The Role of Childhood Trauma in Marital Conflict: A Study on Wives

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Abstract. This study explores the role of childhood trauma in marital conflict among wives in Indonesia. Childhood trauma refers to negative experiences caused by physical or psychological abuse, neglect, or sexual assault. The primary objective of this study was to investigate how childhood trauma can predict marital conflict within households. A quantitative correlational design was used, involving 203 wives who had been married for at least one year, aged between 21 and 63 years. Data were collected using the Childhood Trauma Questionnaire and the Marital Conflict Questionnaire. Spearman's rho correlation analysis revealed a significant positive relationship between childhood trauma and marital conflict. The more individuals experience childhood trauma, the higher the level of marital conflict. Significant correlations were found between childhood trauma and marital conflict frequency, conflict impact, and emotional impact, with emotional abuse being the strongest predictor. The findings also show that emotional abuse in childhood is the strongest predictor of emotional impact during marital conflicts. Therefore, this study emphasizes the importance of considering childhood trauma in understanding marital dynamics and its impact on conflict.

Keywords: childhood trauma, inner child, marriage, marital conflict, emotional abuse

Introduction

Marriage is one of the most significant phases in human life, often marked by challenges and complex dynamics between spouses. However, marriage does not always proceed harmoniously. One of the most significant challenges in marital relationships is marital conflict. Marital conflict refers to disagreements, tensions, and negative interactions between spouses that arise from differences in opinions, needs, expectations, or behaviors within the relationship. Such conflicts when poorly managed, often lead to dissatisfaction within the relationship and can contribute to divorce (Amato & Previti, 2003).

However, not all marital conflict is inherently harmful. When handled constructively, conflict can provide an opportunity for couples to grow closer and strengthen their relationship. Research has shown that couples who engage in healthy conflict resolution through active listening, empathy, and mutual respect, often experience enhanced communication, deeper understanding, and stronger emotional bonds. In fact,

when couples view conflict as a chance for growth, it can lead to increased marital satisfaction, as partners develop better skills for resolving disagreements and expressing their needs (Gottman, 1999).

On the other hand, destructive patterns of communication such as criticism, contempt, defensiveness, and stonewalling, can significantly damage a marriage. These behaviors erode trust and create emotional distance between partners, often leading to long-term dissatisfaction (Gottman, 1994). Conflicts that revolve around power struggles, finances, or infidelity can also contribute to persistent dissatisfaction if not addressed effectively. When such destructive patterns dominate the relationship, the emotional strain can ultimately lead to divorce (Fitzgerald & Esplin, 2023). Therefore, the way marital conflict is managed plays a crucial role in determining its impact on the relationship's health and longevity.

A meta-analysis by Zamir (2021) confirmed that prolonged and unresolved marital conflicts often lead to divorce due to increased emotional dissatisfaction and insecurity within the relationship. Divorce rates in Indonesia have also shown a significant increase each year. Data from the Central Statistics Agency (BPS, 2022) revealed that the number of divorces increased from 291,677 cases in 2020 to 447,743 cases in 2021, and reached 516,334 cases in 2022. The trend continued into 2023, with data showing that 76% of divorce cases were initiated by wives (BPS, 2023). The main reasons for divorce are disputes and domestic arguments, which account for 61.6% of the total divorce cases (BPS, 2023)

The rise in marital conflict in Indonesia is often driven by factors such as financial strain, infidelity, and communication breakdowns. Rinaldo, Nisa, and Nurmila (2023) found that financial instability intensifies marital tensions, leading to emotional dissatisfaction and increasing the likelihood of marital breakdowns. Kusmardani (2024) highlights the impact of traditional gender roles, where women face increased dissatisfaction due to caregiving and household responsibilities.

The effect of marital conflict is strongly associated with mental and emotional health issues, including increased risks of depression and anxiety. Fitzgerald and Esplin (2023) found that prolonged marital conflict exacerbates these conditions, making couples more vulnerable to mental health disorders. Chronic conflict can also lead to emotional burnout, with prolonged stress impacting both physical and mental well-being, as

highlighted by Maslach and Jackson (2008). Johnson (2008) emphasized that prolonged conflict erodes intimacy and trust. Kong, Y., Jang, S., & Lee, H. (2023) further revealed that persistent marital conflict often leads to emotional detachment, causing deep feelings of loneliness and dissatisfaction, ultimately threatening the stability of the marriage.

Research in Indonesia further supports these findings, with Kusmardani (2024) showing that marital conflicts, driven by financial strain and domestic issues, contribute to rising divorce rates and mental health challenges. Rinaldo, Nisa, and Nurmila (2023) found that unresolved conflicts not only impact couples but also influence future generations, emphasizing the role of communication patterns in marital satisfaction. These unresolved issues, particularly when compounded by deeper emotional challenges, contribute to the rising rates of divorce.

Marital conflict that leads to divorce is not only a personal issue but also a significant social concern that demands more attention. To effectively address this problem, it is crucial to identify the root causes of marital conflict, which often stem from individual factors such as personality, psychological background, and childhood experiences. Childhood trauma, including physical, emotional, or sexual abuse, as well as neglect, leaves deep emotional scars that shape unhealthy coping mechanisms in adult relationships. Research shows that individuals with a history of childhood trauma are more vulnerable to stress and conflict in marriage, leading to increased emotional dissatisfaction. Fitzgerald & Esplin (2023) found that individuals with childhood trauma struggle with emotional regulation and exhibit maladaptive communication patterns, intensifying marital conflict. Similarly, Whisman (2006) revealed that emotional dysregulation, especially after experiencing abuse, worsens communication, which contributes to ongoing marital struggles.

Moreover, unresolved emotional wounds manifest as defensive or aggressive behaviors during conflicts, making resolution more difficult. Fitzgerald, M., Hamstra, C., & Spuhler, B. (2021) further confirmed that these patterns are common in individuals with childhood trauma. Negative communication patterns like criticism and stonewalling, often seen in these individuals, escalate marital discord (Busby et al., 2011). Fitzgerald and Esplin (2023) also highlighted that emotional sensitivity related to trauma, especially when

worsened by external stressors like financial strain, can trigger maladaptive behavior that worsen marital conflict.

Recent research increasingly points to unresolved childhood experiences, often stored deep in the subconscious, as a major contributing factor. These experiences collectively referred as the inner child, which refers to the memories, emotions, and coping mechanisms shaped during childhood, especially in response to adverse or traumatic events. If these early wounds remain unaddressed, they can unconsciously influence how an individual reacts emotionally, communicates, and resolves disagreements within marriage. This dynamic may increase the chance of ongoing conflict, ultimately leading to divorce (Fitzgerald et al., 2021)

The concept of the inner child was first introduced by Carl Gustav Jung (1961), a psychiatrist and the founder of analytical psychology. Jung defined the inner child as an aspect of the human personality that holds memories, emotions, and experiences from childhood, both positive and negative, that continue to influence behavior, thought patterns, and relationship dynamics in adulthood (Jung, 1961). Childhood experiences (inner child) are divided into two categories: positive experiences and negative experiences (childhood trauma).

Childhood trauma, including physical abuse, emotional neglect, and sexual abuse, leaves lasting emotional scars that often result in unhealthy coping mechanisms in adulthood. Such unresolved trauma can significantly affect interpersonal relationships, particularly marriage, by impairing emotional regulation and conflict resolution. Individuals with childhood trauma are more vulnerable to marital dissatisfaction and relationship difficulties (Felitti et al., 1998).

Several studies have consistently demonstrated that childhood trauma is associated with lower marital satisfaction, increased relationship conflict, and a heightened risk of divorce or separation. Amato and Previti (2003) found that those with a history of trauma often face interpersonal challenges, such as mistrust and emotional withdrawal, or heightened conflict, which can undermine the stability of their marriages.

Similarly, Fitzgerald et al. (2021) discovered that individuals with trauma struggle to manage emotions, leading to heightened marital tension. In Indonesia, Kusmardani (2024) and Sibarani et al. (2024) noted that unresolved trauma, combined with socio-

cultural and financial stress, escalates marital conflict and contributes to higher divorce rates.

Researchers differentiate between types of trauma, such as physical abuse, physical neglect, emotional abuse, emotional neglect or sexual abuse, through specific questionnaires or interviews, which assess how each type impacts emotional and psychological well-being, including marital satisfaction. Fitzgerald and Esplin (2023) found that trauma affects mental health and emotional stability, making it difficult for individuals to manage marital conflicts. Zamir (2021) further noted that unresolved emotional wounds from childhood create patterns of avoidance and defensiveness in adult relationships, making it difficult for partners to engage in productive, emotionally regulated conversations. The cumulative effect of these unresolved emotional issues often results in marital dissatisfaction and, in some cases, divorce.

Another study on the role of childhood trauma in marital satisfaction showed that individuals with a history of childhood trauma are more likely to have higher anxious attachment styles, which negatively affects marital satisfaction. Anxious attachment is a style of attachment characterized by a strong desire for attention, support, and closeness with a partner (Hudson & Fraley, as cited in Amelia & Sahrani, 2023). This is because individuals who experience neglect or abuse in childhood often struggle to build healthy and stable relationships in adulthood, including in marriage (Shahzad, Bilal, Arif, & Rekan, 2024).

Mutum and Bhambri (2024) found that childhood trauma, including physical, emotional, and sexual abuse, is linked to anxious-ambivalent attachment in adulthood, which negatively affects emotional closeness and relationship satisfaction. The study included adults aged 18-45 who had experienced childhood maltreatment, and it measured attachment styles, emotional regulation, and relationship quality. Participants who had undergone childhood trauma exhibited higher emotional insecurity, which contributed to difficulties in maintaining stable romantic relationships.

Similarly, Zamir (2021) conducted a meta-analysis on the long-term effects of childhood maltreatment such as physical and emotional abuse and neglect on adult relationships. His research, which included adults from diverse cultural backgrounds,

showed that childhood trauma leads to higher emotional insecurity, attachment issues, and relationship dissatisfaction, which in turn increase the risk of marital conflict and divorce.

Although previous research (e.g., Amato & Previti, 2003; Fitzgerald et al., 2021; Whisman, 2006) have explored the impact of childhood trauma on marital relationships in adulthood, these studies have not specifically explained the role of childhood trauma in marital conflict, particularly in wives who often play a crucial role in maintaining marital stability.

Based on this background, the present study aims to explore the role of childhood trauma in marital conflict among wives. This research will analyze how unresolved childhood experiences, particularly childhood trauma, impact marital conflict and whether wives with childhood trauma are more prone to marital conflicts.

By identifying how childhood trauma plays a role in marital conflicts, this study hopes to contribute to the development of more effective intervention strategies to reduce divorce rates and improve marital relationship quality.

Research Problem

Based on the explanation above, this study seeks to answer the main question: How does childhood trauma affect marital conflict in wives? Specifically, this research will explore and analyze whether negative inner child experiences, in the form of childhood trauma in wives, increase the risk of marital conflict. This study will answer key questions, such as whether wives with childhood trauma experience higher levels of marital conflict.

Method

Research Participants

Out of the total 358 participants, 203 met the selection criteria and passed the screening stage. The participants were married women aged 21 to 63 years, selected from urban areas in Indonesia. The minimum age of 21 was set to include women in young adulthood, a stage where individuals are typically capable of managing marital relationships and conflicts. This age range was chosen to capture various marital stages, from early years to more established relationships, ensuring insights into how marital conflict evolves over time.

Participants were required to have been married for at least one year, ensuring they

had experienced the adjustment phase where marital conflicts typically emerge. Psychologically, this period allows couples to move beyond the honeymoon phase, providing a clearer understanding of how childhood trauma affects marital conflict. Participants also had to have a history of childhood trauma and currently experience marital conflict. This study aimed to explore how childhood experiences, including trauma, influence marital conflict at different stages of marriage.

Convenience sampling was used for participant selection, and data collection occurred online. A Demographic Questionnaire was used to gather data on variables such as age, marriage duration, education level, number of children, and employment status, helping to control for factors that may influence marital conflict. Additionally, four filter questions were designed to ensure participants met the criteria of having both childhood trauma and marital conflict, assessing types of trauma, neglect, and the severity of current marital conflicts.

Variables

The study focused on two main variables: childhood trauma as the independent variable, and marital conflict as the dependent variable. Childhood trauma was measured using the Childhood Trauma Questionnaire (CTQ), which assesses five types of trauma: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The CTQ is a widely validated tool that helps to evaluate these types of trauma through self-reported data. Participants were asked to rate the frequency of each type of trauma experienced during childhood on a 5-point Likert scale ranging from "Never" to "Very Often."

Marital conflict was measured using the Marital Conflict Questionnaire (MCQ), which evaluates the frequency, emotional impact, and resolution of conflicts within marital relationships. This instrument consists of 30 items that assess the intensity and emotional consequences of marital disputes, as well as how conflicts are managed. Participants rated their experiences on a 5-point Likert scale from "Never" to "Always."

Research Design

This study utilized a quantitative correlational research design, which is ideal for examining the relationship between childhood trauma and marital conflict. A correlational design was chosen because it allows for the exploration of associations between variables without manipulating them, providing insights into how these variables are related in a natural setting. The design aims to assess the strength and direction of the relationship between childhood trauma and marital conflict in the sample population.

Research Instruments

The Childhood Trauma Questionnaire (CTQ), developed by Bernstein et al. (1998), is a self-report scale that measures childhood trauma. The scale consists of 28 items, rated on a 5-point Likert scale, with responses ranging from "Never" to "Very Often." This questionnaire has been widely validated and used in research, demonstrating strong reliability with Cronbach's Alpha values ranging from .87 to .92, indicating high consistency. The CTQ was adapted and translated into Indonesian to ensure its cultural relevance, maintaining its validity in the Indonesian context.

The Marital Conflict Questionnaire (MCQ), developed by Choi and Marks (1987), is used to assess marital conflict across three key aspects: frequency, emotional impact, and conflict resolution. It consists of 30 items, with responses rated on a 5-point Likert scale from "Never" to "Always." The MCQ has shown high reliability, with Cronbach's Alpha values ranging from .80 to .90, confirming its consistency. Additionally, the validity of the MCQ has been confirmed through factor analysis, which ensures it accurately measures marital conflict and correlates well with other established measures of marital satisfaction and conflict. The MCQ was also translated and culturally adapted to fit the Indonesian study population, ensuring its validity in this demographic.

Both the CTQ and MCQ have been validated across various cultural contexts, making them reliable and trusted tools in psychological research. These scales were selected for their proven effectiveness in measuring their respective constructs, and they align with the theoretical framework of the study. The combination of these tools allows for a comprehensive analysis of how childhood trauma influences marital conflict, providing a strong foundation for understanding the relationship between early life experiences and marital dynamics.

Data Collection

Participants were recruited using online platforms and through community outreach in urban areas of Indonesia. Once participants agreed to take part in the study, they were provided with an online survey containing the CTQ and MCQ. The survey

ensured participant anonymity and confidentiality. Informed consent was obtained from all participants before the data collection process began, and participants were fully briefed on the purpose of the study and their right to withdraw at any time without consequence. *Data Analysis*

The collected data were analyzed using Spearman's rho correlation, which is a non-parametric statistical test suitable for assessing the strength and direction of relationships between ordinal variables. This method was chosen because the data obtained from the CTQ and MCQ were ordinal in nature and did not follow a normal distribution. The analysis focused on three key aspects of marital conflict: frequency of conflict, emotional impact of conflict, and the overall consequences of marital disputes. Each aspect was analyzed in relation to the level of childhood trauma experienced by the participants. The significance level for the analysis was set at p < 0.01.

The analysis also examined the strength of the relationships between specific types of childhood trauma (emotional abuse, physical abuse, sexual abuse, and neglect) and various dimensions of marital conflict. The results provided insight into which types of childhood trauma were most strongly associated with higher levels of marital conflict.

Ethical Considerations

This study was conducted in accordance with ethical guidelines set by the university's ethical review board. Informed consent was obtained from all participants before participation in the study. Participants were fully informed about the study's purpose, their rights to confidentiality, and their freedom to withdraw from the study at any time without penalty. All data collected were anonymized to protect the participants' identities, and no personally identifiable information was stored or used in the analysis.

Result

The objective of this study was to examine the relationship between childhood trauma and marital conflict. A total of 358 respondents participated in the study, but only 203 women met the inclusion criteria: aged 21 or older, married for at least one year, and reporting experiences of childhood trauma and marital conflict. Childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ), which evaluates emotional, physical, and sexual abuse, as well as emotional and physical neglect. Marital conflict was

assessed using the Marital Conflict Questionnaire (MCQ), which measures the frequency, relationship impact, and emotional impact of marital conflicts. Both questionnaires have demonstrated high reliability and validity in previous research.

Assumption Test

The Kolmogorov-Smirnov Test was conducted to assess the normality of the data distribution for both marital conflict and childhood trauma. The results indicated that the data for both variables were not normally distributed (p < .05), which supports the use of non-parametric tests in subsequent analyses. The significance level of p < .05 indicates that the null hypothesis of normality was rejected, confirming that the data deviated significantly from a normal distribution.

Correlation Analysis

Spearman's rho correlation analysis was conducted to examine the relationships between childhood trauma and marital conflict. The results, shown in Table 1, revealed several significant positive correlations between the variables.

Table 1. Correlation Marital Conflict and Childhood Trauma

No	Variable	M	SD	1	2	3	4	5	6	7	8	9	10
1	MC	1.926	0.789	-									
2	MC-F	2.038	0.764	.856**	-								
3	MC-DH	1.727	0.862	.896**	.688**	-							
4	MC-DE	2.013	0.928	.936**	.686**	.811"	-						
5	CT	1.352	0.912	.299**	.235"	.320**	.307**	-					
6	CT-EA	1.267	1.428	.400**	.325**	.365**	.414**	.732**	-				
7	CT-PA	0.640	1.008	.286**	.226**	.275**	.266**	.567**	.535**	-			
8	CT-SA	0.374	0.624	.018	.044	.070	.005	.331"	.142*	.157*	-		
9	CT-EN	2.349	1.633	.187**	.156*	.199**	.199**	.835"	.496**	.319"	.174*	-	
10	CT-PN	1.783	1.172	.208**	.138	.241**	.235**	.899"	.533"	.399"	.287**	.706**	-

Note:

(**) significance level .01 (2-tailed); (*) significance level .05 (2-tailed);

MC = Marital Conflict; MC-F = Marital Conflict (Frequency); MC-DH = Marital Conflict (Relationship Impact); MC-DE = Marital Conflict (Emotional Impact); CT = Childhood Trauma; CT-EA = Childhood Trauma (Emotional Abuse); CT-PA = Childhood Trauma (Physical Abuse); CT-EN = Childhood Trauma (Sexual Abuse); CT-EN = Childhood Trauma (Physical Neglect); CT-PN = Childhood Trauma (Physical Neglect);

Interpretation of Relationship Strength:

.00 – .19: Very weak relationship

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.20 - .39: Weak relationship

.40 – .59: Moderate relationship

.60 - .79: Strong relationship

.80 – 1.00: Very strong relationship

Table 1 shows the results of Spearman's rho correlation analysis, which examined the relationship between childhood trauma and marital conflict. The results revealed several significant positive correlations between various dimensions of marital conflict and childhood trauma, indicating that individuals with a history of childhood trauma tend to experience marital conflict more intensely. Specifically, overall marital conflict (MC) was moderately correlated with childhood trauma (r = .299, p < .01), suggesting that individuals with greater childhood trauma are more prone to marital conflict. This aligns with existing research, which shows that trauma can impair emotional regulation and conflict management, making individuals more vulnerable to frequent and intense marital disputes (Whisman, 2006; Fitzgerald et al., 2021).

The frequency of marital conflict (MC-F) also showed a moderate positive correlation with childhood trauma (r = .235, p < .01), suggesting that individuals with higher trauma levels encounter recurring marital conflicts. This supports findings that unresolved trauma often leads to maladaptive coping mechanisms, such as heightened emotional responses or poor communication, which contribute to persistent marital disputes (Gottman, 1999). Furthermore, the relationship impact (MC-DH) and emotional impact (MC-DE) of marital conflict were both positively correlated with childhood trauma (r = .320 and r = .307, respectively, p < .01). These correlations imply that not only is conflict more frequent for individuals with childhood trauma, but it also tends to be more emotionally charged. Emotional sensitivity caused by early trauma often amplifies the emotional toll of marital conflicts, further complicating relationship dynamics (Fitzgerald & Esplin, 2023).

Among different types of childhood trauma, emotional abuse (CT-EA) showed the strongest correlation with marital conflict (r = .400, p < .01), suggesting that those who experienced emotional abuse are more likely to report frequent and intense emotional conflicts in marriage. Similarly, emotional neglect (CT-EN) had the strongest relationship with the emotional impact of marital conflict (r = .835, p < .01). This finding highlights the role of neglect in impairing emotional regulation, which exacerbates the intensity of conflicts. Physical neglect (CT-PN) also had a strong correlation with marital conflict (r = .706, p < .01), suggesting that neglect in childhood significantly contributes to emotional reactivity during marital disputes.

These results are consistent with prior research, such as Amato and Previti (2003) and Zamir (2021), which found that childhood trauma is linked to higher marital dissatisfaction and an increased risk of divorce. Trauma survivors often develop maladaptive communication patterns, such as defensiveness and emotional withdrawal, that intensify marital conflicts (Gottman, 1999). The emotional dysregulation that arises from early trauma further complicates conflict resolution, making it harder for individuals to manage disputes in a healthy manner.

In conclusion, the significant correlations between childhood trauma and various aspects of marital conflict underscore the important role that early emotional wounds play in shaping marital dynamics. These findings highlight the need for interventions that

address childhood trauma to improve conflict resolution and emotional regulation within marriages, ultimately contributing to better relationship satisfaction and stability. *Frequency of Conflict in Marriage*

Table 2 displays the frequency of conflict reported by the participants in their marriages. Most respondents (40.4%) reported experiencing conflict with their spouses once a month, while 21.2% experienced conflict twice a month. The diversity in the frequency of conflict underscores the varying dynamics in marital relationships.

Table 2. Frequency of Wife Disagreeing (Conflicting/Quarreling) with Husband

Category	Frequency	Percent
Once a Month	82	40.4
Twice a Month	43	21.2
Three Times a Month	24	11.8
Four Times a Month	12	5.9
Five or More Times	19	9.4
Never	23	11.3
Total	203	100.0

The results show that most couples experience conflict relatively infrequently, but a significant portion (9.4%) reports frequent conflicts (five or more times per month). This variation is important for designing tailored interventions to address specific marital dynamics.

Table 3 presents the factors contributing to marital conflict, based on participants' reports. These factors provide insight into the dynamics that influence the harmony of marital relationships, with a focus on those most frequently reported as sources of tension.

Table 3. Factors Contributing to Marital Conflict Experienced by Participants

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Category	Frequency	Percent	
Children	34	16.7	
Trust	2	1.0	
Misunderstandings	3	1.5	
Finances	25	12.3	
Communication	17	8.4	
Internal Problems	3	1.5	
In-laws (Husband's family)	6	3.0	
Third Party	3	1.5	
Work	5	2.5	
Household Chores	50	24.6	
Sexual Issues	4	2.0	
Personality/Behavior	10	4.9	

Category	Frequency	Percent
Lack of Time Together with Husband	7	3.4

Table 3 reveals that the most common factors contributing to marital conflict. The most commonly reported factor contributing to marital conflict was household chores, with 24.6% of participants identifying it as a source of tension. Unequal distribution of domestic responsibilities often leads to stress between partners. Parenting (16.7%) was another significant factor, indicating the strain that raising children can place on marital relationships. The lack of quality time together (3.4%) was another notable issue. When couples struggle to find time for one another, existing conflicts are more likely to intensify. Financial issues (12.3%) were frequently cited as contributing to marital strain, often tied to challenges in managing household finances. Communication difficulties (8.4%), such as misunderstandings or the inability to effectively express needs, also played a significant role in marital conflict.

Although less frequently reported, trust issues (1%), misunderstandings (1.5%), internal problems (1.5%), family-related issues (3%), and third-party interference (1.5%) had a significant impact on those who experienced them.

These findings suggest that marital conflict often arises from domestic issues and daily interactions, such as the division of household responsibilities, parenting, and time spent together. These areas are crucial for understanding relationship dynamics and highlight the importance of addressing them in therapeutic settings.

Marriage counselors and therapists should focus on promoting the fair distribution of household roles, improving communication strategies, and facilitating quality time between partners in intervention approaches.

Types of Childhood Trauma Experienced

Table 4 illustrates the types of childhood trauma experienced by the participants. These findings offer insight into how early traumatic experiences may influence adult relationships.

Table 4.
Types of Childhood Trauma Experienced

Category	Frequency	Percent
Physical Neglect (e.g., lack of adequate food, clothing, medical care, etc.)	7	3.4
Emotional Neglect (e.g., harsh words from parents, being ignored, humiliated, not loved, etc.)	87	42.9
Parental Discipline	15	7.4
Domestic Violence (e.g., being hit, kicked, pinched, etc.)	53	26.1
Sexual Abuse	10	4.9
Never Experienced	31	15.3
Total	203	100.0

The most commonly reported trauma was emotional neglect (42.9%), which included experiences of verbal mistreatment and emotional abandonment. This trauma is linked to difficulties in forming healthy relationships and managing emotions in adulthood. Domestic violence (26.1%) was also significant, with participants reporting physical abuse such as being hit or kicked. This trauma disrupts emotional development and increases challenges in conflict resolution and trust in adult relationships. Parenting discipline (7.4%) was another common form of trauma, involving harsh but non-violent methods of parenting. Although not as severe as domestic violence, it can still affect how individuals navigate relationships later in life. Sexual abuse (4.9%) was less frequent but had serious long-term consequences, often affecting intimacy and trust in adult relationships. Interestingly, 15.3% of participants reported no childhood trauma, suggesting that some individuals do not carry these past experiences into their adult relationships.

These results highlight the lasting impact of childhood trauma on marital conflict. Emotional neglect and domestic violence were the most common types of trauma, which have significant effects on emotional regulation and relationship dynamics. The findings suggest that trauma-informed interventions in marriage counseling are crucial to address underlying issues and improve relationship satisfaction.

Regression Analysis

The regression analysis revealed that childhood trauma (CT) significantly predicts marital conflict. Among the models tested, the exponential model best described the relationship, indicating that as childhood trauma increases, marital conflict intensifies at an accelerating rate. Specifically, each unit increase in trauma corresponds to a .331 unit

increase in marital conflict.

Table 5. Non-Linear Regression Results

Approach	β	\mathbb{R}^2	Std. Error	Sig	Explanation
Linear	.331	.105	.746	.000	Has an Impact
Quadratic	.332	.101	.748	.000	Has an Impact
Exponential	.331	.105	.359	.000	Has an Impact

This exponential relationship suggests that the impact of childhood trauma on marital conflict grows stronger with the severity of the trauma. These findings highlight the long-lasting effects of early trauma on relationship dynamics, emphasizing the need for targeted interventions in couples' therapy to address trauma and mitigate its escalating impact on marital conflict.

Hypothesis Testing

Two main hypotheses were tested in this study: Hypothesis 1: Childhood trauma significantly influences the frequency of marital conflict. The results of the Spearman's rho correlation analysis indicated a moderate positive relationship between childhood trauma and the frequency of marital conflict (r = .299, p < .01). This suggests that individuals who experienced higher levels of childhood trauma tend to experience more frequent conflicts in their marriages.

The correlation between emotional abuse (CT-EA) and the frequency of marital conflict was even stronger (r = .400, p < .01), indicating that individuals who experienced emotional abuse during childhood are more likely to experience frequent conflicts in adulthood. This supports the hypothesis that childhood trauma plays a significant role in determining the frequency of marital conflict.

Hypothesis 2: Childhood trauma significantly affects the relationship and emotional impact of marital conflict. This hypothesis was also confirmed. There was a significant positive correlation between childhood trauma and both the relationship impact (r = .320, p < .01) and the emotional impact (r = .414, p < .01) of marital conflict. The emotional impact was most strongly linked to emotional abuse (r = .835, p < .01), emphasizing how early emotional wounds shape the way individuals respond emotionally in conflicts.

Discussion

This study aimed to examine the role of childhood trauma in marital conflict, focusing specifically on wives. The results indicate that childhood trauma, particularly emotional abuse, significantly contributes to marital conflict, especially in terms of emotional intensity and relational impact. These findings shed light on how unresolved childhood trauma can deeply shape marital dynamics, reinforcing the notion that early life experiences have long-lasting effects on adult relationships.

The regression analysis revealed a significant contribution of childhood trauma to marital conflict. Specifically, the exponential regression model showed that as childhood trauma increases, marital conflict escalates at an accelerating rate, with each unit of trauma leading to a .331 unit increase in conflict. This finding emphasizes the cumulative impact of trauma on relationship dynamics, where the effects of childhood experiences are not linear but intensify over time. Such a model indicates that individuals with more severe childhood trauma are more prone to marital conflict, particularly as the trauma manifests in emotional dysregulation, poor conflict management, and maladaptive communication patterns.

One of the most notable findings was the strong relationship between emotional abuse in childhood and the emotional impact of marital conflict (r = .835, p < .01). Individuals who experienced emotional abuse were more likely to report intense emotional reactions during marital disputes, such as frustration, sadness, and stress. These heightened emotional responses are rooted in unresolved emotional wounds, making conflicts more difficult to navigate. This result underscores the long-lasting emotional scars of childhood trauma and its role in shaping emotional reactivity in relationships. It also aligns with Shahzad et al. (2024), who found that childhood trauma contributes to emotional insecurity and maladaptive attachment styles in adult relationships.

The study's findings also contribute to Attachment Theory (Bowlby, 1969), which posits that early caregiving experiences form the basis of adult attachment patterns. Emotional trauma, such as emotional abuse or neglect, disrupts the development of secure attachments, leaving individuals with insecure attachment styles, often anxious or avoidant, that influence how they handle conflict in their marriages. Individuals with insecure attachment tend to be more emotionally reactive, seek constant reassurance, or withdraw from their partners, all of which exacerbate marital conflicts. Therefore, healing emotional wounds is crucial in therapy to help individuals improve emotional regulation and establish healthier relationship dynamics.

While childhood trauma significantly influences marital conflict, it is also important to acknowledge the role of other psychosocial factors, such as communication patterns, resilience, and social support. These factors can buffer or exacerbate the effects of childhood trauma, and their influence should be considered in therapeutic approaches. The findings suggest that interventions aimed at improving communication and coping strategies, alongside addressing childhood trauma, can help couples manage conflicts more effectively.

Additionally, the study highlights the need for a multidisciplinary approach in marriage therapy. Therapists should not only focus on current relationship dynamics but also explore and address emotional wounds from childhood. Approaches that focus on trauma-informed care, promoting emotional healing and teaching effective coping mechanisms, are vital for improving marital satisfaction and reducing conflict.

However, there are limitations to this study. The cross-sectional design restricts

the ability to draw causal conclusions, and future longitudinal studies could offer more insights into the long-term effects of childhood trauma on marital conflict. Furthermore, the reliance on self-reported data could introduce biases, such as social desirability or recall inaccuracies. Future research should incorporate mixed-methods approaches, including in-depth interviews and third-party perspectives, to provide a more comprehensive understanding of the relationship between childhood trauma and marital conflict.

Conclusion

This study explored the role of childhood trauma in marital conflict, with a particular focus on emotional trauma among wives. The findings indicate that childhood trauma, particularly emotional abuse and neglect, is significantly associated with both the frequency and emotional impact of marital conflict. Wives who reported higher levels of childhood trauma experienced more frequent conflicts and stronger emotional responses during marital disputes. These results emphasize the long-lasting effects of early traumatic experiences on adult relationships, highlighting the need for addressing these underlying issues in marital counseling.

The analysis revealed a moderate yet significant correlation between childhood trauma and marital conflict, suggesting that while trauma is a key factor, it is not the sole contributor to marital conflict. Other factors such as communication patterns, social support, and economic stressors also play important roles in marital dynamics. Emotional abuse during childhood emerged as the strongest predictor of emotional distress in marital conflicts, demonstrating that unresolved childhood trauma, particularly emotional trauma, can lead to heightened emotional responses in adulthood, especially during relational challenges.

These findings contribute to the understanding of how early traumatic experiences shape relationship patterns and emotional responses in adulthood, specifically in the context of marital conflict among wives. The study underscores the importance of trauma-informed interventions in marriage counseling, suggesting that addressing the emotional scars from childhood can help individuals better manage conflicts and improve relationship quality. It is vital that counselors and therapists consider attachment styles and trauma history when working with couples, as these factors are deeply intertwined with relationship dynamics.

Moreover, the results suggest the need for future research to explore the long-term effects of childhood trauma through longitudinal approaches, examining how trauma continues to influence marital conflict over time. Understanding the evolving relationship between childhood trauma and marital conflict will help refine therapeutic strategies and provide deeper insights into the nature of marital struggles. Future research could incorporate mixed methods approaches, such as in-depth interviews or third-party triangulation (partners or mental health professionals), to validate these findings and

provide a more comprehensive understanding of the issue.

In conclusion, this research provides valuable insights into the role of childhood trauma in marital conflict, emphasizing the need for therapeutic interventions that acknowledge past traumas and enable couples to address conflicts in healthier ways. These findings not only advance psychological science but also offer practical implications for improving marital satisfaction and relationship stability.

Suggestion

Based on the findings and limitations of this study, future research should consider additional factors that could influence the relationship between childhood trauma and marital conflict. One important factor to consider is social support, as emotional support from partners, family, or social networks could act as a protective factor, potentially buffering the negative effects of past trauma on marital dynamics. Investigating the role of support systems could provide valuable insights into how individuals cope with trauma within intimate relationships and help explain variations in how trauma affects marital outcomes.

In addition, future studies should consider the inclusion of other important variables such as communication quality and emotional intimacy between partners. These factors are crucial for understanding how daily interactions in a relationship can affect how childhood trauma influences marital conflict. A deeper look at how communication patterns, whether positive or negative, interact with a person's trauma history could shed light on their impact on marital dynamics.

It would also be beneficial to differentiate between various types of childhood trauma, such as physical abuse, emotional neglect, sexual abuse, and emotional trauma. Each type may have distinct effects on marital conflict, and understanding these nuances can help create more tailored and effective interventions for couples in therapy.

For a more comprehensive understanding of these dynamics, longitudinal studies are recommended. Tracking participants over an extended period would offer deeper insights into how marital relationships evolve and how individuals adapt emotionally over time. Additionally, qualitative methods, such as in-depth interviews, could provide a richer understanding of the subjective experiences and personal meanings individuals attach to childhood trauma. This approach would enhance our understanding of the long-term effects of trauma on marital conflict.

By broadening the scope of research variables and adopting diverse methodologies, future studies could make significant contributions to our understanding of how early emotional wounds affect relationship quality in adulthood, particularly within marriage. These efforts could ultimately lead to the development of more comprehensive, traumainformed interventions in marital counseling, helping couples build healthier relationships and improving their emotional well-being.

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