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WOUNDS OF THE PAST AS ROOTS OF SHAME: THE LINK BETWEEN EARLY EXPOSURE TO DOMESTIC VIOLENCE, CHILDHOOD TRAUMA, INSECURE ATTACHMENT, AND SHAME PRONENESS

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Abstract

The present study aimed to investigate the relations between early exposure to domestic violence, childhood trauma, insecure attachment (i.e., anxious and avoidant), and shame proneness. The sample comprised 718 Romanian participants aged 17 to 62 (M = 27.16, SD = 10.28; 76.60% female). Results suggested that participants' exposure to domestic violence during childhood was positively associated with anxious and avoidant attachment and shame proneness. Though childhood trauma was positively associated with early exposure to domestic violence, it was not significantly associated with anxious or avoidant attachment nor with shame proneness. Further mediation analysis suggested a complete, statistically significant positive mediation of the relationship between exposure to domestic violence and shame proneness through insecure attachment. We discuss these findings and consider their

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implications for practical interventions aimed at addressing the adverse long-term effects of childhood traumatic events and the complex implications of insecure attachment styles.

Keywords: **domestic violence; childhood trauma; insecure attachment; shame proneness.**

Introduction

Understanding the link between early exposure to domestic violence, childhood trauma, attachment, and shame proneness is crucial in today's global context. The COVID-19 pandemic triggered a significant rise in domestic violence (Kourti et al., 2023), driven by economic stress, social isolation, and limited access to support services (Sharma & Borah, 2022). This surge in violence, particularly against women and children, highlights the urgent need to explore the long-term psychological effects on those exposed. These effects, which often might include insecure attachment (Buchanan, 2019; Levendosky et al., 2011) and heightened shame proneness (Balcom, 2015), are likely to exacerbate the current global mental health crisis, characterized by increasing rates of psychological distress (Kim, 2023).

The present study aims to extend the literature examining the broader impact of ongoing global conflicts and forced displacement (Scharbert et al., 2024), which have exposed millions of children to trauma and disrupted family structures (Limaj et al., 2024). In such contexts, insecure attachment and psychological harm become more prevalent, further emphasizing the need to prevent the intergenerational transmission of trauma (Mikulincer et al., 2011). As the global awareness of adverse childhood experiences grows (Madigan et al., 2023), recognizing the lifelong effects of these early traumas has become a critical public health priority. In this context, the present research might contribute to promoting trauma-informed care across diverse settings, reducing the significant economic and social costs associated with untreated childhood trauma (Smith & Smith, 2010).

One significant consequence of early traumatic experiences, including exposure to domestic violence, is an increased tendency toward shame proneness. This outcome may stem from the development of insecure attachment patterns associated with such adverse conditions—a relationship that the present study sought to investigate. This premise is grounded in the attachment framework (Ainsworth et al., 2015; Bowlby, 1982), which provides a useful lens for understanding the intricate links among early domestic violence exposure, childhood trauma, insecure attachment, and the emergence of shame proneness.

Within this theoretical perspective, early interactions with caregivers who are abusive, neglectful, emotionally unavailable, or inconsistent—circumstances that may also arise in

broader destabilizing contexts such as pandemics or ongoing conflicts—can significantly shape a child's emotional development. Such experiences may impair the development of effective self-regulation skills and contribute to the formation of negative internal working models of both the self and others (Mikulincer et al., 2003). Individuals exposed to inconsistent caregiving, emotional withdrawal, or maltreatment are more likely to develop insecure attachment patterns, as they come to perceive others as unreliable or unsafe (Corcoran & McNulty, 2018). Furthermore, this framework suggests that early relational experiences serve as foundational templates that influence the nature of interpersonal relationships in adulthood.

Exposure to Domestic Violence and Insecure Attachment

Domestic violence (DV) takes place within a household and may involve various relational dynamics, including those between parents and children, siblings, or even cohabiting individuals (Moorer, 2019). It encompasses abusive behaviors directed toward intimate partners, children, or other family members and represents a widespread global issue affecting millions annually (Huecker et al., 2022). The Centers for Disease Control and Prevention (CDC, 2018) defines DV as physical, sexual, or psychological harm inflicted by a current or former partner or spouse, including any form of threatening or violent behavior occurring within both heterosexual and same-sex relationships.

Exposure of children to incidents involving violence, threats, or abuse between adults, whether intimate partners or family members, is recognized as a form of child maltreatment (Gilbert et al., 2009). Such exposure is consistently linked to elevated risks of psychological, emotional, social, and behavioral difficulties (Wathen et al., 2013). Importantly, even indirect exposure—such as a child being aware that a caregiver is being harmed or is at risk—is sufficient to produce harmful developmental outcomes (McTavish et al., 2016; Wathen et al., 2013). The CDC (2018) uses the term "exposure to DV" broadly, encompassing both children who witness violence and those who experience direct victimization.

Attachment orientations are typically categorized as secure (confidence that needs will be met), anxious (uncertainty about need fulfillment), avoidant (minimizing reliance on others), and fearful (a combination of anxious and avoidant tendencies) (Bartholomew & Horowitz, 1991). Attachment can thus be understood as a biologically grounded system of behaviors, cognitions, and emotional processes that supports both exploration and proximity-seeking in relation to attachment figures across everyday and stressful situations (Pittman et al., 2011). According to John Bowlby (1982), children construct internal working models through early interactions

with caregivers, which shape how they interpret social experiences and regulate relationships throughout their lives (Nascimento et al., 2021).

Anxious attachment (also referred to as anxious-ambivalent attachment) is characterized by heightened dependence on others for reassurance and support, often driven by underlying feelings of unworthiness or fear of abandonment (Vowels & Carnelley, 2021). In contrast, avoidant attachment reflects a tendency toward self-reliance and skepticism regarding others' availability or willingness to provide support during times of need (Vowels & Carnelley, 2021). Individuals with anxious attachment often seek closeness but simultaneously fear rejection (Nascimento et al., 2021), whereas those with avoidant attachment prioritize independence and may actively avoid emotional intimacy.

Research further indicates that insecure attachment patterns often originate in adverse childhood relational environments, particularly those involving dysfunctional or harmful parental interactions (Khademi et al., 2019). These early experiences can lead to the development of distorted internal working models that persist into adulthood, fostering negative perceptions of both self and others. For instance, individuals with anxious attachment may display dependency and a perceived lack of control within relationships, while those with avoidant attachment may exhibit distrust and diminished confidence in others (Overall, 2019). Attachment insecurity has enduring implications for adult relational functioning (Beeney et al., 2019), and substantial evidence suggests that it is closely linked to adverse childhood experiences (ACEs), including abuse and neglect (Struck et al., 2020). Existing literature highlights a strong association between childhood exposure to domestic violence and the development of insecure attachment styles in adulthood (Godbout et al., 2017). Specifically, children exposed to parental violence or neglect are significantly more likely to develop insecure attachment patterns compared to those without such exposure (McIntosh et al., 2021; Noonan & Pilkington, 2020). Comparable patterns have also been observed among adults who experienced parental violence during childhood (Godbout et al., 2009; 2017).

Moreover, numerous studies have explored the connection between attachment insecurity and the perpetration of intimate partner violence (IPV). For example, a meta-analysis by Spencer et al. (2021) demonstrated that both anxious and avoidant attachment styles are significantly associated with the perpetration of physical IPV. Similarly, Velotti et al. (2022) reported significant associations between both attachment dimensions and IPV perpetration, with stronger effects observed for attachment-related anxiety. Their findings further suggest that anxious attachment is particularly linked to psychological aggression, whereas avoidant

attachment is associated with both physical and psychological forms of violence (Velotti et al., 2022).

Childhood Trauma and Insecure Attachment

Early trauma encompasses adverse experiences, events, or highly stressful circumstances encountered during critical developmental stages in childhood (Ciorbea et al., 2017). Such experiences can have profound and lasting effects on an individual, influencing physical, cognitive, emotional, and social development (Ciorbea et al., 2017). Examples of early trauma include physical or sexual abuse, neglect, exposure to domestic violence, parental separation or abandonment, instability within the family or community, as well as extreme events such as natural disasters or armed conflict (Green, 1993).

Children exposed to these forms of trauma may develop a range of difficulties, including anxiety, depression, attachment-related disturbances, learning challenges, and behavioral problems (Cordon et al., 2004). Consequently, early traumatic experiences can significantly shape developmental trajectories and may have enduring consequences for mental and emotional well-being (Weiss et al., 2012). The extent of these effects is not uniform, however, as it may depend on several moderating factors, such as the intensity and duration of the trauma, the presence of supportive and reliable relationships with caregivers, and access to emotional and environmental resources (Vasile, 2018). In many cases, childhood trauma is also linked to disruptions in identity formation and negative perceptions of others (Jiang et al., 2021).

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association - APA, 2013), the concept of trauma is broadened to include not only direct exposure but also indirect or vicarious experiences. These include situations involving actual or threatened death, serious injury, or sexual violence, whether experienced firsthand, witnessed, learned about in relation to a close other, or encountered through repeated exposure to distressing details of traumatic events (APA, 2013, p. 271).

From the perspective of attachment theory, the emotional bond between a child and their primary caregiver plays a central role in development, and early traumatic experiences can disrupt the formation of secure attachment (Holmes, 2014). Such disruptions may contribute to the emergence of insecure attachment patterns, including avoidant or ambivalent styles. Furthermore, attachment insecurity can shape how individuals respond to trauma later in life (Lim et al., 2020). For example, attachment orientations may influence both the perception of

and reaction to stressful events, either by amplifying negative emotional responses or by promoting emotional distancing as a coping mechanism (Lim et al., 2020).

Insecure Attachment and Shame Proneness

Shame is a self-conscious emotion (O'Leary et al., 2019) that may be experienced in both public and private contexts (Miceli & Castelfranchi, 2018; Tangney et al., 2007; Tangney & Dearing, 2003; Wojcik et al., 2019). It is typically elicited in social situations involving perceived evaluation, status concerns, or rejection, and can relate to multiple facets of the self, including behavior, physical appearance, and broader identity domains (Hejdenberg & Andrews, 2011). A multidimensional perspective on shame has been proposed (Andrews et al., 2002), distinguishing among (1) shyness-related experiences (e.g., personal habits, interaction styles, or perceived competencies), (2) shame associated with behavior (e.g., making mistakes, acting inappropriately, or failing), and (3) body-related shame (i.e., concerns about physical appearance). Experiencing shame has been linked to negative outcomes such as distorted body image, reduced self-esteem, and feelings of guilt (Franzoni et al., 2013).

Although shame and guilt are both negative self-evaluative emotions and are often conflated in everyday language, they represent distinct constructs with different behavioral and adaptive consequences (Lewis, 1971; Tangney et al., 2007; Treeby & Bruno, 2012). As outlined by Lewis (1971), the key distinction lies in whether the evaluation targets the self or a specific behavior. Shame involves a global negative evaluation of the self-captured in the belief "I am bad" (Lewis, 1971; Tangney & Dearing, 2002) - and is associated with feelings of inferiority, inadequacy, exposure, and diminished control, often prompting withdrawal or avoidance (Lewis, 1971; Tangney & Dearing, 2002; Tangney, 1990, 1996; Tracy & Robins, 2004). This experience can be deeply distressing and disruptive to one's core sense of identity (Lewis, 1971; Lindsay-Hartz et al., 1995), frequently leading to defensive and avoidant coping responses (Gilbert, 1997). In contrast, guilt involves a negative evaluation of a specific behavior - "my behavior is bad" (Lewis, 1971; Tangney & Dearing, 2002) - and is typically associated with regret and the motivation to repair or change one's actions (Lewis, 1971; Tangney et al., 2007; Tracy & Robins, 2004, 2006). Cognitively, shame is characterized by internal, stable attributions of blame (Tilghman-Osborne et al., 2008), a pattern frequently observed among trauma survivors (Babcock & DePrince, 2012).

Shame proneness refers to a dispositional tendency to experience shame across a wide range of situations (Park & Shields, 2023), or to repeatedly and intensely undergo prolonged episodes

of shame, thereby increasing vulnerability to feelings of helplessness, worthlessness, and incompetence (Ferguson & Stegge, 1995). This tendency has been strongly associated with various mental health conditions, including depression, anxiety, post-traumatic stress, and substance use disorders. Individuals high in shame proneness often experience persistent feelings of inferiority and social rejection, which may contribute to avoidance-based coping strategies (DeCou et al., 2023).

Empirical evidence also points to a robust association between shame proneness and insecure attachment styles (Park & Shields, 2023). In particular, anxious attachment has been linked to a shame regulation pattern characterized by self-criticism and self-directed hostility, whereas avoidant attachment is associated with strategies involving emotional suppression and avoidance (Remondi et al., 2023). These findings suggest that attachment orientations play a crucial role in shaping how individuals experience, regulate, and respond to shame, with important implications for psychological well-being (Remondi et al., 2023).

Individuals prone to shame tend to focus on stable, negative aspects of the self, often perceiving them as unchangeable, which can foster helplessness and the externalization of blame (Giner-Sorolla et al., 2011). Much of the existing literature, particularly within Western contexts, has emphasized the maladaptive and distressing aspects of shame, conceptualizing the self as relatively stable and self-focused (Nathanson, 1992; Tangney et al., 2007). In contrast, research from Chinese cultural perspectives has highlighted more adaptive and context-sensitive dimensions of shame, viewing the self as more flexible and relationally oriented (Ho et al., 2004; Mao-jin & Jing-jing, 2009). Incorporating cultural perspectives into the study of shame may therefore enhance the accuracy of psychological theories, broaden understanding of emotional processes, and inform culturally sensitive coping strategies and interventions.

The present study

Though the link between exposure to domestic violence, early traumatic experiences, and insecure attachment has been explored in previous studies, the current literature is not as generous when discussing the mediating role of insecure attachment within the relation between these adverse experiences and shame proneness. Thus, the present study aimed to address this topic by examining these relations in a sample of Romanian adults, particularly since this topic has not been researched in this cultural context.

Based on the previous literature, we formulated the following hypotheses:

H1. Childhood traumatic experiences and early exposure to domestic violence would be positively associated with insecure attachment styles.

H2. Insecure attachment styles would be positively associated with shame proneness.

H3. Insecure attachment would mediate the relation between childhood traumatic experiences and shame proneness.

The proposed research model is detailed in Fig.1.

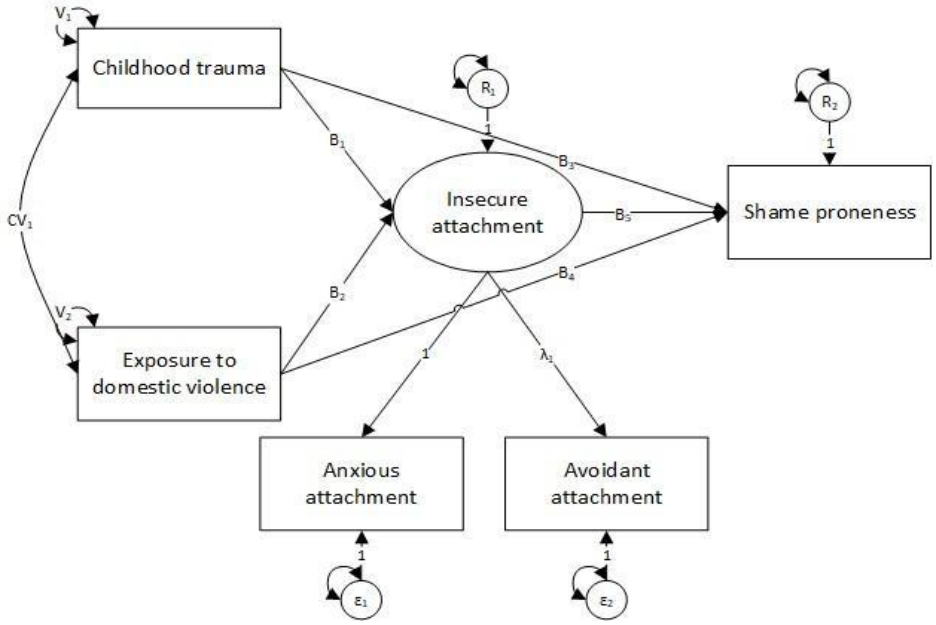

Figure 1

Theoretical double mediation SEM model

Method

To enhance the methodology, we used the CHERRIES checklist (Eysenbach, 2004) to assess the quality of Web Surveys. Data were collected between 2024-03-06 and 2024-05-16 via an online form distributed to various student groups (via Facebook, Instagram, and e-mails), and a convenience sample was used. The model was analyzed using a cross-sectional design, which precluded causal inference. The informed consent form stated that participation was voluntary and that participants could withdraw from the study at any time. The research was conducted in accordance with the Declaration of Helsinki and the ethical requirements of the Ethical Committee of the faculty with which the authors are affiliated (document number 240/February 09, 2024). The time needed to answer the questions was around 20 minutes.

Participants

The research group consisted of 718 participants aged 17 to 62 (M = 27.16, SD = 10.28), 76.60% of whom were female. In terms of education, most participants were high school graduates (58.91%), followed by college graduates with bachelor's degrees (23.12%) and master's degrees (14.48%). Only a few participants reported having doctoral studies (1.81%) or only secondary school (1.67%).

Measures

- **Childhood traumatic experiences**. We used 23 items from the Child Trauma Questionnaire (CTQ; Bernstein et al. (1994) (example item: "When I was a child, I did not have enough to eat") to assess childhood traumatic experiences. Participants responded using a 5-point Likert-type ordinal response space ranging from 1 (never true) to 5 (always true). The total score was calculated, with higher values indicating higher childhood traumatic experiences. The unidimensional consistency of the items was good (Cronbach's α=.94, 95% CI [.94, .95]).
- **Exposure to domestic violence**. The Exposure to Domestic Violence Scale was used to assess exposure to domestic violence (CEDV; Edleson et al. (2008). Answers were given on an ordinal scale from 0 (never) to 4 (very often) for items like "When you were a child, how often has one parent cursed, yelled at, insulted, or threatened the other parent?" or "In the past 6 months, how often has one parent threatened to use a knife, gun, or other object to hurt the other ?". The total score was calculated, with high scores indicating high exposure to domestic violence and Cronbach's α was .94 (95% CI [.94, .95]).
- **Insecure attachment**. A simplified version of Collins' Adult Attachment Scale assessed insecure attachment (Collins & Read, 1990). Only the dimensions *"anxious attachment"* (6 items such as "I find that others are reluctant to get as close as I would like", Cronbach's α=.70, 95% CI [.67, .74]) and *"avoidant attachment"* (12 items such as "I am nervous when someone gets too close", Cronbach's α=.67, 95% CI [.63, .70]) were selected. Participants responded on an ordinal Likert scale ranging from 1 (Not at all characteristic of me) to 5 (Very characteristic of me). The total score for each scale was calculated, and these indicators were loaded with the latent variable "insecure attachment".

- **Shame proneness**. Eight items from the Guilt and Shame Proneness Scale (GASP; Cohen et al. (2011) were used to assess shame proneness (e.g., "You rip an article out of a journal in the library and take it with you. Your teacher discovers what you did and tells the librarian and your entire class. What is the likelihood that this would make you feel like a bad person?"). Responses were given on an ordinal scale with behavioral anchors, with options: 1 (not at all likely), 2 (very unlikely), 3 (slightly probably), 4 (almost 50% certain), 5 (almost certain), 6 (certain), and 7 (very certain). The total score was calculated, with high values indicating high levels of shame proneness. Cronbach's α was .75 (95% CI [.72, .78]).

Overview of the Statistical Analyses

We used R (Version 4.4.1; R Core Team, 2024) and the R-packages *dplyr* (Version 1.1.4; Wickham et al., 2023), *Hmisc* (Version 5.1.3; Harrell Jr, 2024), *kableExtra* (Version 1.4.0; Zhu, 2024), *lavaan* (Version 0.6.16; Rosseel, 2012), *mvtnorm* (Version 1.2.6; Genz & Bretz, 2009), *naniar* (Version 1.1.0; Tierney & Cook, 2023), *papaja* (Version 0.1.2; Aust & Barth, 2023), *polycor* (Version 0.8.1; Fox, 2022), *psych* (Version 2.4.6.26; William Revelle, 2024), *readxl* (Version 1.4.3; Wickham & Bryan, 2023), *rstatix* (Version 0.7.2; Kassambara, 2023), *sasLM* (Version 0.10.4; Bae, 2024), and *tinylabels* (Version 0.2.4; Barth, 2023) for all our analyses.

Internal consistency was assessed using the α Cronbach's indicator (Cronbach, 1951). We initially identified outliers and missing values and performed univariate descriptive analyses, including assessing compliance with the univariate normality assumption for continuous data using the Shapiro-Wilk test (J. P. Royston, 1982; P. Royston, 1995), as well as skewness and kurtosis indicators. Extreme univariate values were replaced by missing values.

The Mardia test (Mardia, 1970) was computed to assess multivariate normality under the null hypothesis: H_0: The variables follow a multivariate normal distribution, and a preliminary analysis was conducted to examine whether demographic variables (age, gender, and studies) were associated with dependent variables. Furthermore, bivariate correlations among continuous variables were computed, and the SEM models were assessed using robust SEM techniques, with parameters estimated.

Next, the dependent variable, shame proneness, was associated with the main demographic variables using a heterocorrelation matrix (Drasgow, 2014; Olkin & Pratt, 1958). Statistically significantly associated demographic variables were further controlled in the model. In

addition, the correlation matrix of the dependent, independent, and mediator variables was computed and described. Finally, the double-mediation SEM model was evaluated, and the parameters were estimated.

Results

- **Preliminary descriptive analysis**

Due to the specificity of the measured variables, multiple outliers were identified and replaced by missing values. Following these substitutions, 112 missing values were observed in the data set, representing 0.21%; therefore, missing case analysis and imputation were not required. Furthermore, the assumption of univariate normality was not met (see Tab.1). The distributions of variables *childhood traumatic experiences*, *exposure to domestic violence* and *avoidant attachment* were leptokurtic, while the others were mesokurtic. Right asymmetry was observed for *exposure to domestic violence* and *anxious attachment*, and left-skewed distribution was observed in the case of the *avoidant attachment* variable. Only *shame proneness* showed a symmetric distribution; however, it did not meet the criteria of univariate normality.

Table 1

Descriptive statistics and univariate normality assessment

Variables	N	Mean	SD	Median	Min	Max	Skew (SE)	Kurt (SE)	Shapiro (p)
Childhood trauma	707	61.11	6.07	62	42	80	0.01 (.09)	0.87 (.18)	0.98 (<.001)
Exposure to domestic violence	718	12.84	13.70	7	0	72	1.20 (.09)	0.64 (.18)	0.84 (<.001)
Anxious Attachment	718	15.69	4.77	16	6	30	0.25 (.09)	-0.14 (.18)	0.99 (<.001)
Avoidant Attachment	717	34.19	5.70	35	12	55	-0.33 (.09)	0.90 (.18)	0.99 (<.001)
Shame Proneness	718	31.58	8.79	32	8	56	0.02 (.09)	0.06 (.18)	0.99 (<.001)

Heterochoric correlation analysis was also performed to examine the associations between shame proneness and demographic variables using polyserial and polychoric correlation coefficients. Gender indicated a negative and significant association (polyserial coefficient=-0.34, SE =0.05). Thus, we included gender in the model to control the direct relation between childhood trauma, exposure to domestic violence, insecure attachment, and the dependent variable, shame proneness. No other statistically significant associations were observed.

The multivariate normality assumption based on the Mardia coefficient (Mardia, 1970) was not met, as the Mahalanobis distances from centroid coordinates were between 0.47 and 4.83. A statistically significant multivariate positively skewed (Mardia = 2.78, Skewness = 327.28, *p*

< 0.001) and multivariate leptokurtic distribution (Mardia = 37.36, Skewness = 3.74, p < 0.001) were observed.

- **Correlation analysis**

Most of the Spearman ρ correlations were statistically significant (see Table 2), with values between .01 and .47, and the correlation matrix was positively defined.

Table 2

Spearman correlation matrix (Cronbach's alpha on main diagonal)

	1	2	3	4	5
(1) Childhood trauma	.94				
(2) Exposure to domestic violence	.06	.94			
(3) Anxious Attachment	.06	.31***	.70		
(4) Avoidant Attachment	.05	.24***	.47***	.67	
(5) Shame Proneness	.01	.11**	.23***	.28***	-
Means	61.11	12.84	15.69	34.19	31.58
Standard deviations	6.07	13.70	4.77	5.70	8.79

*** p<.001; ** p<.01; * p<.05

Childhood traumatic experiences were marginally positively associated with exposure to domestic violence (ρ =.06, p = 0.084). Exposure to domestic violence was *positively* associated with anxious attachment (ρ=.31, p < 0.001), avoidant attachment (ρ=.24, p < 0.001), and shame proneness (ρ =.11, p = 0.004). Anxious Attachment was positively associated with avoidant attachment (ρ =.47, p < 0.001), and shame proneness (ρ =.23, p < 0.001), and avoidant attachment was positively associated with shame proneness (ρ =.28, p < 0.001).

- **Model analysis**

Since the multivariate assumption was not met, the Satorra-Bentler test (Satorra & Bentler, 1994; Satorra & Bentler, 2001, 2010) was used to assess the model with robust Huber-White algorithm for standard errors computation (White, 1982). The MLMVS (Satterthwaite maximum likelihood estimation with robust standard errors and a mean- and variance-adjusted test statistic) estimator was used to compute all parameters, with robust standard errors, a robust test statistic, and a full-information maximum likelihood approach (FIML). The model convergence was acquired after 60 iterations by estimating 17 parameters from 717 cases,

resulting in an overidentified model with excellent fit indices (χ^2 = 7.377, df = 4, p = 0.117, CFI = 0.992, SRMR = 0.017, RMSEA = 0.034, p = 0.702, 90% CI [0, 0.073]) (see Fig. 2 & Fig. 3).

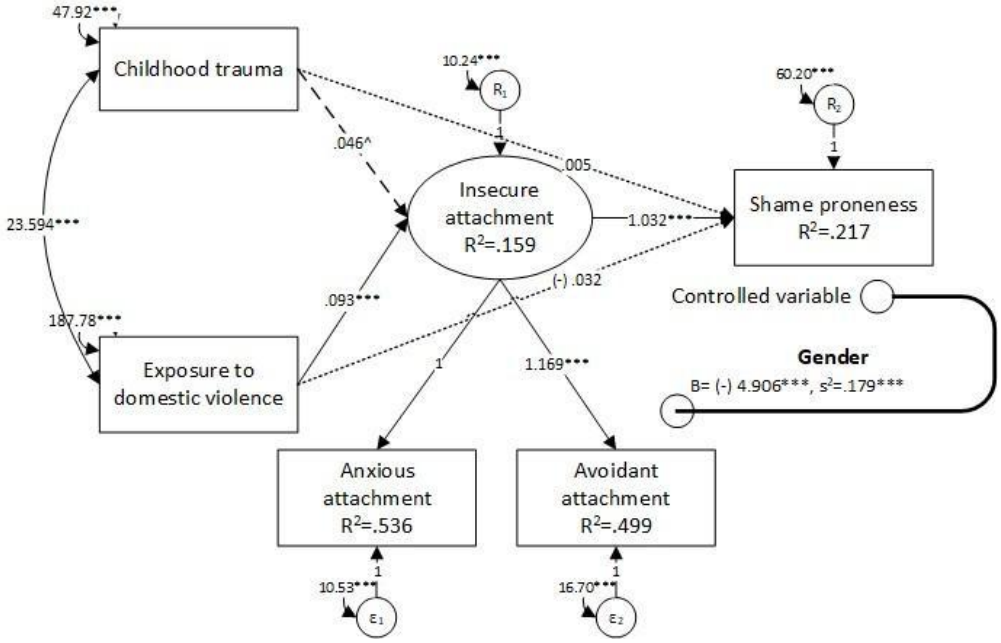

Figure 2

Double mediation SEM model. Unstandardized coefficients

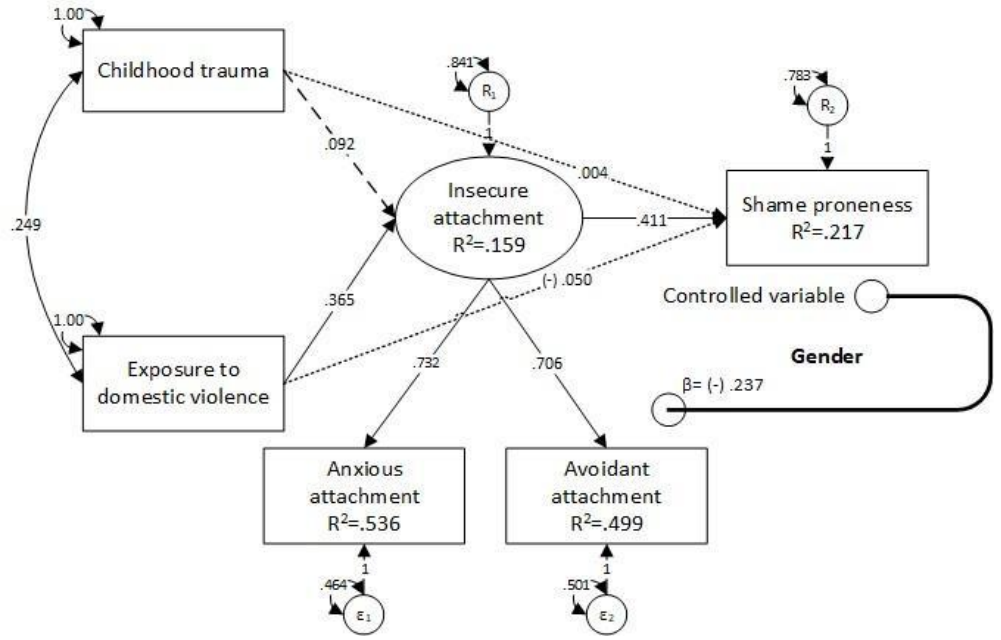

Figure 3

Double mediation SEM model. Standardized coefficients

Results suggested that insecure attachment was positively associated with exposure to domestic violence (B = 0.09, z = 7.84, $p < 0.001$, $\beta = 0.37$), and marginally positively associated with childhood traumatic experiences (B = 0.05, z = 1.77, $p = 0.077$, $\beta = 0.09$). Furthermore, shame proneness was significantly predicted by insecure attachment (B = 1.03, z = 7.10, $p < 0.001$, $\beta = 0.41$). However, no direct significant associations were observed between shame proneness and childhood trauma (B = 0.01, z = 0.11, $p = 0.91$, $\beta = 0.00$) or exposure to domestic violence (B=-0.03, z = -1.24, $p = 0.214$, $\beta = -0.05$) (see Tab. 3)

Table 3

Path coefficients and their significance. Effect decomposition

Outcomes		Predictors	Estimator	SE	z	p	Beta
Insecure attachment	<-	Childhood trauma	0.05	.03	1.77	.077	0.09
Insecure attachment	<-	Exposure violence	0.09	.01	7.84	<.001	0.37
Shame proneness	<-	Childhood trauma	0.01	.05	0.11	.91	0.00
Shame proneness	<-	Exposure violence	-0.03	.03	-1.24	.214	-0.05
Shame proneness	<-	Insecure attachment	1.03	.15	7.10	<.001	0.41
Shame proneness	<-	Gender	-4.91	.75	-6.55	<.001	-0.24
Shame proneness	<-	Insecure attachment <- Childhood trauma	0.05	.03	1.64	.102	0.04
Shame proneness	<-	Insecure attachment <- Exposure violence	0.10	.02	6.09	<.001	0.15

Therefore, our data suggested a complete statistically significant positive mediation of the relationship between exposure to domestic violence and shame proneness through insecure attachment (B = 0.10, z = 6.09, $p < 0.001$, $\beta = 0.15$). However, no statistically significant mediation of the relationship between exposure to domestic violence and shame proneness through insecure attachment could not be observed (B = 0.05, z = 1.64, $p = 0.102$, $\beta = 0.04$).

Discussion

The present study aimed to examine the mediating role of insecure attachment (i.e., anxious and avoidant) in the relationship between early exposure to domestic violence, childhood traumatic experiences, and shame proneness within a sample of Romanian adults. This research adds to the existing literature by focusing on the mediating role of insecure attachment in the development of shame proneness, a pathway that has not been extensively examined, particularly within the Romanian context. Though previous research has explored shame as a

response to adverse early experiences, the specific route involving attachment insecurity as a mediating variable has been under-researched.

Based on the existing literature, we hypothesized that childhood traumatic experiences and exposure to domestic violence would be positively associated with insecure attachment, which would be further positively associated with shame proneness, finally mediating these relations. Our findings partially supported these hypotheses. While childhood traumatic experiences were marginally associated with insecure attachment, which further predicted shame proneness, results suggested that early traumatic experiences were not significantly associated with shame proneness. Thus, our data did not support the proposed mediation effect. Some possible explanations may be related to the fact that childhood traumatic experiences may influence shame proneness through complex mechanisms other than insecure attachment. For instance, factors such as emotion regulation (Szentágotai-Tătar & Miu, 2016) and self-esteem (Budiarto & Helmi, 2021; Jacoby, 2016) may play a more direct and significant role in the development of shame, bypassing attachment patterns altogether. Additionally, the complexity of trauma responses suggests that different individuals may process and internalize early adverse experiences in varied ways, depending on personal, environmental, or cultural factors (Platt & Fryed, 2012; Szentágotai-Tătar et al., 2015). It is also possible that the measures we used to assess early traumatic experiences or attachment styles may not have captured an accurate picture regarding participants' relational history and emotional development, suggesting weaker associations. Finally, the cultural context might have played a significant role in these results, as our participants – all Romanian - may exhibit specific, distinct ways of developing shame proneness, as previous research suggested (Sznycer et al., 2012).

However, the hypothesis regarding the mediating effect of shame proneness on the relation between exposure to domestic violence and shame proneness was confirmed by our findings. More specifically, early exposure to domestic violence predicted insecure attachment, which further predicted shame proneness. Our results confirm and expand on prior findings indicating that exposure to domestic violence may disrupt attachment security (Velotti et al., 2022), which in turn contributes to shame proneness (Park & Shields, 2023). This is consistent with the attachment theory and the growing number of studies building on this framework, suggesting that early adverse experiences impair the development of secure attachments, fostering insecurity and emotional regulation issues such as heightened shame (Godbout et al., 2009).

Interestingly, while our data suggested significant indirect effects through insecure attachment, there were no direct associations between childhood trauma or domestic violence and shame

proneness. This may suggest that the impact of early adversity on shame proneness is not straightforward but is instead largely driven by disruptions in the attachment system.

Practical implications

These present findings have significant implications for both theory and practice. Theoretically, our data underscores the importance of attachment security in mitigating the negative emotional outcomes of early adversity, such as shame. The results also reinforce the utility of attachment theory in explaining how relational dynamics established in childhood may have long-term effects on one's emotional development and self-concept.

On a more practical note, the present findings suggest that interventions targeting insecure attachment could be particularly effective in reducing shame proneness among individuals with a history of domestic violence exposure. For instance, therapeutic approaches such as Attachment-Based Therapy (ABT) or Group Attachment-Based Interventions (Nikitiades, 2018), Emotion-Focused Therapy (Ghafari et al., 2022), or Trauma-informed Care approaches (Chu et al., 2024; Murphy et al., 2015) may be beneficial for individuals expressing attachment-related issues stemming from early traumatic experiences. ABT emphasizes the importance of creating a secure therapeutic alliance, allowing individuals to explore and heal their attachment injuries in a safe space. By addressing the maladaptive attachment patterns that arise from early trauma, ABT can help individuals rebuild a sense of self-worth (Muller, 2010) and reduce feelings of shame associated with insecure relationships. Similarly, Emotionally Focused Therapy (EFT) enables individuals to identify and process the painful emotions tied to attachment wounds, promoting healthier emotional expression and reducing shame by addressing unmet attachment needs. Both therapies – ABT and EFT aim to foster secure relational bonds, which in turn might help mitigate feelings of unworthiness or inadequacy that are commonly linked to shame (Chilton, 2012). Additionally, understanding the mediating role of attachment insecurity may help clinicians develop more targeted interventions that focus on repairing attachment-related wounds rather than solely addressing trauma or shame in isolation.

A particularly novel aspect of our study is its focus on a Romanian sample, as the intersection between domestic violence, insecure attachment, and shame proneness has not been extensively researched in this cultural space. Romania presents a unique cultural context where familial and social norms regarding violence may differ from those in more extensively studied Western cultures (Gancevici & Maftei, 2023). Furthermore, in Romania, the societal stigma surrounding domestic violence may exacerbate attachment insecurity and shame (Rada, 2014).

This highlights the importance of culturally specific interventions that address the interplay between social norms, early relational experiences, and emotional outcomes – concerning domestic violence, particularly (Zark et al., 2022). Thus, this study contributes to the growing body of cross-cultural research on domestic violence, attachment, and shame (Mesman et al., 2016; Sznycer et al., 2018), highlighting the potential universality of these psychological processes while also underscoring the need for culturally sensitive approaches to therapy and intervention.

Several limitations necessitate caution when considering the current findings. First, we used self-reported measures, which increased the risk of desirable answers. Future studies might benefit from using experimental approaches when measuring shame proneness. Also, the cross-sectional nature of this study does not allow us to assess any causal relations between the variables; future longitudinal studies can address this limitation. Next, we relied on childhood memories – participants recalled past events that were more or less recent, depending on their age; naturally, these memories might be biased. Also, while the Romanian sample adds cultural depth to the study, future research should include more diverse cultural groups to further understand how cultural factors influence these psychological processes. Finally, we must also consider testing, in future approaches, the bidirectional relation between early traumatic events and attachment patterns. We know from previous research that insecure attachment can be both a source and a consequence of traumatic experiences (Dutton, 2018). Thus, it would be interesting to examine the potentially indirect effect of domestic violence exposure (both during childhood and adulthood) on the relation between insecure attachment and shame proneness, ideally in longitudinal research.

Conclusion

The present study highlights the central role of insecure attachment in mediating the effects of early exposure to domestic violence on shame proneness in a Romanian sample. These findings may support practical intervention, emphasizing the importance of addressing attachment disruptions to mitigate the long-term emotional consequences of early adversity.

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