This study specifically addresses these significant research gaps.

METHODOLOGY

Study Design and Sample

This research used a quantitative, cross-sectional survey approach to investigate associations between childhood trauma, attachment style, perceived social support, and fear of intimacy. Data were collected via self-report questionnaires distributed to university students in Karachi, Pakistan. The target population comprised university students, a group navigating a developmental stage where early adversity influences academic, professional, and relational outcomes. Attachment styles formed in childhood become especially relevant during this period as individuals form romantic relationships, with insecure attachment linked to a greater fear of intimacy. Social support networks also shift, impacting how trauma is processed, and intimacy is experienced. Thus, this population was ideal for examining these variables. Convenience sampling was employed to recruit 202 participants from multiple universities, including IoBM, UoK, KIMS, DHA Suffa University, IBA, and SZABIST. Participants were enrolled students who volunteered to participate. The sample included 94 males and 108 females, with 107 undergraduates, 71 graduate, and 24 postgraduate students. University representation was as follows: 35 from IoBM, 26 from UoK, 23 from KIMS, 21 from DHA Suffa, 34 from IBA, and 63 from SZABIST. Ages ranged from 18 to 26+, with the majority between 22 and 25 years.

Data Collection

The data was gathered using an online survey designed with Google Forms. The form included a demographic information sheet that gathered participants' age, gender, marital status, education level, and current educational institution. The validated scales relevant to the study variables were embedded directly into the form for ease of access and standardized administration. Given the sensitive nature of the research topic—exploring experiences related to childhood trauma and intimacy—care was taken to ensure participant wellbeing. To support emotional regulation and provide access to professional help if needed, a list of mental health resources was included at the end of the form. These resources comprised contact information for local psychological services, including the Trauma Release & Wellness Centre (TRWC), and crisis helplines, including Umang Pakistan and Taskeen. Participants were assured that their responses would be kept anonymous and confidential, and they could withdraw at any time without providing a reason.

Childhood Trauma Questionnaire – Short Form (CTQ-SF) was utilized in this study, which is a self-administered survey that measures five forms of childhood trauma: physical, sexual, and emotional abuse, along with physical and emotional neglect. The CTQ-SF consists of 28 items rated on a 5-point Likert scale, with 1 indicating "Never true" and 5 indicating "Very often true." The statement "I didn't have enough to eat" is an example of the physical neglect sub-scale. Whereas, the statement "I thought that my parents wished I had never been born" is an example of the emotional abuse sub-scale. The statement "People in my family hit me so hard that it left me with bruises or marks" is an example of the physical abuse subscale. Among the items related to sexual abuse is "Someone molested me (took advantage of me sexually)." Emotional neglect items include "People in my family looked out for each other." The scale demonstrates strong internal consistency (Cronbach's alpha = 0.852) and satisfactory

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CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.03 No.03 (2025)

validity, as shown by its significant correlation with the Adverse Childhood Experiences (ACEs) score ($r = 0.355$, $p < 0.01$) (Peng et al., 2023).

Adult Attachment Questionnaire (AAQ) is a self-report measure which assess adult attachment styles, specifically avoidant and anxious attachment, and it was also used in this study. It consists of 17 items rated on a 7-point Likert scale, with 1 indicating "Strongly disagree" and 7 indicating "Strongly agree." Higher scores on the avoidance subscale (range: 8-56) indicate greater discomfort with closeness, while higher scores on the ambivalence subscale (range: 9-63) reflect increased anxiety about abandonment. The measure demonstrates strong internal consistency, with Cronbach's alpha values of 0.70 for men and 0.74 for women on the avoidance subscale, and 0.72 for men and 0.76 for women on the ambivalence subscale (Simpson et al., 1992). An example of the avoidant sub-type is "I'm not very comfortable having to depend on other people", and that of anxious sub-type is "I often worry that my partner(s) don't really love me."

Multidimensional Scale of Perceived Social Support (MSPSS) is the third scale used in this study which is a self-report measure designed to assess perceived social support from three sources: family, friends, and a significant other. It consists of 12 items rated on a 7-point Likert scale, with 1 indicating "Very strongly disagree" and 7 indicating "Very strongly agree." The scale demonstrates strong reliability, with a Cronbach's alpha of 0.84 to 0.92 (Zimet et al., 1990). Construct validity is supported by significant negative correlations with depression and anxiety, indicating that greater perceived social support is associated with lower psychological distress (Zimet et al., 1988). The statement "There is a special person who is around when I am in need" is an example of the significant other sub-scale, and the statement "My family really tries to help me" is an example of family sub-scale. Among the items related to the friends sub-scale are "I can count on my friends when things go wrong."

The last scale used in this study is the *Fear of Intimacy Scale (FIS)* which is a self-report measure designed to assess individuals' fear of intimacy, regardless of their relationship status. It consists of 35 items rated on a 5-point Likert scale, ranging from "extremely uncharacteristic" (1) to "extremely characteristic" (5). The scale demonstrates strong reliability, with a Pearson correlation of .89 ($p < .001$) indicating high test-retest reliability. Internal consistency is also robust, with a Cronbach's alpha of .93. Construct validity is supported by its ability to measure fear of intimacy in both close relationships and the prospect of forming new ones (Descutner & Thelen, 1991). An example item is "I might be afraid to confide my innermost feelings to O", where 'O' is the participant's close, dating partner.

Data Analysis

The data gathered was examined using the statistical software SPSS. Descriptive statistics were used to analyze the demographic data, and the internal reliability of the scales was calculated using Cronbach's alpha. Correlational analyses and multiple regression were run to check for associative and predictive relationships between the variables. The mediation of attachment style in the relationship between childhood trauma and fear of intimacy and the moderation of perceived social support in the same relationship was conducted using the Hayes PROCESS macro for SPSS. In the current research, the alpha reliabilities of the scales were as follows: childhood trauma questionnaire ($\alpha = 0.86$), adult attachment questionnaire ($\alpha = 0.71$), multidimensional scale of perceived social support ($\alpha = 0.89$), and fear of intimacy scale ($\alpha = 0.90$). All the alpha reliability scores show acceptable internal consistency, as values above 0.7 are generally considered higher in internal consistency (De Vet et al., 2011).

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CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.03 No.03 (2025)

RESULTS

Table 1

Participant Demographic Information

Characteristics	N	N%
Age		
18-19	12	5.9%
20-21	25	12.4%
22-23	40	19.8%
24-25	59	29.2%
26 or above	66	32.7%
Gender		
Female	108	46.5%
Male	94	53.5%
Marital Status		
Single	147	72.7%
Married	54	26.7%
Divorced	1	0.5%
Educational Level		
Undergraduate/Bachelor's (ongoing)	107	53.0%
Graduate/Master's (ongoing)	71	35.0%
Post-graduate/PhD/PGD (ongoing)	24	12.0%
University		
IoBM	35	17.2%
SZABIST	63	31.0%
KIMS	23	11.4%
DHA Suffa University	21	10.4%
University of Karachi	26	13.0%
IBA	34	17.0%

Note. N = 202.

Table 1 shows the demographic details. The sample comprised participants aged 18 and above, with 5.9% (n = 12) falling within the 18–19 age range, 12.4% (n = 25) within 20–21 years, 19.8% (n = 40) within 22–23 years, 29.2% (n = 59) within 24–25 years, and 32.7% (n = 66) aged 26 or above. In terms of gender distribution, 53.5% (n = 108) were female, while 46.5% (n = 94) were male. Regarding marital status, 26.7% (n = 54) were married, 72.7% (n = 147)

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CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.03 No.03 (2025)

were single, and 0.5% (n = 1) were divorced. In terms of educational level, 53% (n = 107) were enrolled in undergraduate programs, 35% (n = 71) in graduate programs, and 12% (n = 24) in post-graduate programs. Participants were drawn from a range of universities: DHA Suffa University (10.4%, n = 21), Karachi Institute of Medical Sciences (11.4%, n = 23), University of Karachi (13%, n = 26), Institute of Business Administration (17%, n = 34), Institute of Business Management (17%, n = 34), and SZABIST (31%, n = 63).

Table 2

Correlation among Examined Variables

Variable Names	1.	2.	3.	4.	5.
1. Perceived Social Support	--				
2. Childhood Trauma	-.54*	--			
3. Avoidance	-.48*	.44*	--		
4. Anxiety	-.33*	.39*	.20*	--	
5. Fear of Intimacy	-.52*	.39*	.38*	.24*	--

Note. * p < .01

Table 2 shows correlations among variables. Childhood Trauma negatively correlated with Perceived Social Support ($r = -0.54$, $p < .001$). It positively correlated with Avoidant Attachment ($r = 0.44$, $p < .001$), Anxious Attachment ($r = 0.391$, $p < .001$), and Fear of Intimacy ($r = 0.39$, $p < .001$). Conversely, Perceived Social Support significantly negatively correlated with Avoidant Attachment ($r = -0.48$, $p < .001$), Anxious Attachment ($r = -0.33$, $p < .001$), and Fear of Intimacy ($r = -0.52$, $p < .001$). Table 2 shows the correlation values studied in this research.

Table 3

Moderated Mediation Analysis (Model 7) Findings

Predictor / Effect	Avoidant Attachment as Mediator	Anxious Attachment as Mediator
Panel A: Predicting Mediator (M)		
R^2 for M	0.277	0.173
Childhood Trauma (X)	B = 0.21, $p < .001$	B = 0.06, $p = .06$
Perceived Social Support (W)	B = –0.03, $p = .10$	B = –0.02, $p = .40$
Childhood Trauma × Social Support (XW)	B = –0.04, $p = .01$	B = –0.04, $p = .06$
Panel B: Predicting Fear of Intimacy (Y)		
R^2 for Y	0.452	0.402
Mediator (M)	B = 0.10, $p = .01$	B = 0.09, $p = .15$
Perceived Social Support (W)	B = –0.25, $p < .001$	B = –0.20, $p < .001$
Panel C: Conditional Indirect Effects (X → M → Y)		
Social Support at –1 SD	0.003, 95% CI [–0.043, 0.052]	0.007, 95% CI [0.002, 0.014]

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR

Predictor / Effect	Avoidant Attachment as Mediator	Anxious Attachment as Mediator
Social Support at Mean	–0.008, 95% CI [–0.024, 0.045]	–0.005, 95% CI [0.002, 0.009]
Social Support at +1 SD	–0.012, 95% CI [–0.006, 0.038]	0.002, 95% CI [–0.002, 0.007]
Panel D: Index of Moderated Mediation		
Index	0.010, 95% CI [0.003, 0.019]	–0.003, 95% CI [–0.006, 0.000]

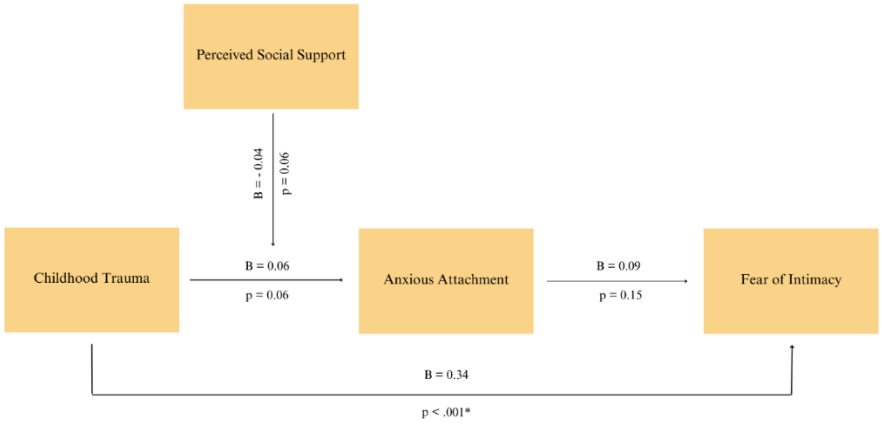
Note. N = 202. CI = confidence interval; W (perceived social support) moderates the path from X (childhood trauma) to M (attachment style). $p < .05$, *p < .01, **p < .001.

The findings from moderated mediation analysis of model 7 (Table 3) show that for avoidant attachment as the mediator, the model explained 45.2% of fear of intimacy variance (R^2 = 0.452). Childhood trauma significantly predicted avoidant attachment (β = 0.21, p < .001), with perceived social support significantly moderating this effect (β = -0.04, p = 0.01), amplifying it at lower support levels. Avoidant attachment significantly predicted fear of intimacy (β = 0.10, p = 0.01), and childhood trauma also showed a direct effect on fear of intimacy (β = 0.18, p = 0.02). The overall moderated mediation index was significant (Index = 0.010), confirming the indirect effect of trauma on intimacy fear via avoidant attachment was moderated by social support.

For anxious attachment as the mediator, the model explained 40.2% of fear of intimacy variance (R^2 = 0.402). However, childhood trauma did not significantly predict anxious attachment (p = 0.06), nor did perceived social support significantly moderate this relationship (p = 0.06). Furthermore, anxious attachment did not significantly predict fear of intimacy (p = 0.15). Childhood trauma, however, maintained a significant direct effect on fear of intimacy (β = 0.34, p < .001). The overall index of moderated mediation for anxious attachment was not statistically significant.

Figure 1

Moderated Mediation Model (7): Childhood Trauma, Anxious Attachment, Perceived Social Support, and Fear of Intimacy



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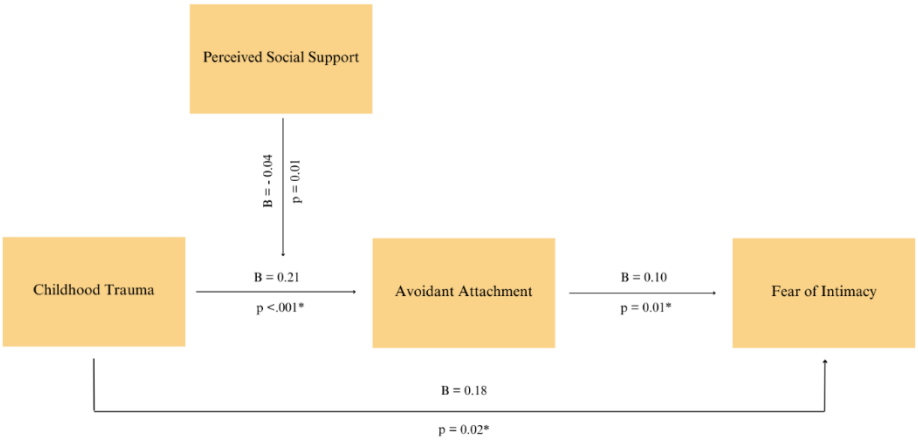
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.03 No.03 (2025)

Note. N = 202. M = Anxious Attachment (Mediator). W = Perceived Social Support (Moderator). For Model 7, W moderates the effect of Childhood Trauma (X) on Anxious Attachment (M). $p < .05$.

Figure 1 displays the moderated mediation analysis using model 7 with anxious attachment as a mediator and perceived social support as a moderator between childhood trauma and fear of intimacy.

Figure 2

Moderated Mediation Model (7): Childhood Trauma, Avoidant Attachment, Perceived Social Support, and Fear of Intimacy



*Note***.** N = 202. M = Avoidant Attachment (Mediator). W = Perceived Social Support (Moderator). For Model 7, W moderates the effect of Childhood Trauma (X) on Avoidant Attachment (M). $p < .05$.

Figure 2 displays the moderated mediation analysis using model 7 with avoidant attachment as a mediator and perceived social support as a moderator between childhood trauma and fear of intimacy.

Table 4

Moderated Mediation Analysis (Model 8) Findings

Predictor / Effect	Avoidant Attachment as Mediator	Anxious Attachment as Mediator
Panel A: Predicting Mediator (M)		
R^2 for M	0.277	0.173
Childhood Trauma (X)	B = 0.21, *p* = .64	B = 0.56, *p* = .07
Perceived Social Support (W)	B = –0.50, *p* = .02	B = –0.03, *p* = .83
Childhood Trauma × Social Support (XW)	B = 0.07, *p* = .45	B = –0.04, *p* = .59
Panel B: Predicting Fear of Intimacy (Y)		
R^2 for Y	0.304	0.292
Childhood Trauma (X)	B = 0.04, *p* = .88	B = 0.03, *p* = .90

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CJSSR
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Vol.03 No.03 (2025)

Predictor / Effect	Avoidant Attachment as Mediator	Anxious Attachment as Mediator
Mediator (M)	B = 0.08, *p* = .05	B = 0.04, *p* = .49
Perceived Social Support (W)	B = –0.27, *p* = .03	B = –0.31, *p* = .01
Mediator × Social Support (MW)	B = 0.02, *p* = .67	B = 0.03, *p* = .59
Panel C: Conditional Indirect Effects (X → M → Y)		
Social Support at –1 SD	–0.037, 95% CI [–0.004, 0.085]	0.016, 95% CI [–0.045, 0.092]
Social Support at Mean	–0.044, 95% CI [–0.005, 0.103]	0.015, 95% CI [–0.040, 0.083]
Social Support at +1 SD	–0.049, 95% CI [–0.006, 0.123]	0.013, 95% CI [–0.037, 0.079]
Panel D: Index of Moderated Mediation		
Index	0.005, 95% CI [–0.006, 0.026]	–0.001, 95% CI [–0.015, 0.009]

Note. N = 202. CI = confidence interval; W (perceived social support) moderates the path from M (attachment style) to Y (fear of intimacy). *p* < .05, *p < .01, **p < .001.

The findings from moderated mediation analysis of model 8 (Table 4) show that for avoidant attachment as the mediator, the model explained 30.4% of fear of intimacy variance (R^2 = 0.304). Childhood trauma did not significantly predict avoidant attachment (p = 0.64), though perceived social support was a significant negative predictor (β = -0.50, p = 0.02). Avoidant attachment significantly predicted fear of intimacy (β = 0.08, p = 0.05). However, childhood trauma's direct effect on fear of intimacy was not significant, and the overall moderated mediation was also not statistically significant.

For anxious attachment as the mediator, the model explained 29.2% of fear of intimacy variance (R^2 = 0.292). No significant relationships were found: neither childhood trauma nor perceived social support predicted anxious attachment; anxious attachment did not predict fear of intimacy; and childhood trauma's direct effect on fear of intimacy was not significant. The overall moderated mediation was not statistically significant.

Figure 3

Moderated Mediation Model (8): Childhood Trauma, Avoidant Attachment, Perceived Social Support, and Fear of Intimacy

ISSN E: 3006-1466
ISSN P: 3006-1458
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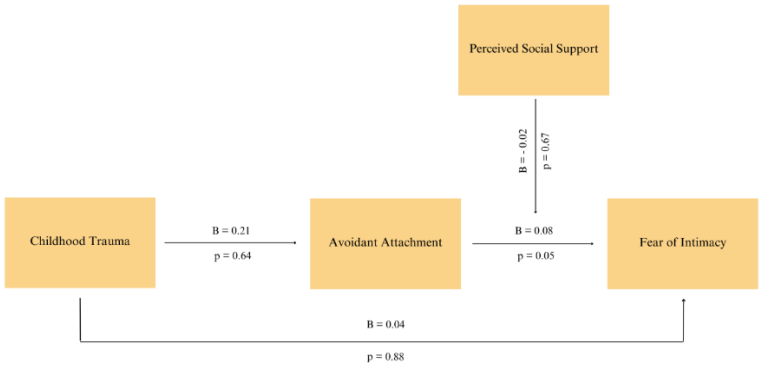
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.03 No.03 (2025)

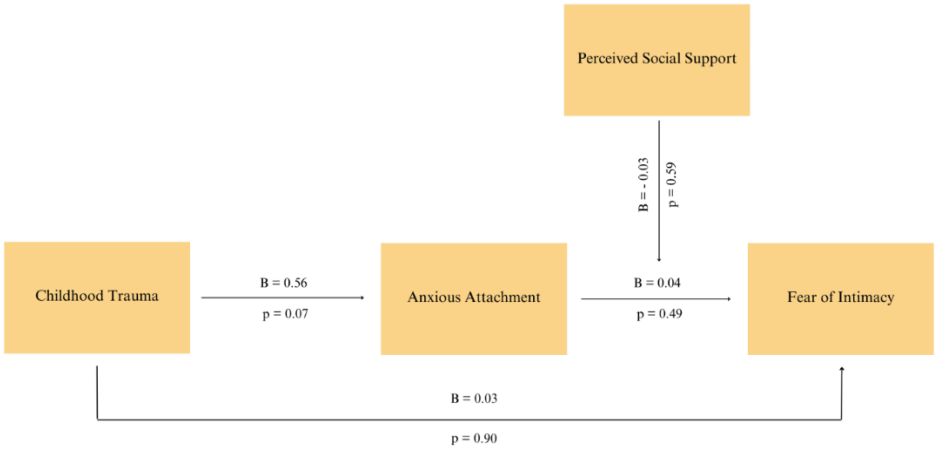


Note. N = 202. M = Avoidant Attachment (Mediator). W = Perceived Social Support (Moderator). For Model 8, W moderates the effect of Avoidant Attachment (M) on Fear of Intimacy (Y). $p < .05$.

Figure 3 displays the moderated mediation analysis using model 8 with avoidant attachment as a mediator and perceived social support as a moderator between childhood trauma and fear of intimacy.

Figure 4

Moderated Mediation Model (8): Childhood Trauma, Anxious Attachment, Perceived Social Support, and Fear of Intimacy



Note. N = 202. M = Anxious Attachment (Mediator). W = Perceived Social Support (Moderator). For Model 8, W moderates the effect of Anxious Attachment (M) on Fear of Intimacy (Y). $p < .05$.

Figure 4 displays the moderated mediation analysis using model 8 with anxious attachment as a mediator and perceived social support as a moderator between childhood trauma and fear of intimacy.

Table 5

Multiple Regression Analysis Findings

Effect	Estimate	*SE*	95% CI		*P*
			LL	*UL*	
Fixed effects					

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CJSSR

Intercept	3.47	.44	2.61	4.33	<.000
Avoidance	.10	.04	.02	.18	.01
Anxiety	-.002	.06	-.12	.11	.97
Perceived Social Support	-.25	.04	-.34	-.17	.00
Emotional Neglect	-.11	.07	-.24	.03	.12
Physical Neglect	.01	.09	-.17	.19	.91
Sexual Abuse	.13	.04	.05	.22	.002
Physical Abuse	.02	.06	-.10	.14	.75
Emotional Abuse	-.04	.06	-.16	.07	.46
Model Summary					
R^2	.34				

Note. N= 202. CI = confidence interval; *LL* = lower limit; *UL* = upper limit

Multiple regression analysis (table 5) revealed that childhood trauma, anxious attachment, avoidant attachment, and perceived social support significantly predicted fear of intimacy, explaining 34% ($R^2 = .34$) of the variance. Avoidant attachment was a significant positive predictor ($\beta = 0.1$, $p = 0.01$). Conversely, perceived social support was a significant negative predictor ($\beta = -0.25$, $p < 0.001$). Among childhood trauma types, only sexual abuse significantly predicted fear of intimacy positively ($\beta = 0.13$, $p = 0.002$). Other variables were not unique significant predictors in this model.

DISCUSSION

The current research sought to investigate the relationships between childhood trauma, attachment style, perceived social support, and fear of intimacy among university students in Karachi, Pakistan. Drawing upon Attachment Theory, Trauma Theory, and Social Support Theory, this research aimed to fill the existing gaps in the literature by examining fear of intimacy as an outcome, exploring the mediating role of attachment style, and investigating the moderating role of perceived social support within a Pakistani context.

The findings showed a significant positive relationship between childhood trauma and fear of intimacy. This finding is consistent with theoretical expectations and the existing literature. It shows that early life trauma disrupts emotional and relational development. Childhood trauma also leads to problems in creating intimate relations in adulthood. Previous studies have similarly shown that early trauma directly influences how a person creates close connections, with university females abused as children exhibiting a higher fear of intimacy (Davis et al., 2001) and individuals with physical abuse histories reporting significantly greater fear of intimacy (Repic, 2007). Moreover, childhood adversity was found to be linked to fear of intimacy, which is consistent with recent findings (Aggarwal & Dutt, 2024). Early traumatic experiences often lead to avoiding close relationships. Among the various types of childhood trauma, sexual abuse uniquely emerged as a significant positive predictor of fear of intimacy. This finding is also supported by research on the effects of sexual abuse on relational safety and trust (Jerebic & Jerebic, 2019).

Regarding the mediating role of attachment style, the results largely supported the hypothesized pathway through avoidant attachment. Childhood trauma was found to significantly predict avoidant attachment, and this avoidant attachment, in turn, significantly predicted fear of intimacy. This aligns with a substantial body of research demonstrating that traumatic childhood experiences foster insecure attachment styles, which then contribute to difficulties

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CJSSR
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Vol.03 No.03 (2025)

in connecting with others and emotional dysregulation (Özcan et al., 2016; Fuchshuber et al., 2019). Studies have specifically identified insecure attachment, especially avoidant styles, as a key mechanism through which childhood emotional abuse influences fear of intimacy by heightening rejection sensitivity (Finzi-Dottan & Abadi, 2024). The persistent effect of childhood trauma on fear of intimacy, even when accounting for avoidant attachment, suggests a mediation, indicating that trauma influences intimacy fears both directly and indirectly through avoidant attachment.

However, the mediation pathway involving anxious attachment was not supported in this study. Childhood trauma did not significantly predict anxious attachment, nor did anxious attachment significantly predict fear of intimacy within the mediation model. A potential reason for the non-significant mediation through anxious attachment could be the specific nature of fear of intimacy as the outcome variable. Anxious attachment typically involves a heightened desire for closeness coupled with an intense fear of abandonment and a constant need for reassurance. Conversely, individuals with a strong fear of intimacy, as measured here, may tend towards active avoidance of closeness, a behavioral pattern more aligned with avoidant attachment. Consequently, the direct link from trauma to anxious attachment and from anxious attachment to intimacy avoidance might be less pronounced. It is also possible that Pakistani cultural nuances in the manifestation of anxious attachment, which might differ from Western samples, could influence its statistical significance in this mediation.

In terms of the moderating role of Perceived Social Support, the findings indicated a significant moderating effect on the relationship between Childhood Trauma and Avoidant Attachment. Specifically, the results suggested that perceived social support played a protective role, as lower levels of social support intensified the link between childhood trauma and the development of avoidant attachment styles. This aligns with Social Support Theory, which shows how supportive relationships buffer individuals from distress and aid in recovery from trauma by creating a sense of belonging and rebuilding trust (Unger & De Luca, 2014). The conditional nature of the indirect effect, being significant only at low levels of perceived social support, further shows this protective role in the moderated mediation pathway.

Nevertheless, in both Model 7 for Anxious Attachment and Model 8 for both Avoidant and Anxious Attachment, Perceived Social Support did not emerge as a significant moderator. This suggests that while social support might be protective in the initial development of avoidant tendencies stemming from trauma, its moderating influence may not extend to all stages of the mediation process or to anxious attachment styles in this specific model. The lack of consistent moderation could be attributed to several factors. As discussed in the literature, for individuals already struggling with high fear of intimacy, their capacity to perceive, seek, or effectively utilize social support might already be compromised, thereby limiting its potential to act as a significant buffer or enhancer in the later stages of their relational development (Sperry & Widom, 2013). Furthermore, the unique cultural context of Pakistan, being a predominantly collectivist culture unlike the individualistic Western societies where much of the existing theory and research originated, might influence how social support is experienced and its moderating capabilities on specific relational fears. In collectivist settings, family relationships can sometimes become enmeshed. When there is very little privacy, people may start to feel resentment. This can affect how they view support, even if it is available. As a result, social support might not feel safe or helpful. Instead of easing fears, it can create confusion or inner conflict.

Limitations and Future Research

The study was conducted using a cross-sectional research design. This limits drawing definitive causal conclusions. However, it served as an important exploratory step. It established initial links between childhood trauma, attachment style, perceived social support, and fear of

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CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
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intimacy in an under-researched area. Future research should use longitudinal designs. That will help observe these relationships over time and confirm causal directions. The sample size was also a limitation, which might constrain the generalizability of the findings. Nevertheless, this focused sample provided valuable exploratory findings. It proved that there are cultural and contextual nuances to these relationships. Future studies should build upon the findings of this study. They can include larger, more diverse populations. This will help validate and extend these findings across different settings.

Conclusion

This study looked at how childhood trauma, attachment style, social support, and fear of intimacy are linked in Pakistani university students. It found that childhood trauma is strongly tied to a higher fear of intimacy. A key finding was the mediating role of avoidant attachment in this relationship, alongside a protective moderating effect of perceived social support on the link between childhood trauma and avoidant attachment, particularly at lower support levels. Some expected links, like the role of anxious attachment or certain effects of social support, were not statistically significant. Still, they point to deeper layers in these complex patterns. This study helps explain how childhood trauma shapes adult relationships in a Pakistani, non-Western setting. It brings attention to psychological issues in a rarely studied area.

Recommendations

To effectively address the impact of childhood trauma on adult relational well-being and fear of intimacy among university students in Pakistan, the authors recommend the following action steps:

1. Establish accessible mental health counseling services in educational institutions that specifically address trauma-informed care, attachment issues, and strategies for overcoming fear of intimacy.
2. Integrate mental health literacy, including topics like childhood trauma, healthy attachment, and the importance of social support, into student orientation and ongoing student life programs.
3. Integrate mental health literacy into student orientation and ongoing student life programs, including topics like childhood trauma, healthy attachment, and the importance of social support.
4. Encourage open and honest communication within families regarding emotions and experiences, helping to break down cultural barriers around emotional expression and foster healthier attachment.
5. Provide resources and workshops for parents and caregivers on positive parenting techniques that promote secure attachment and reduce the likelihood of childhood trauma.
6. Encourage community initiatives that build strong, reliable social support networks for young people, emphasizing the value of communal bonds in times of distress.
7. Design and implement therapeutic interventions that are culturally sensitive to the Pakistani context, explicitly addressing the interplay of trauma, attachment, social support, and fear of intimacy.
8. Offer specialized training for mental health professionals on trauma-informed care and attachment-based therapies, adapting approaches to address the unique challenges of collectivist societies.
9. Support policies and programs that aim to enhance perceived social support at community and institutional levels, recognizing its protective role in mitigating the effects of trauma.

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CJSSR
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Vol.03 No.03 (2025)

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ISSN E: 3006-1466
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CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.03 No.03 (2025)

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