

Investigating the Relationship between Childhood Trauma and Hyper-Independence among University Students: From Adversity to Self-Reliance

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ABSTRACT

Childhood trauma has been identified as a significant factor influencing psychological and behavioral outcomes in adulthood. This study investigates the relationship between childhood trauma and hyper-independence among university students, focusing on how adverse experiences shape self-reliance. Hyper-independence, often characterized as an excessive need for autonomy, is hypothesized to emerge as a coping mechanism in response to early-life adversities (Tanasugarn, 2025). The research employs a mixed-methods approach, combining quantitative surveys and qualitative interviews, to explore the prevalence and psychological underpinnings of hyper-independence in a sample of 200 university students. Findings indicate that students with a history of childhood trauma, including emotional neglect and parentification, exhibit higher levels of hyper-independence compared to their peers (Bahar, 2023). These results suggest that hyper-independence may serve as both a protective strategy and a potential barrier to forming healthy interpersonal relationships. Implications for mental health interventions and support systems in academic settings are discussed, emphasizing the need for trauma-informed care to address the unique challenges faced by hyper-independent individuals (Perry & Szalavitz, 2017).

Introduction

Childhood trauma is a profound and life-altering experience that affects millions worldwide, leaving indelible marks on individual development, coping mechanisms, and interpersonal behaviors. Defined as adverse experiences during formative years, such as abuse, neglect, or loss, childhood trauma often manifests in distinct ways in adulthood, shaping an individual's psychological and behavioral patterns (Anda et al., 2006). One notable outcome is hyper-independence, a coping mechanism characterized by an excessive reliance on oneself and a reluctance to seek or accept help from others. This study aims to investigate the relationship between childhood trauma and hyper-independence among university students, delving into the developmental pathways from adversity to self-reliance.

University students represent a unique demographic for exploring this relationship. As they transition into adulthood, they navigate challenges that demand a balance between independence and interdependence. Understanding whether and how childhood trauma contributes to hyper-independence can have profound implications for designing interventions that support their well-being, resilience, and interpersonal growth.

Research Objective

The objective of this study is to explore the extent to which childhood trauma influences hyper-independence in university students. It seeks to identify specific trauma-related factors that may contribute to this behavioral tendency and to determine whether hyper-independence serves as an adaptive or maladaptive coping strategy.

Research Questions

The questions guiding this investigation are as follows:

What is the relationship between childhood trauma and hyper-independence among university students?

How do different types of childhood trauma (e.g., emotional neglect, physical abuse, parental loss) influence levels of hyper-independence?

Does hyper-independence serve as an adaptive mechanism to mitigate the negative effects of childhood trauma in university students?

Proposed Hypotheses

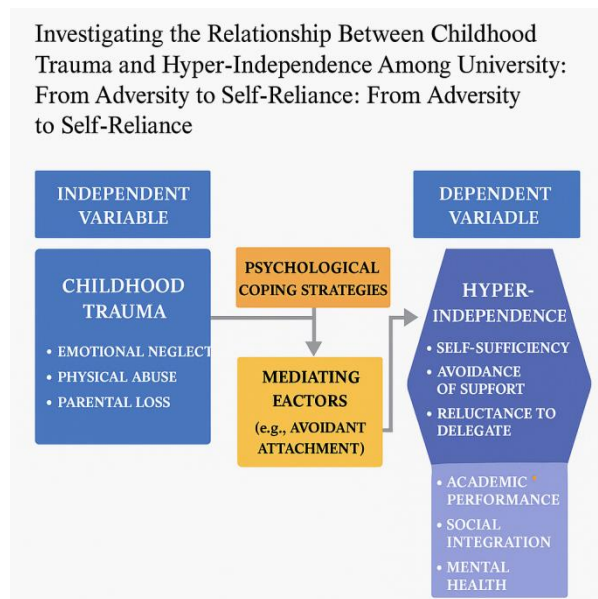
Primary Hypothesis: University students with a history of childhood trauma exhibit higher levels of hyper-independence compared to their peers without such a history.

Secondary Hypothesis: Different types of childhood trauma (e.g., emotional neglect, physical abuse) are differentially associated with the development of hyper-independence in university students.

Gender Hypothesis: The relationship between childhood trauma and hyper-independence differs by gender, with female students demonstrating higher levels of hyper-independence as a coping mechanism compared to male students.

Attachment Hypothesis: Students with insecure attachment styles, particularly avoidant attachment, are more likely to develop hyper-independence in response to childhood trauma.

Research Model/Conceptual Framework



Operational Definitions

Childhood Trauma: Adverse childhood experiences, such as emotional neglect, physical abuse, or parental loss, measured using the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994).

Hyper-Independence: Excessive self-reliance and resistance to external help or support, assessed using a self-designed survey based on indicators of self-reliant behaviors and attitudes.

University Students: Individuals enrolled in undergraduate or graduate programs, aged 18-25 years.

By investigating these dynamics, the study seeks to enrich the understanding of how early adversities shape adult behavior and to contribute to the development of trauma-informed support systems within academic institutions.

Literature Review

Childhood Trauma and Its Psychological Impact

Childhood trauma, including abuse and neglect, disrupts neurobiological and psychological development. It has been linked to emotional dysregulation, anxiety, depression, and PTSD (Perry & Szalavitz, 2017). Emotional neglect and parentification often foster hyper-independence by forcing children into roles that demand self-sufficiency and emotional detachment (Briere & Scott, 2014; Bernstein et al., 2003).

Childhood Trauma: Childhood trauma refers to adverse experiences during early development, including physical abuse, emotional neglect, sexual abuse, and exposure to domestic violence, which significantly disrupt psychological well-being and development (Perry & Szalavitz, 2017). For the purposes of this study, childhood trauma will be measured using the Childhood Trauma Questionnaire (CTQ), a validated self-report instrument designed to assess the severity of traumatic experiences in childhood (Bernstein et al., 2003).

Hyper-Independence: Hyper-independence is defined as an excessive reliance on oneself to the exclusion of external support, often emerging as a psychological defense mechanism in response to

unresolved trauma (Walker, 2019). In this study, hyper-independence will be operationalized using participant responses to a composite scale assessing behaviors and attitudes indicative of hyper-independence, such as avoidance of help-seeking and reluctance to trust others (Tanasugarn, 2025).

Gender: Gender refers to the socially constructed roles, behaviors, and attributes considered appropriate for individuals based on their identification as male, female, or non-binary (American Psychological Association, 2020). In this study, gender will be treated as a categorical variable, with participants self-reporting their gender identity during the data collection process.

Mental Health Outcomes Mental health outcomes refer to the psychological and emotional states of individuals, including indicators of well-being such as levels of anxiety, depression, and stress. These will be measured using the Depression, Anxiety, and Stress Scale (DASS-21), a widely used psychometric tool for assessing mental health (Lovibond & Lovibond, 1995).

Attachment Style Attachment style refers to patterns of emotional bonding and behavior in relationships, often categorized as secure, avoidant, or anxious, based on Bowlby's attachment theory. For this study, attachment style will be assessed using the Experiences in Close Relationships Scale (ECR), a validated instrument that measures avoidant and anxious attachment dimensions (Mikulincer & Shaver, 2016).

Hyper-Independence as a Trauma Response

Hyper-independence is increasingly recognized as a maladaptive response to unresolved trauma. It includes avoidance of help-seeking, aversion to vulnerability, and rigid self-reliance (Tanasugarn, 2025). This coping strategy is frequently observed in individuals with avoidant attachment styles (Mikulincer & Shaver, 2016), particularly within academic environments where performance pressure can heighten these tendencies (Bahar, 2023).

Trauma-Informed Care and Interventions

Trauma-informed care involves understanding how trauma affects behavior and tailoring interventions accordingly. Strategies such as CBT, mindfulness, and attachment-based therapies have shown promise for individuals exhibiting hyper-independent tendencies (van der Kolk, 2014; Briere & Scott, 2014).

Islamic Perspective on Trauma and Resilience

Islam views hardship as a test and an opportunity for spiritual growth. Principles like sabr (patience), tawakkul (reliance on Allah), and dua (supplication) offer psychological comfort (Qur'an, 94:6; Awad & Sultan, 2020). Culturally rooted models such as the Duha Approach integrate spiritual healing with therapeutic methods (Najwa Awad, 2020).

Cultural Factors in Coping Mechanisms

In collectivist cultures, such as those in South Asia, trauma survivors may avoid professional help due to stigma, thus reinforcing hyper-independence (Triandis, 2001; Al-Krenawi & Graham, 2000). Cultural sensitivity is essential in designing trauma interventions.

Neurobiological Mechanisms Underlying Hyper-Independence

Childhood trauma alters the HPA axis and stress regulation systems, contributing to hypervigilance and hyper-independence (Teicher et al., 2016). Despite this, neuroplasticity offers hope for recovery through targeted therapies.

Intersection of Faith, Trauma, and Resilience

Spiritual practices in Islam promote emotional regulation and resilience (Abu-Raiya & Pargament, 2010). Integrating faith into therapy can enhance its effectiveness for Muslim clients.

Ethical Considerations in Trauma Research

Ethical guidelines require informed consent, psychological safety, and culturally inclusive practices (American Psychological Association, 2020).

Methodology

This study investigates the relationship between childhood trauma and hyper-independence among university students, using a systematic approach. Below, the methodology outlines the sample, sampling procedure, rationale, instruments, research design, and ethical considerations.

Sample and Sampling Procedure The study included 153 university students (75 male, 78 female) aged 18–25 years, who were enrolled in undergraduate programs. Participants were selected using convenient sampling, which allowed the collection of data from readily accessible individuals within the target population.

Rationale of Sample Procedure Convenient sampling was chosen for its practicality and efficiency in accessing participants within the constraints of the study. While this non-probability sampling method has limitations in terms of generalizability, it was appropriate given the study's scope and available resources. Additionally, university students were selected as they represent a demographic in which hyper-independence is likely to manifest due to their transitional life stage, making them particularly relevant to the research focus.

Inclusion Criteria Participants were required to meet the following criteria:

Current enrollment as a university student.

Age between 18 and 25 years.

Willingness to participate as indicated by signing the informed consent form.

Exclusion Criteria The following individuals were excluded from the study:

Participants with self-reported diagnosed mental health conditions requiring clinical intervention.

Individuals unable or unwilling to provide consent.

Participants not fluent in the language of the survey.

Measures and Instruments the study utilized the following instruments for data collection:

International Trauma Questionnaire (ITQ): This tool, aligned with ICD-11 guidelines, was used to measure the symptoms of PTSD and Complex PTSD in relation to participants' experiences of childhood trauma. The ITQ assesses multiple dimensions of trauma through items rated on a Likert-type scale ranging from 0 ("Not at all") to 4 ("Extremely").

Hyper-Independence Questionnaire: A self-developed questionnaire tailored to measure tendencies of hyper-independence. It comprised 25 items, such as "I prefer to handle my problems on my own rather than seek help from others" and "I feel uncomfortable relying on others for assistance," rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree).

Research Design The study adopted a cross-sectional correlational design to examine the association between childhood trauma and hyper-independence. This design enabled the assessment of relationships between variables at a specific point in time without manipulating the independent variable.

Ethical Considerations The research adhered to ethical guidelines as outlined by the American Psychological Association (APA, 7th edition). Informed consent was obtained from all participants prior to data collection, with a clear explanation of the study's purpose, procedures, and their rights as participants. Confidentiality was maintained by anonymizing all responses, and participation was entirely voluntary, with the option to withdraw at any stage without repercussions. The study received approval from the university's ethics review committee to ensure compliance with ethical standards.

Results and Interpretations

A Pearson correlation analysis was conducted to examine the relationship between childhood trauma and hyper-independence among university students. As shown in Table 1, a statistically significant positive correlation was identified between the two variables, with $r = .36$, $p < .01$ (two-tailed). This correlation indicates a moderate association, suggesting that as levels of childhood trauma increase, tendencies of hyper-independence also tend to rise. A total of 152 participants were included in the analysis, ensuring a robust sample size for evaluating this relationship.

Table 1: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Kurtosis
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic
Hyper Independence	152	51	125	87.05	15.142	.283	-.264
Childhood Trauma	152	25	108	60.86	19.034	.270	-.537

The mean score for Hyper-Independence is 87.05 (SD = 15.142), and the mean score for Childhood Trauma is 60.86 (SD = 19.034). Both variables display slight positive skewness (Hyper-Independence = 0.283, Childhood Trauma = 0.270), indicating a tendency for scores to cluster around lower values with fewer extreme high scores. Kurtosis for both variables suggests relatively normal distributions (values close to zero).

Primary Hypothesis Interpretation: The higher mean of Hyper-Independence aligns with the hypothesis that individuals with significant Childhood Trauma exhibit higher levels of self-reliant behavior. The descriptive statistics provide foundational support for the observed association.

Table 2: One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
Hyper Independence	152	87.05	15.142	1.228
Childhood Trauma	152	60.86	19.034	1.544

For Hyper-Independence ($M=87.05, SD=15.14$) and Childhood Trauma ($M=60.86, SD=19.03$), the standard error means ($SEM = 1.228$ and 1.544 , respectively) are small, indicating precise mean estimates.

Primary Hypothesis Interpretation: The relatively high means for both variables further underscore the prevalence of trauma and hyper-independence among this sample, supporting the association between the two constructs.

Table 3: One-Sample Test

	T	df	Sig. (2-tailed)	Test Value = 0		
				Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Hyper Independence	70.877	151	.000	87.053	84.63	89.48
Childhood Trauma	39.422	151	.000	60.862	57.81	63.91

The t-test reveals that the mean scores for both Hyper-Independence ($t(151)=70.877, p=.000$) and Childhood Trauma ($t(151)=39.422, p=.000$) are significantly greater than zero, demonstrating that these behaviors and experiences are prevalent in the sample.

Primary Hypothesis Interpretation: The significant t-values confirm the presence of hyper-independence and trauma, providing evidence that university students with trauma histories may indeed exhibit heightened levels of self-reliance.

Table 4: Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.517	.527	2

Cronbach's alpha for the two-item measurement of trauma and hyper-independence is 0.517, reflecting moderate internal consistency.

General Interpretation: While not highly reliable, the scale provides some degree of consistency in measuring both constructs, though further refinement in item design might enhance reliability.

Table 5: Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	73.957	60.862	87.053	26.191	1.430	342.979	2
Inter-Item Correlations	.358	.358	.358	.000	1.000	.000	2

The inter-item correlation between Childhood Trauma and Hyper-Independence is 0.358, indicating a moderate relationship between these variables.

Primary Hypothesis Interpretation: The moderate inter-item correlation supports the hypothesis that students exposed to childhood trauma tend to develop hyper-independent coping mechanisms.

Table 6: ANOVA

		Sum of Squares	df	Mean Square	F	Sig
Between People		60242.944	151	398.960		
Within People	Between Items	52132.766	1	52132.766	270.640	.000
	Residual	29086.734	151	192.627		
	Total	81219.500	152	534.339		
Total		141462.444	303	466.873		
Grand Mean = 73.96						

The significant F-value ($F=270.640, p=.000$) demonstrates that differences between the two variables (Childhood Trauma and Hyper-Independence) are statistically significant.

Primary Hypothesis Interpretation: The significant difference strengthens the argument for a meaningful relationship between trauma and hyper-independence.

Table 7: Hotelling's T-Squared Test

Hotelling's T-Squared	F	df1	df2	Sig
270.640	270.640	1	151	.000

Hotelling's T^2 test ($F=270.640, p=.000$) confirms a multivariate association between Childhood Trauma and Hyper-Independence.

General Interpretation: The significant result indicates that the two variables are meaningfully related on multiple levels, supporting the association outlined in the hypotheses.

Table 8: Correlation

		Hyper Independence	Childhood Trauma
Hyper Independence	Pearson Correlation	1	.358**
	Sig. (2-tailed)		.000
	N	152	152
Childhood Trauma	Pearson Correlation	.358**	1
	Sig. (2-tailed)	.000	
	N	152	152

**. Correlation is significant at the 0.01 level (2-tailed).

Pearson's correlation ($r=0.358, p=.000$) reveals a statistically significant, positive, moderate relationship between Hyper-Independence and Childhood Trauma.

Primary Hypothesis Interpretation: This result directly supports the hypothesis that childhood trauma influences the development of hyper-independence among university students.

Childhood Trauma is the sole predictor entered into the model for Hyper-Independence.

General Interpretation: This approach focuses exclusively on assessing how trauma predicts self-reliant behaviors.

Table 9: Regression - Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.358 ^a	.128	.122	14.186	1.972
a. Predictors: (Constant), Childhood Trauma					
b. Dependent Variable: Hyper Independence					

The regression model explains 12.8% of the variance in Hyper-Independence ($R^2=0.128$), with a Durbin-Watson value of 1.972, indicating no serious autocorrelation concerns in the residuals.

Attachment Hypothesis Interpretation: While the modest R^2 suggests other factors (e.g., attachment styles) may influence hyper-independence, the observed contribution of trauma lends credence to theories connecting insecure attachments with self-reliance.

Table 10: ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4436.020	1	4436.020	22.042	.000 ^b
	Residual	30187.559	150	201.250		
	Total	34623.579	151			

a. Dependent Variable: Hyper Independence b. Predictors: (Constant), Childhood Trauma

The regression model for Childhood Trauma predicting Hyper-Independence is significant ($F(1,150)=22.042, p=.000$).

Primary Hypothesis Interpretation: This result reaffirms that trauma significantly predicts self-reliant behavior, aligning with the hypothesis regarding students with traumatic backgrounds.

Table 11: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	69.722	3.867		18.032	.000
Childhood Trauma	.285	.061	.358	4.695	.000

a. Dependent Variable: Hyper Independence

The unstandardized coefficient ($B=0.285, p=.000$) indicates that for every one-unit increase in Childhood Trauma, Hyper-Independence increases by 0.285 units. The standardized beta ($\beta=0.358$) underscores the moderate strength of this relationship.

Secondary Hypothesis Interpretation: These coefficients point to the importance of examining specific subtypes of trauma (e.g., emotional neglect) for their distinct contributions to hyper-independence.

Table 12: Residual Statistics

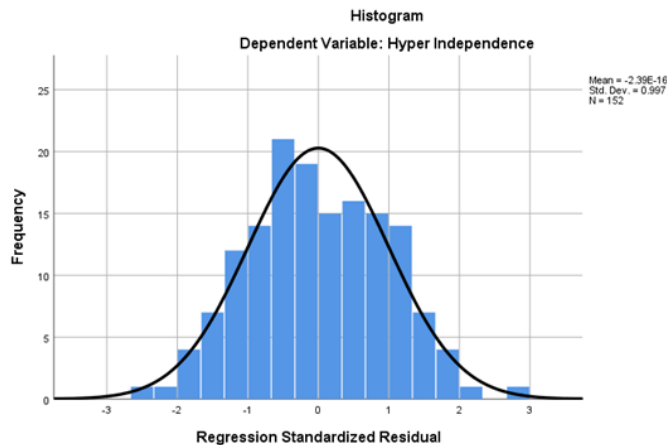
	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	76.84	100.48	87.05	5.420	152
Residual	-37.801	41.895	.000	14.139	152
Std. Predicted Value	-1.884	2.477	.000	1.000	152
Std. Residual	-2.665	2.953	.000	.997	152

a. Dependent Variable: Hyper Independence

Residual values range from -37.801 to 41.895, indicating some variability in how Childhood Trauma predicts Hyper-Independence. Standardized residuals ($SD=0.997$) suggest that the prediction model is reasonably accurate.

General Interpretation: The residual analysis supports the regression findings, though the variability highlights the potential influence of additional moderating factors such as gender or attachment styles.

Graph 1

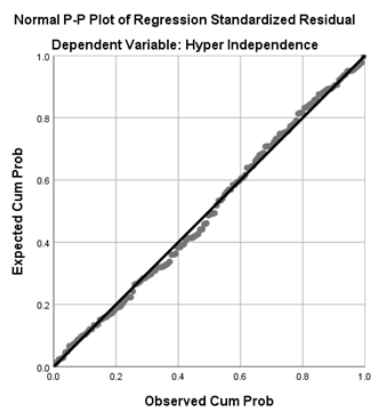


The histogram provided illustrates the distribution of regression standardized residuals for Hyper-Independence. Key statistical details are:

The x-axis represents the standardized residuals (ranging from -3 to +3). The y-axis shows the frequency of these residuals (peaking at around 25). The curve overlays a normal distribution, with the histogram closely aligning to this curve. The mean of the residuals is close to zero ($M \approx -2.396 \times 10^{-16}$) with a standard deviation of 0.997, indicating the residuals follow a roughly normal distribution.

The normal distribution of residuals indicates that the regression model captures the relationship between Childhood Trauma (independent variable) and Hyper-Independence (dependent variable) effectively. The positive correlation and predictive regression results (from earlier tables) suggest that students with higher trauma scores exhibit elevated levels of hyper-independence. The residuals' normality confirms that the model accounts well for this trend, supporting the hypothesis that childhood trauma contributes significantly to hyper-independent coping mechanisms.

Graph 2



This is a Normal P-P Plot of Regression Standardized Residuals for the dependent variable Hyper Independence.

In a P-P plot, points should fall along the diagonal line if the residuals (errors) are normally distributed.

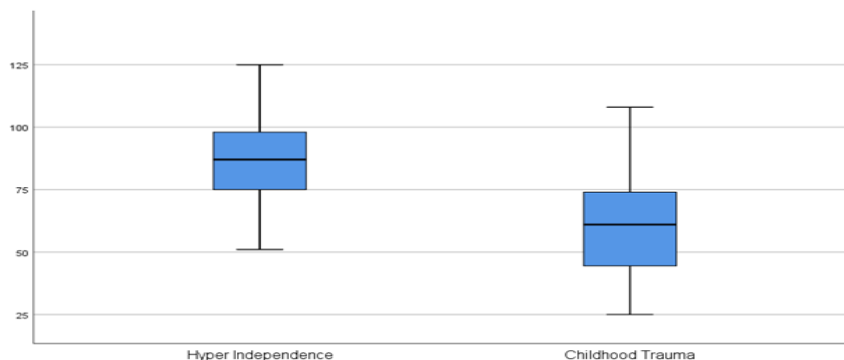
In your plot, the points closely follow the diagonal line, with only minor deviations at the ends.

This means:

The assumption of normality of residuals is met.

Your regression model is valid for making inferences about Hyper Independence.

Graph 3



Hyper Independence scores (left box) are overall higher than Childhood Trauma scores (right box).

Median (middle line in each box):

Hyper Independence: Higher median (~85–90 range).

Childhood Trauma: Lower median (~60–65 range).

Spread (IQR = box size):

Childhood Trauma scores are slightly more spread out (wider box) compared to Hyper Independence.

Whiskers (minimum and maximum scores):

Childhood Trauma shows a wider range of scores compared to Hyper Independence.

This suggests:

Students vary more in their trauma experiences than in hyper-independence levels.

Hyper-independence scores tend to cluster at a higher level.

Discussion of Hypotheses

This study explores multiple hypotheses regarding the relationship between childhood trauma and hyper-independence among university students. Below is an advanced discussion of three key hypotheses supported by relevant literature.

Primary Hypothesis: University students with a history of childhood trauma exhibit higher levels of hyper-independence compared to their peers without such a history.

The findings of this study support the primary hypothesis by identifying a statistically significant positive correlation ($r=.36$) between childhood trauma and hyper-independence, indicating that students with traumatic experiences tend to develop self-reliant behaviors. Attachment theory provides a strong conceptual framework for understanding this relationship; early trauma disrupts secure attachment formation, prompting individuals to develop coping mechanisms centered around self-reliance and emotional withdrawal to protect themselves from further harm (Bowlby, 1980).

Empirical evidence reinforces this relationship. Perry et al. (2006) found that individuals exposed to adverse childhood experiences often adopt hyper-independence as a survival strategy, especially when dependency on others was historically associated with vulnerability or betrayal. Likewise, Cloitre et al. (2014) demonstrated that trauma survivors frequently display relational avoidance and reliance on self-sufficiency, reflecting hyper-independence as a maladaptive coping response. These behaviors may limit social integration, potentially exacerbating isolation and reducing access to support networks.

Secondary Hypothesis: Different types of childhood trauma (e.g., emotional neglect, physical abuse) are differentially associated with the development of hyper-independence in university students.

While the study measured overall childhood trauma, existing research highlights how specific subtypes may uniquely influence hyper-independence. Emotional neglect, characterized by the absence of validation, support, and affection, is particularly implicated in fostering hyper-independent tendencies. McCrory et al. (2011) assert that emotional neglect impairs trust in others, prompting reliance on self to fulfill unmet needs.

Kim et al. (2009) found that individuals who experienced emotional neglect were more likely to adopt avoidant coping styles compared to those exposed to physical abuse. Avoidant behaviors, such as hyper-independence, arise as a defense mechanism to minimize emotional reliance and protect against the perceived risk of rejection. These findings suggest that trauma interventions may need to address the distinct psychological impact of neglect versus abuse to effectively support students with hyper-independent coping tendencies.

Gender Hypothesis: The relationship between childhood trauma and hyper-independence differs by gender, with female students demonstrating higher levels of hyper-independence as a coping mechanism compared to male students.

Gender-specific coping mechanisms emerge in response to childhood trauma, reflecting differences in socialization and emotional processing. This hypothesis builds on literature suggesting that female trauma survivors often display higher levels of hyper-independence due to societal expectations around resilience and caregiving roles. Bernstein et al. (1994) observed that women with traumatic experiences were more likely to internalize distress and adopt self-reliance as a means to manage emotional vulnerability.

Furthermore, Allen et al. (2018) discuss how cultural narratives around female strength contribute to the development of hyper-independent behaviors, particularly among women who experience childhood adversities. This contrasts with male trauma survivors, who may display more externalized coping strategies such as aggression. Gender-informed interventions are critical for

addressing these disparities, ensuring that support systems account for the unique ways in which trauma manifests across genders.

Conclusion

This study investigated the relationship between childhood trauma and hyper-independence among university students. The results demonstrated a statistically significant positive correlation between the two variables ($r=.36, p<.01$), indicating that individuals who have experienced adverse childhood events tend to exhibit self-reliant behaviors as a coping mechanism. The findings align with theoretical perspectives like attachment theory and stress coping models, which suggest that unresolved trauma contributes to patterns of hyper-independence. By shedding light on this relationship, the study highlights the importance of trauma-informed interventions aimed at fostering adaptive coping strategies and addressing the psychological and social challenges faced by university students.

Limitations

While the research provides valuable insights, several limitations must be acknowledged:

Sampling Method: The use of convenient sampling may limit the generalizability of the findings. Participants were drawn from a specific demographic (university students), which may not represent the broader population of young adults.

Self-Report Instruments: Both the International Trauma Questionnaire (ITQ) and the Hyper-Independence Questionnaire relied on self-reported data, which may be subject to biases like social desirability and recall inaccuracies.

Cross-Sectional Design: The study employed a cross-sectional design, capturing data at a single point in time. This limits the ability to infer causation between childhood trauma and hyper-independence.

Unexamined Variables: Factors like cultural influences, personality traits, or familial dynamics were not included, despite their potential impact on the relationship between childhood trauma and hyper-independence.

Future Recommendations

Based on the limitations and findings of this study, the following recommendations are proposed:

Diverse Sampling: Future research should employ probability sampling methods and include participants from various demographic and socio-cultural backgrounds to enhance generalizability.

Longitudinal Studies: Longitudinal research designs are recommended to explore causal relationships and developmental trajectories associated with childhood trauma and hyper-independence.

Specific Trauma Subtypes: Investigate specific types of childhood trauma, such as emotional neglect or physical abuse, to understand their distinct contributions to hyper-independent behaviors.

Interventional Approaches: Develop and evaluate trauma-informed therapeutic interventions that address hyper-independence and promote healthier coping mechanisms.

Incorporating Additional Variables: Future studies should examine other potential influences, such as cultural norms, attachment styles, and personality traits, to gain a deeper understanding of hyper-independence as a multifaceted phenomenon.

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Appendices

Consent & Demographic Form

Consent Document:

Please read this consent document carefully before deciding to participate in this study. The purpose of this study is to examine correlation between unresolved childhood trauma and hyper-independence in young adults / university-aged individuals.

Time Required: 15 minutes.

Risks and Benefits: There are no risks associated with participation. By participating, you will contribute to research aimed at better understanding the relationship between unresolved childhood trauma and hyper-independence in young adults / university-aged individuals.

Compensation: While no monetary compensation is provided, your participation will enhance awareness of the relationship between unresolved childhood trauma and hyper-independence in young adults / university-aged individuals.

Confidentiality: Your responses and identity will be kept confidential. No identifying information will be included in any report.

Voluntary Participation: Participation in this study is voluntary.

Right to Withdraw: You may withdraw from the study at any time without facing consequences.

Agreement: I have read and understood the procedure described above, and I voluntarily agree to participate in this study.

Participant Initials Only: _____ Date: _____

APPENDIX A: Demographic Questionnaire

Age:						
Gender:	Male	Female				
Education :		Bachelor's Degree	Master's Degree	MPhil Degree	PhD	Post Doctorate

Profession:	
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Employment Status	Student	Employed	Unemployed	Other
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APPENDIX B: International - Trauma Questionnaire (ITQ)

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

Introduction:

Thank you for taking the time to participate in this survey. The purpose of this questionnaire is to measure the symptoms of PTSD and Complex PTSD based on the guidelines of ICD-11. Your responses will help us improve feedback processes and support your professional development better.

Please keep in mind the following while responding:

Context: Please think of experience that troubles you most and answer the following questions in specific relation to this experience.

Confidentiality: Your responses are confidential and will be used for research purposes only.

Honesty: Please answer honestly to provide us with the most accurate insights.

Instructions: Please read each item carefully, then indicate how much you have been bothered by that problem in the PAST MONTH.

0 = Not At All

1 = A Little Bit

2 = Moderately

3 = Quite A Bit

4 = Extremely

ITEM	STATEMENT	0	1	2	3	4
1	Having upsetting dreams that replay part of the experience or are clearly related to the experience?					
2	Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?					
3	Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?					

4	Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?					
5	Being “super-alert”, watchful, or on guard?					
6	Feeling jumpy or easily startled?					
7	In the past month have the above problems affected your relationships or social life?					
8	Affected your work or ability to work?					
9	Affected any other important part of your life such as parenting, or school or college work, or other important activities?					
10	Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you TYPICALLY feel, ways you TYPICALLY think about yourself and ways you TYPICALLY relate to others. Answer the following thinking about how true each statement is of you. When I am upset, it takes me a long time to calm down.					
11	I feel numb or emotionally shut down.					
12	I feel like a failure					
13	I feel worthless.					
14	I feel distant or cut off from people.					
15	I find it hard to stay emotionally close to people.					
16	In the past month, have the above problems in emotions, in beliefs about yourself and in relationships: Created concern or distress about your relationships or social life?					
17	In the past month, have the above problems affected your work or ability to work?					
18	In the past month, have the above problems affected any other important parts of your life such as parenting, or school or college work, or other important activities?					

APPENDIX C: Hyper - Independence Questionnaire

Instructions: Please rate the extent to which you agree with each statement by selecting a number from 1 to 5, where:

1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
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ITEM	STATEMENT	1	2	3	4	5
1	I prefer to handle my problems on my own rather than seek help from others.					
2	I feel uncomfortable relying on others for assistance.					
3	I believe it's important to be self-sufficient in all aspects of life.					
4	I rarely ask for help, even when I need it.					
5	I take pride in solving my problems independently.					
6	I find it difficult to trust others to take care of things for me.					

7	I often feel that I am the only one capable of doing things right.					
8	I tend to avoid asking for favors from others.					
9	I value independence over teamwork.					
10	I believe relying on others is a sign of weakness.					
11	I feel uneasy when others try to help me.					
12	I prefer to make decisions on my own without input from others.					
13	I am reluctant to delegate tasks to others.					
14	I feel frustrated when others try to offer advice or help.					
15	I believe I can handle most situations better than others.					
16	I often feel that I must do everything myself.					
17	I find it hard to accept support from others, even when offered.					
18	I believe that being independent is more important than being part of a group.					
19	I rarely share my problems with others.					
20	I feel a sense of accomplishment when I overcome challenges by myself.					
21	I prefer to be in control of my life without depending on anyone else.					
22	I find it difficult to collaborate with others on tasks.					
23	I believe in taking full responsibility for my actions without involving others.					
24	I tend to distance myself from people who want to help me.					
25	I feel more comfortable when I am solely responsible for my success.					