

Effect of Adverse Childhood Experiences on Adult Attachment Styles and Help Seeking Behaviour Among Youth

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Abstract

Psychological development is deeply influenced by early environments, where personal experiences, cultural norms, and structural factors intersect. Beyond individual adversity, societal conditions shape cognitive, emotional, and social functioning, ultimately influencing attachment patterns and help-seeking behaviour in adulthood. The current study explores the influence of adverse childhood experiences on adult attachment styles and help-seeking behaviour among youth. 140 participants (70= males, 70= females) aged 18-25 years were involved in the study. The data was collected using the demographic questions and self report questionnaires, including the Adverse Childhood Experiences-International Questionnaire, the Revised Adult Attachment Scale, and the General Help-Seeking Behaviour Scale. The results indicated that there were no significant gender differences in ACEs, attachment styles, and help-seeking behaviour except for higher attachment-related anxiety in women. ACEs were correlated negatively with dependence and positively with anxiety but not with closeness. Regression analysis revealed that ACEs significantly predicted dependence and anxiety in attachment styles but had a negligible effect on help-seeking behaviour. Moreover, the limited influence of ACEs on help-seeking indicates the influence of wider structural and cultural determinants. Therefore, future studies must investigate other structural, cultural, and mediating factors to inform interventions to promote greater accessibility and utilization of mental health support.

Keywords: Adverse childhood experiences, attachment styles, early environments, help-seeking behaviour, youth

INTRODUCTION

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) refer to traumatic events occurring before age 18 that can lead to long-term health risks. These include abuse, neglect, and household dysfunction (WHO, 2020).

The types of ACEs are abuse including physical, emotional and sexual, neglect including physical and emotional neglect, and household challenges including exposure to domestic violence, living with substance-abusing or mentally ill caregivers and parental divorce or incarceration of a family member.

The CDC-Kaiser Permanente ACE Study found that multiple ACEs increase the risk of chronic illnesses, mental health disorders, and substance abuse in adulthood.

Adult Attachment Styles

Attachment Theory was developed by John Bowlby and Mary Ainsworth, attachment theory explains how early caregiver relationships influence

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emotional development and interpersonal relationships (Bowlby, [1] 1969 Ainsworth et al., 1978) [2]. Secure attachments in childhood form the foundation for healthy relationships, while insecure attachments lead to emotional and relational difficulties in adulthood.

Adult Attachment Styles

Secure attachment

Individuals are comfortable with intimacy and independence maintaining trust and stable relationships.

1. *Anxious (preoccupied) attachment*: Characterized by fear of abandonment, excessive dependence, and emotional instability.
2. *Avoidant (dismissive) attachment*: Marked by emotional distance, reluctance to depend on others, and difficulty forming deep bonds.
3. *Fearful-avoidant (disorganized) attachment*: A mix of anxious and avoidant tendencies, often due to past trauma or inconsistent caregiving.

These attachment styles affect emotional regulation, conflict resolution, and overall well-being in adulthood.

Help-Seeking Behaviour

The Help-Seeking Process Model describes a step-by-step approach to seeking external support for mental health concerns (Rickwood & Thomas, 2012). [18]. It includes:

1. *Problem recognition*: Awareness of distress requiring external help
2. *Decision to seek help*: Influenced by stigma, self-efficacy, and cultural attitudes .
3. *Choosing a help source*: Individuals select informal (friends, family) or formal (mental health professionals) support.
4. *Seeking help*: Initiating contact through therapy appointments or peer consultations .
5. *Engagement with help services*: Positive experiences encourage future help-seeking, while negative experiences may discourage it.

Formal Help-Seeking involves professionals like psychologists, psychiatrists, and crisis helplines. The barriers include stigma, financial constraints, and limited access.

Whereas, informal Help-Seeking involves family, friends, religious leaders, or online communities. Mostly preferred due to accessibility and emotional comfort but lacks professional expertise.

Rationale of the Study

ACEs can lead to trust issues, over-dependence, or avoidance in relationships while also influencing emotional help-seeking. Despite extensive global research, studies on ACEs' impact on attachment and help-seeking in Indian youth are limited. This study aims to fill that gap and explore these associations in the Indian context.

REVIEW OF LITERATURE

Aggarwal and Dutt (2024) [3] undertook an investigation to analyze how adverse childhood experiences affect the intimacy fears in young adults. This study evaluated 110 participants from Delhi NCR between ages 18 to 25 through administration of the ACE-10 and fear of intimacy scale. Research data revealed that adverse childhood experiences have a positive effect on fear of intimacy among young adults.

Thomas et al. (2023) [4] performed a study assessing adverse childhood experiences together with perceived family and interpersonal settings on adult vulnerability behaviours among 613 emerging adults from Kerala India who were between 18 to 24 years old. The research participants used a semi-structured questionnaire along with a checklist. Both socio-demographic factors (gender and family

type) together with perceptions regarding family and interpersonal relationships and adverse childhood experiences demonstrated significant evidence as prediction variables for emerging adult risk behaviours.

Mohan and Mathew (2024)[5] [12] analyzed the relationship patterns between adult attachment styles and fear of intimacy and relationship satisfaction in 200 participants from India who were 18 to 25 years old in romantic relationships. Analysis showed significant correlations between aspects of fear of intimacy and relationship satisfaction and multiple regression analysis showed fear of intimacy as a significant predictor of relationship satisfaction. Higher levels of attachment anxiety along with avoidance both produce increased fear of intimacy which leads to worsened relationship satisfaction according to the research.

Bhardwaj and Raj (2024) [6] conducted a study on childhood trauma effects on adult attachment styles among 241 Indian young adults aged 18–25. Researchers utilized Adult Attachment Scale and Childhood Trauma Questionnaire to recognize particular types of childhood trauma that substantially change adult attachment pattern development. The research examined security attachment disruption through psychological and cognitive and also neurobiological mechanisms resulting from childhood trauma

A research conducted by Arfeen and Dangwal (2024) [7] examined how childhood trauma affects attachment styles. A total of 120 participants spanning ages 18 to 25 years old took part in the research. Each person demonstrated different degrees of childhood traumatic situations. The investigators implemented both the Attachment Style Measures and the Trauma Assessment Tool in their assessment. People exposed to heavy childhood trauma shifted toward dismissive and preoccupied attachment patterns. The research analysis showed that adult attachment styles stayed unchanged irrespective of traumatic experiences but identified major resilience effects on adults due to trauma exposure.

The research by Jindal et al. (2024) [8] explored help-seeking behaviour relationships with perceived public stigma and personal stigma and self-stigma together with gender and gender conformity and patriarchal beliefs among Indian young adults living in urban areas. The research utilized convenience snowball sampling to obtain the 150 study participants who were between 18 and 25 years old. A standardized stigma assessment scale joined by a help-seeking behaviour questionnaire operated through an online survey platform.

Self-stigma and gender proved to be significant predictors of help-seeking behaviour and gender conformity together with patriarchal beliefs failed to show moderation effects on these relationships. People who were religious showed higher use of faith-based mental healthcare compared to others because they believed faith services would help and trusted referral recommendations.

Naik et al. (2024)[9] performed research about the healthcare professional help preferences and mental illness stigma of health science student populations. A total of 215 Karnataka students composed the sampling group. Data collection incorporated both the socio-demographic questionnaire and the validated Attitude Toward Seeking Professional Psychological Help Scale and Perceived Devaluation Discrimination Scale. Male students demonstrated a more favorable approach to seeking psychological help compared to females within the study population. People who experienced mental health problems showed higher predisposition to receive professional assistance. The study showed a negative relationship between help-seeking attitude and perceived social stigma.

METHODOLOGY

Aim

To explore the impact of adverse childhood experiences (ACEs) on adult attachment styles and help seeking behaviours among youth.

Objectives

1. To examine gender differences in adverse childhood experiences (ACEs), adult attachment styles, and help-seeking behaviour among youth.
2. To study the relationship between adverse childhood experiences and the dimensions of adult attachment styles
3. To study the relationship between adverse childhood experiences and help seeking behaviour
4. To assess whether adverse childhood experiences will predict close, anxiety, and dependent adult attachment styles.
5. To assess whether adverse childhood experiences will predict help-seeking behaviour.

Hypothesis

- H₀₁*: There will be no significant gender differences in Adverse Childhood Experiences (ACEs), Adult Attachment Styles, and Help-Seeking Behaviour among youth.
- H₀₂*: There will be no significant relationship between Adverse Childhood Experiences and dimensions of Adult Attachment Styles among youth.
- H₀₃*: There will be no significant relationship between Adverse Childhood Experiences and domains of Help-Seeking Behaviour among youth.
- H₀₄*: Adverse Childhood Experiences will not significantly predict close, anxiety, or dependent Adult Attachment Styles in youth.
- H₀₅*: Adverse Childhood Experiences will not significantly predict domains of Help-Seeking Behaviour in youth.

Variables of the Study

Independent variable: Adverse Childhood Experiences

Dependent variable: Adult Attachment Style and Help Seeking Behaviour

Description of the Tools

Tool 1- Adverse childhood experiences- international questionnaire

The Adverse Childhood Experiences-International Questionnaire (ACE-IQ) developed by the World Health Organisation (2018) allows the measurement of ACEs from 18 years old and above in all countries. It originally includes 43 items (30 items assessing adversity), and a binary scoring version has 29 items in 13 domains, including family dysfunction, (physical, sexual, emotional) abuse, neglect, peer violence, and exposure to community and collective violence. Each adversity category that is experienced is scored 1, leading to a total score from 0 to 13.

- *Reliability and validity*: Cronbach's alpha of 0.854 indicates high internal consistency. Convergent validity ($r = 0.85$, $p < 0.001$) with the Childhood Trauma Questionnaire-Short Form (CTQ-SF) and discriminant validity ($F = 13.90$, $p < 0.001$) confirm the scale's reliability and effectiveness.

Tool 2- Revised adult attachment scale (Collins, 1996)- close relationships version

It is a self-report measure developed by Nancy Collins (1996) that addresses attachment styles within the context of close relationships (i.e. familial, romantic, and peer relationships). It is made up of 18 items assessed on a 5-point Likert scale from 1 (Not at all characteristic of me) to 5 (Very characteristic of me). The RAAS comprises three subscales of six items each: CLOSE, comfort with intimacy; DEPEND, perceptions of others as reliable sources of support; and ANXIETY, concerns about rejection and being unloved.

- *Reliability and validity*: The RAAS shows strong internal consistency ($\alpha = 0.78$ – 0.85 across subscales) and good convergent validity with established attachment measures like the ECR and RQ.

Tool 3- General help seeking questionnaire

The General Help-Seeking Questionnaire (GHSQ; Wilson et al. 2005). A rapid assessment of an individual's willingness to seek assistance from sources, concerning personal, emotional, or mental health issues, such as suicidal thoughts.

- *Reliability and validity*: The Questionnaire shows high reliability, with Cronbach's $\alpha = 0.83$ and test-retest reliability up to 0.88. It demonstrates good validity ($r_s = 0.17$, $p < 0.05$ for general help-seeking; $r_s = 0.57$, $p < 0.001$ for suicide-related help-seeking).

Sample

A random sampling approach was used to recruit 140 participants, with balanced representation of gender (n = 70 males and n = 70 females). Participants between 18-25 years of age were involved in the study, consistent with the study's focus on young adults.

Inclusion Criteria

- Urban Population
- Young adults between the age of 18-25 years of age

Exclusion Criteria

- Individuals below 18 or above 25 years of age
- Individuals unwilling to provide informed consent

Procedure

The current study utilized a survey design to assess the relationship between the aforementioned variables. Self-report questionnaires, along with demographic details, were distributed in both physical and online formats. Clear instructions were provided, and participants were reassured of confidentiality, which was strictly maintained throughout the study. Informed consent was obtained from each participant before proceeding with the assessment.

Statistical Analysis

Descriptive statistics, including mean and standard deviation, were used to summarize the data. Inferential statistics, such as Pearson's correlation and linear regression, were performed to examine relationships between variables. All analyses were conducted using Jamovi software.

Results

The t-test results indicate that the difference is statistically significant only in Anxiety, where females scored higher than males. No significant differences were observed in Adverse Childhood Experiences, Closeness, Dependence, and Help-Seeking Behaviour, as indicated by their p-values.

Table 1. N, mean, standard deviation, SDE, t-test, p-value.

		Group	N	Mean	SD	SDE	t-test	p
	Adverse Childhood Experiences	Males	70	3.80	2.282	0.2727	-1.6021	0.111
		Females	70	4.46	2.563	0.3064		
	Close	Males	70	3.17	0.676	0.0808	1.6734	0.097
		Females	70	2.97	0.769	0.0919		
Adult Attachment Style	Depend	Males	70	2.82	0.518	0.0619	1.6423	0.103
		Females	70	2.68	0.494	0.0591		
	Anxiety	Males	70	3.18	0.974	0.1164	-2.0240	0.045*
		Females	70	3.49	0.815	0.0974		
Help Seeking Behaviour	Personal Emotional Problems	Males	70	33.20	10.499	1.2548	-0.0385	0.969
		Females	70	33.26	6.606	0.7896		
	Suicidal	Males	70	33.87	10.509	1.2560	0.6085	0.544
		Females	70	32.87	8.866	1.0597		

Table 2. Pearson's correlation table for adverse childhood experiences, adult attachment style dimensions, and help-seeking behaviour dimensions.

Adult attachment style			Help seeking behaviour					
			Adverse Childhood Experiences	Close	Depend	Anxiety	Personal Emotional Problems	Suicidal
	Adverse Childhood Experiences	Pearson's r	—					
	Close	Pearson's r	-0.104	—				
Adult Attachment Style	Depend	Pearson's r	-0.202*	0.381***	—			
	Anxiety	Pearson's r	0.334***	-0.096	-0.312***	—		
	Personal Emotional Problems	Pearson's r	-0.061	0.103	0.058	0.085	—	
Help Seeking Behaviour	Suicidal	Pearson's r	-0.153	0.176*	0.154	-0.037	0.666***	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

The results show significant positive and negative correlations among various variables, with notable associations between Adverse Childhood Experiences and Anxiety, Dependence and Closeness, and Suicidal Help-Seeking Behaviour with Personal Emotional Problems.

A linear regression analysis showed that ACEs do not significantly predict the closeness dimension of adult attachment, $p = 0.220$, $R^2 = 0.0109$, indicating that only 1.09% of the variance is explained. This suggests that childhood adversity does not substantially impact closeness in adult relationships.

To investigate whether Adverse Childhood Experiences (ACEs) influence the dependent dimension of adult attachment, a linear regression analysis was performed. With $p = 0.017$, and $R^2 = 0.0406$, the model was significant and showed that ACEs explained 4.06% of the variation in dependence. Dependency was significantly impacted negatively by the independent variable, suggesting that higher ACE scores are associated with lower dependence in adult attachment relationships.

Table 3. Linear regression analysis of adverse childhood experiences predicting depend dimension of adult attachment style.

Model fit measures			
Model	R	R ²	Adjusted R ²
1	0.202	0.0406	0.0337

Note. Models estimated using sample size of $N=140$

Table:

Omnibus ANOVA test					
	Sum of squares	df	Mean square	F	p
Adverse Childhood Experiences	1.46	1	1.464	5.85	0.017
Residuals	34.56	138	0.250		

Note. Type 3 sum of squares

Table:

Model coefficients - depend dimension of adult attachment styles				
Predictor	Estimate	SE	t	p
Intercept	2.9225	0.0833	35.06	<.001
Adverse Childhood Experiences	-0.0421	0.0174	-2.42	0.017

Table 4. Linear regression analysis of adverse childhood experiences predicting anxiety dimension of adult attachment style.

Model fit measures			
Model	R	R ²	Adjusted R ²
1	0.334	0.112	0.105

Note. Models estimated using sample size of $N=140$

Table:

Omnibus ANOVA test					
	Sum of squares	df	Mean square	F	p
Adverse Childhood Experiences	12.8	1	12.812	17.4	<.001
Residuals	101.7	138	0.737		

Table:

Model Coefficients - anxiety dimension of adult attachment styles				
Predictor	Estimate	SE	t	p
Intercept	2.821	0.1430	19.73	<.001
Adverse Childhood Experiences	0.124	0.0298	4.17	<.001

Linear regression analysis revealed that ACEs significantly predicted the anxiety dimension of adult attachment ($p < .001$, $R^2 = 0.112$), explaining 11.2% of the variance—indicating that higher ACE scores are linked to greater attachment anxiety.

However, ACEs did not significantly predict help-seeking behaviour for emotional issues ($p = 0.471$, $R^2 = 0.0038$) or suicidal concerns ($p = 0.072$, $R^2 = 0.0233$), suggesting minimal and non-significant influence on these behaviours.

DISCUSSION

Key Findings

This study investigated the relationship between Adverse Childhood Experiences (ACEs) and adult attachment style, and help-seeking in young adults. The findings indicate that males and females both had the same levels of ACEs, attachment styles, and help-seeking behaviours, with the only significant gender difference being greater attachment anxiety for females. Additionally, ACEs were associated with lower dependence and greater anxiety in attachment but had no significant influence on closeness. Regression analysis confirmed that ACEs are predictors of dependence and anxiety but had little influence on help-seeking behaviours.

Interpretation

Table 1 demonstrates the results from the independent samples t-test including the t- test values and the p values along with the group descriptives. For ACEs, the t-test value(-1.602) indicates that males and females of the sample report similar levels of adverse childhood experiences. For Adult Attachment Styles, no significant differences were observed in closeness ($t=1.6734$) and dependence dimensions ($t= 1.6423$), although the t-test value (-2.0240) for anxiety dimension, approached statistically significant difference as $p=0.045$ ($p<0.05$). This reflects that males and females exhibit similar patterns of attachment styles, supporting the null hypothesis, with slight variation in the anxiety dimension. For help-seeking behaviour, the personal emotional problems ($t = -0.0385$) and suicidal thoughts ($t = 0.6085$) dimensions showed no significant gender differences between the mean of the two groups indicating that males and females seek help at similar rates. Overall, the first null hypothesis is accepted on the basis of the above finding suggesting that gender does not significantly influence ACEs, adult attachment styles, or help-seeking behaviour among youth with an exception of anxiety dimension of attachment style, which showed a weak statistically significant difference.

Table 2 contains Pearson's correlation coefficient between various variables of the study. There exists no significant correlation between adverse childhood experiences and close dimension of attachment styles based on the Pearson correlation coefficient ($r = -0.104$, $p = 0.220$), indicating that ACEs do not significantly affect the feelings of closeness in close relationships. This is supported by a study (Arora, S., & Soni, S., 2024) which highlighted that childhood trauma did not show a direct significant correlation with adult attachment styles, implying that other mediating factors such as personal perspectives and lived experiences might influence attachment development.

Additionally, adverse childhood experiences are significantly and negatively correlated with the dependence dimension of attachment style ($r = -0.202$, $p = 0.017$) at 0.05 level. This suggests that people with higher ACE scores are less likely to rely on attachment figures as adults. This is consistent with attachment theory, which postulates that people who had a difficult upbringing could find it difficult to depend on others in later life. Adverse childhood experiences are moreover highly significantly and positively correlated with anxiety dimension of attachment style ($r = 0.334$) at 0.001 level. This indicates individuals with more adverse childhood experiences tend to have higher attachment-related anxiety.

This suggests that individuals with childhood adversity tend to experience more fear of abandonment and insecurity in relationships. Prior research (Verma & Imran, 2024) [10] similarly found that individuals with higher ACE scores exhibit greater attachment insecurity, particularly anxious attachment styles, reinforcing the notion that childhood adversity has lasting effects on relational patterns. Overall, the second hypothesis is accepted for the close dimension of adult attachment style, but is rejected for the dependence dimension as it shows negative correlation with ACEs and anxiety dimension showing positive correlation with ACE scores.

Table 2 presents Pearson's correlation coefficient between the above mentioned variables. There exists no significant correlation between Adverse Childhood Experiences and Personal Emotional Problems ($r = -0.061$, $p = 0.471$), indicating that ACEs do not significantly influence the likelihood of seeking help for emotional concerns. However, ACEs show a negative but non-significant correlation with Suicidal Problems ($r = -0.153$, $p = 0.072$), suggesting that individuals with higher ACE showed lesser intentions to seek help for suicidal thoughts although, it is weak relationship that does not reach statistical significance. These findings align with prior research (Tamta et al., 2024) [11], which identified key barriers to help-seeking, including societal stigma, gender norms, lack of emotional support, financial constraints, and limited access to mental health services. This suggests that external structural and cultural factors play a more decisive role in shaping help-seeking behaviours than personal adversity alone. Since neither correlation is statistically significant ($p > 0.05$), the third hypothesis is accepted, indicating that Adverse Childhood Experiences do not significantly impact Help-Seeking Behaviour in this sample.

For close dimension, the R^2 value was 0.0109, meaning only 1.09% of the variance in Close attachment was explained by ACEs, with a non-significant p-value ($p = 0.220$), suggesting no significant predictive relationship. These results are consistent with the previous study (Moir, 2024) which suggests that other moderating factors (e.g., relationship dynamics, resilience, or early interventions) rather than ACE history may influence attachment outcomes. The tables 3 and 4 contain the results of the linear regression analysis, which examined whether adverse childhood experiences significantly predict depend and anxiety dimensions of adult attachment styles. For the depend dimension, the R^2 value was 0.0406, indicating that ACEs explained 4.06% of the variance of the dimension, with the p-value ($p = 0.017$) suggesting a statistically significant negative relationship. This suggests that ACEs are significantly and negatively associated with the depend dimension although to a lesser extent. Finally, for the anxious attachment dimension, the R^2 value was 0.112, indicating that ACEs accounted for 11.2% of the variance, with a highly significant p-value ($p < .001$), suggesting a strong positive predictive relationship. These findings align with previous research by Glass (2021) [13] which highlights the significant role of ACEs in shaping adulthood attachment anxiety. Therefore, according to these results the fourth hypothesis is partially supported as the close dimension is not predicted by ACE score whereas the ACE score predicts the anxiety as well as depend dimensions.

The results from linear regression analysis, which examined whether adverse childhood experiences significantly predict help seeking behaviour for personal emotional problems and suicidal thoughts, indicates that the predictive ability of ACEs on help-seeking behaviour is minimal. For help-seeking behaviour related to personal emotional problems, the model explains only 0.38% of the variance ($R^2 = 0.00377$), indicating an extremely weak relationship. Similarly, for help-seeking behaviour related to suicidal problems, ACEs account for 2.33% of the variance ($R^2 = 0.0233$), which, while slightly higher, still suggests a weak predictive effect. These results suggest that childhood adversity has no significant effect on the probability of a person seeking help for emotional or suicidal issues. Previous studies conducted by Sanghvi and Mehrotra (2021) [14] emphasized that having information about mental illness and availability of services is not sufficient to promote professional help-seeking behaviour. Moreover, in India, seeking help is also determined by family considerations, thus social and family influences become vital in shaping help-seeking behaviours. These results are in concordance with the results of the current study since they imply that structural and cultural barriers, rather than personal adversity experiences, may have a greater effect on help-seeking behaviours in India. Therefore, the fifth hypothesis is confirmed, since ACEs do not significantly predict help-seeking behavior.

Limitations of the Research

The sample, while being gender-balanced, might not be generalizable to participants' experiences with varying cultural or socioeconomic statuses. Self-reporting scales are also linked to the threat of bias due to the fact that the responses can be influenced by memory recall or social desirability. Furthermore, the study only assessed ACEs as a predictor, while other variables that potentially influence—social support, personality, or resilience—were not. These other factors could potentially give a more nuanced explanation of the relationships between the variables involved in the study.

Future Research Directions

There needs to be more and representative numbers of Indians for future research so that proper generalization can take place. Given that India is a collectivist culture, ACEs, attachment styles, and help-seeking tendencies must be researched from a structural and socio-cultural perspective. The predictors of family influence, stigma, and accessibility of mental health resources must be explored. Personal experiences, resilience, and support systems must be explored as mediator variables to permit understanding of the variability in attachment and help-seeking tendencies. This can help inform culturally sensitive mental health interventions in India.

CONCLUSION

Overall, the finding revealed that ACEs significantly impacted anxiety and depend dimensions of attachment styles in adulthood, while not appearing to influence closeness in relationships and help seeking behaviours, both for personal emotional problems and more serious suicidal thoughts. This suggests that various other structural and cultural factors more significantly impact the variables, rather than only personal experiences, underscoring the importance of considering both personal and structural factors in understanding psychological outcomes.

Therefore, future researches should explore other mediating variables such as resilience, social support, stigma and access to mental health resources to gain a more comprehensive understanding of how childhood adversity shapes adult psychological functioning. Additionally, interventions targeting attachment-related insecurities should focus on fostering trust-building mechanisms and emotional regulation, while mental health initiatives should address societal barriers to help-seeking to promote greater accessibility and utilization of informal as well as professional support.

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