Review

Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2026; 18(1):282-294

doi: 10.18863/pgy.1627449

Childhood Trauma Subtypes and Alexithymia

Çocukluk Çağı Travmalarının Alt Tipleri ve Aleksitimi

Buse Ateşsönmez[1], Fatma Kandemir[1]

[1]Dicle University, Diyarbakır

ABSTRACT

It is well established that traumatic experiences during early childhood play a significant role in the development of alexithymia, a condition characterized by a lack of words for emotions. Although alexithymia was initially proposed to explain the symptoms observed in psychosomatic patients, contemporary studies have revealed its comorbidity with various forms of psychopathology. Adverse childhood experiences—such as physical, emotional, or sexual abuse and neglect—are known to have long-term effects on individuals' emotional awareness and regulation capacities. Recent research suggests a strong association between childhood trauma and alexithymia, which is marked by notable difficulties in identifying, understanding, and expressing emotions. Findings in the literature indicate that especially emotional neglect and abuse may exacerbate alexithymic symptoms, potentially leading to lasting impacts on individuals' mental health. Furthermore, early traumatic experiences are believed to shape attachment styles and adversely affect the development of emotion regulation strategies. Insecure attachment patterns and trauma-induced avoidant coping mechanisms may hinder individuals' ability to consciously process emotional experiences, thereby contributing to the manifestation of alexithymic symptoms. Considering the detrimental impact of childhood trauma on the ability to recognize, interpret, and articulate emotions, it would be beneficial for mental health professionals to focus on potential childhood traumatic experiences in individuals presenting with alexithymia. In this context, this review addresses the concept of alexithymia, its etiology, and its association with childhood trauma and its subtypes.

Keywords: Childhood traumas, alexithymia, emotion regulation

ÖZ

"Duygular için söz yokluğu" anlamına gelen aleksitiminin gelişiminde erken çocuklukta yaşanan travmatik deneyimlerin önemli bir role sahip olduğu bilinmektedir. Aleksitimi, başlangıçta psikosomatik hastalardaki belirtileri açıklamak amacıyla ortaya atılmışsa da güncel çalışmalar aleksitiminin birçok psikopatolojiye eşlik ettiğini ortaya koymuştur. Çocukluk döneminde yaşanan fiziksel, duygusal veya cinsel istismar ile ihmal gibi olumsuz yaşantıların, bireylerin duygusal farkındalık ve düzenleme kapasitesi üzerinde uzun vadeli etkiler yarattığı bilinmektedir. Son yıllarda yapılan araştırmalar, çocukluk çağı travmalarının, bireyin duygularını tanımlama, anlama ve ifade etme becerilerinde belirgin eksiklikler ile karakterize edilen aleksitimi ile yakından ilişkili olabileceğini ortaya koymaktadır. Alanyazındaki bulgular, özellikle duygusal ihmal ve istismarın, aleksitimi semptomlarının şiddetini artırabileceğini ve bu durumun bireylerin ruh sağlığı üzerinde kalıcı etkiler yaratabileceğini ortaya koymaktadır. Ayrıca, erken dönem travmalarının bireyin bağlanma stillerini şekillendirdiği ve duygu düzenleme stratejilerinin gelişimini olumsuz yönde etkilediği görülmektedir. Güvensiz bağlanma örüntüleri ve travmaya bağlı gelişen kaçınmacı başa çıkma mekanizmalarının, bireylerin duygusal deneyimlerini bilinçli olarak işlemelerini zorlaştırarak aleksitimi semptomlarının ortaya çıkmasına katkıda bulunabileceği düşünülmektedir. Çocukluk çağı travmalarının, bireylerin duygularını tanıma, anlamlandırma ve ifade etme becerileri üzerinde olumsuz etkiye sahip olduğu düşünüldüğünde ruh sağlığı çalışanlarının, aleksitimik bireylerin muhtemel çocukluk çağı travmalarına odaklanmalarının faydalı olacağı düşünülmektedir. Bu bağlamda, bu derleme çalışmasında çocukluk çağı travma ve alt tiplerine, aleksitimi kavramına, etiyolojisine ve aleksitiminin çocukluk çağı travmalarıyla ilişkisine değinilmiştir.

Anahtar sözcükler: Çocukluk çağı travmaları, aleksitimi, duygu düzenleme

Address for Correspondence: Buse Ateşsönmez, Dicle University Faculty of Literature Department of Psychology, Diyarbakır, Türkiye
e-mail: atessonmezbuse@gmail.com
Received: 01.02.2025 | **Accepted:** 20.05.2025

Introduction

Childhood is a sensitive developmental period that significantly shapes the later emergence of psychological trauma. Child abuse and neglect constitute a global concern with profound lifelong consequences (WHO 2022). Childhood traumas include experiences such as parental loss, divorce, domestic violence, inadequate caregiving, abandonment, and lack of social support (Butchart 2006). According to the World Health Organization (WHO 2024), child abuse is defined as "any act—intentional or unintentional—by an adult, society, or the state that adversely affects the child's physical, cognitive, or emotional development." Importantly, it is not the adult's intention but the impact on the child that defines abuse (Gilbert et al. 2009). Childhood neglect, on the other hand, refers to a caregiver's failure to meet the child's physical and emotional needs (Harris et al. 2019).

Understanding the mechanisms linking traumatic childhood experiences to later psychopathology is essential to mitigating the negative outcomes of early trauma. A growing body of research highlights emotional dysregulation as a key underlying mechanism. Numerous studies indicate that individuals exposed to childhood maltreatment often experience difficulties in emotion regulation, tend to avoid emotional experiences, and display limited capacity to accept their feelings. A review of the literature reveals consistent findings that childhood trauma significantly predicts emotion regulation difficulties (Shipman et al. 2007, Marusak et al. 2015).

In this context, alexithymia—known to play a central role in emotional regulation—has also been associated with childhood trauma (Paivio and McCullcoch 2004, Avcı and Çakmak 2024, Bonasera 2024). First introduced by Sifneos (1988), alexithymia refers to a difficulty in finding words to express emotions. More recent definitions describe it as involving (a) difficulty identifying and describing emotions, (b) challenges in distinguishing emotions from bodily sensations, and (c) a concrete, externally oriented cognitive style (Watters et al. 2016). Because alexithymia impairs emotional regulation, it has been linked to a range of psychopathological symptoms (Preece et al. 2022). Studies show that individuals with a history of abuse report higher levels of alexithymia compared to those without such a history (Brown et al. 2016, Ditzer et al. 2023). One study found that childhood trauma contributes to the development of alexithymia, which in turn may hinder emotional regulation and increase susceptibility to addictive behaviors (Zdankiewicz and Ścigała 2020). A recent meta-analysis reported that children raised in environments characterized by maltreatment struggle to regulate emotions effectively or tolerate negative affect (Ditzer et al. 2023).

Understanding the association between childhood trauma, its subtypes, and alexithymia may inform trauma-focused therapeutic interventions. Therefore, the present review aims to examine the relationship between childhood trauma and alexithymia, including its subdimensions.

Concept of Alexithymia

The necessity for individuals to recognize and distinguish their emotions in order to maintain well-being and meet their needs has brought attention to the concept of alexithymia. Derived from Greek, the term "alexithymia" literally means "no words for emotions" (Lesser 1981). Although originally conceptualized as a psychosomatic disorder, alexithymia is now widely regarded as a personality trait (Taylor and Bagby 2012) and is known to be associated with various psychiatric conditions (Bankier et al. 2001). Its core features include: (1) difficulty in identifying and expressing emotions, (2) limited imaginative capacity, and (3) externally oriented thinking. Individuals with alexithymia often display poor empathic abilities, frequently report somatic complaints, and maintain a weak connection with their emotional reality (Dereboy 1990). Some researchers have suggested that alexithymia may develop in response to early-life stress or severe traumatic experiences (De Vente et al. 2006, Lumley et al. 2007).

Primary alexithymia may result from early psychological trauma (Krystal, 1979) or negative interactions with caregivers during childhood (Wearden et al. 2003). Therefore, primary alexithymia is viewed as a relatively stable personality trait that emerges during childhood or adolescence. In contrast, secondary alexithymia may arise as a reaction to psychologically distressing life events (De Vente et al. 2006). For instance, conditions such as depression, post-traumatic stress disorder (PTSD), neurological illnesses, or chronic

pain may disrupt emotional processing and lead to secondary alexithymia. While primary alexithymia is thought to be a predisposing factor for mental health problems, secondary alexithymia is typically considered an outcome of such problems (De Vente et al. 2006). Primary alexithymia tends to be stable, emerges early in life, and often shows poor responsiveness to therapeutic interventions. In contrast, secondary alexithymia is more malleable and may respond more favorably to therapy (Messina et al. 2014). The inability to verbalize emotions among individuals with somatic complaints is often believed to be linked to early adverse life experiences (Gucht and Heiser 2003). It has also been suggested that the complex PTSD symptoms observed in adulthood are more likely to develop following childhood trauma (Cloitre et al. 2009), and that early trauma plays a significant role in the development of alexithymia (Darrow and Follette 2014). Although certain personality traits may contribute to psychological distress, they are not inherently classified as mental disorders.

Alexithymia is considered one such subclinical risk factor, as empirical research has demonstrated its association with various mental and physical symptoms (Leweke et al. 2012). Alexithymia has been linked to numerous psychiatric disorders. For example, Leweke and colleagues (2012) reported that the prevalence of alexithymia among individuals with mental illness (21.4%) is higher than in the general population, with a particularly high rate (26.9%) observed among those with depressive disorders. A review study also indicated that alexithymia is associated with alcohol abuse and other addictive behaviors, with its prevalence ranging between 40% and 50% among patients diagnosed with alcohol use disorder (Thorberg et al. 2017).

Etiology of Alexithymia

Various theoretical perspectives have been proposed to explain the etiology of alexithymia. From a psychoanalytic standpoint, many interpretations emphasize the role of denial. According to these views, in psychosomatic patients, painful perceptions, affects, or fantasies are denied, and the resulting unresolved intrapsychic conflicts—left unarticulated—contribute to alexithymic traits (McDougall 1982). Krystal (1979) theorized that emotions are initially experienced in an undifferentiated, bodily, and pre-verbal form. Over time, through emotional development, they become differentiated, abstracted from bodily sensations, and verbalized. However, early childhood trauma may arrest this developmental process, while adult trauma may cause regression (Krystal 1979). Psychoanalytic approaches suggest that alexithymia cannot be fully explained by cognitive or neurobiological deficits alone, rather, it may result from unconscious defense mechanisms. When individuals struggle to cope with emotional experiences, they may repress internal representations of these emotions into the unconscious (McDougall 1982). This perspective posits that early-life trauma can impair the emotional awareness system and that the alexithymic structure may function as a defensive mechanism to suppress anxiety triggered by emotional arousal.

From a social learning and behavioral perspective, human behavior is shaped by learning processes within social interactional contexts. The manner in which individuals express their emotions and thoughts is influenced by the sociocultural environment they are embedded in. In Western cultures, verbal expression of emotions is more normative, whereas in more traditional Eastern societies, open emotional expression is often socially discouraged (Stoudemire 1991). Consequently, individuals raised in such environments may learn to suppress emotions or express them through somatic channels, increasing their likelihood of exhibiting alexithymic traits (Stoudemire 1991). Matsumoto (2006) highlighted significant differences in emotion regulation strategies between American and Japanese individuals: Americans more frequently used cognitive reappraisal, while Japanese individuals tended to rely on suppression. However, he also argued that such differences may be better explained by personality traits than by culture alone. Furthermore, the concept of alexithymia has been criticized for implicitly assuming that all emotions must conform to the psychological metaphors of Western societies. This critique suggests that individuals or cultures without a sophisticated verbal-emotional vocabulary are not necessarily emotionally underdeveloped (Kirmayer 1987). The cognitive approach asserts that the difficulty alexithymic individuals have in identifying and verbalizing emotions may stem from deficits in cognitive development (Stoudemire 1991). These individuals often fail to recognize their emotional states and instead express them somatically.

This may reflect developmental stagnation between the sensorimotor and preoperational stages (Stoudemire 1991). The ability to articulate emotions is influenced by cognitive growth, and according to Lazarus (1982), emotions are the product of cognitive processes that arise from interactions with one's environment. Traumatic or challenging experiences in one's social environment may disrupt emotional and cognitive development. Learned emotional patterns may become reinforced by external feedback, leading to the persistence of maladaptive emotional responses. During this process, dysfunctional and maladaptive belief systems—known as cognitive schemas—may emerge, resulting in persistent difficulties with emotional recognition and expression (Lazarus 1982). In summary, most theoretical models of alexithymia suggest that its roots lie in the early caregiver-child relationship and in developmental disruptions caused by adverse events during this period.

Childhood Trauma

Childhood trauma is a broad term encompassing a range of adverse experiences that occur during the early stages of life and may lead to long-lasting psychological harm. These experiences include not only uncontrollable events such as death, illness, and natural disasters, but also forms of abuse and neglect such as criticism, violence, and sexual harassment (Şar 2014). In the literature, child maltreatment is typically categorized into distinct forms. Abuse is generally classified into three types: emotional, physical, and sexual, while neglect is conceptualized in two dimensions: emotional and physical (Runyan et al. 2002). Emotional and physical neglect by primary caregivers during childhood is considered a significant risk factor for the development of psychopathologies later in life (Chaiyapruk 2003). Numerous studies have shown that individuals with a history of childhood abuse or neglect are more likely than those without such a history to develop anxiety disorders, substance use disorders, depression, post-traumatic stress disorder (PTSD), and personality disorders in adulthood (Bernstein et al. 2003, Chaiyapruk 2023, Ali et al. 2024). A study examining the mediating role of emotional regulation in the relationship between childhood trauma and psychopathology found that childhood abuse and neglect were strongly associated with emotion regulation difficulties and the development of depressive and PTSD symptoms (Alpay 2017). According to developmental models, emotional awareness and expression emerge within the context of attachment relationships, and traumatic experiences in childhood may disrupt this natural development, leading to alexithymia in adulthood (Frewen et al. 2008). In Chinese adolescents, the severity of childhood trauma has been shown to be positively associated with difficulties in emotional processing, which in turn is positively related to alexithymia (Chung and Chen 2021). Additionally, adolescents with high levels of alexithymia who had experienced childhood trauma were more likely to report elevated levels of depression, anxiety, and somatic symptoms (Ling et al. 2012).

The prevalence of childhood abuse and neglect remains alarmingly high both globally and in Turkey. In a 2014 Turkish study involving 7540 children, the rates of abuse and neglect ranged between 42% and 70% (Sofuoğlu et al. 2014). According to UNICEF (2010) data, among children aged 7 to 18, emotional abuse was reported in 51% of cases, physical abuse in 43%, and sexual abuse in 3%. Furthermore, data from the Turkish Statistical Institute (TÜİK) showed that in 2015, 46% of reported crimes in Turkey were committed against children, with violence and sexual abuse comprising the majority of these offenses. It must be acknowledged that these figures reflect only reported cases, and the actual extent of child abuse and neglect may be significantly greater.

Physical Abuse and Alexithymia

Physical abuse is generally defined as harmful actions directed toward a child, including non-accidental behaviors that result in or pose a risk of injury (Paslı 2020). Such acts are typically characterized by overt physical violence and excessive punishment, which may involve poisoning or exposure to extreme temperatures (Wolfe 1988). Since Kempe and colleagues (1962) first described the symptoms of the "battered child syndrome," the prevalence of physical abuse and its numerous consequences have become increasingly recognized. As the most observable and commonly identified form of abuse, physical abuse has been strongly associated with a range of emotional and behavioral problems in adulthood, including

self-harm, suicidal behaviors, somatization, anxiety, depression, dissociation, and even psychosis (Revels-Strother et al. 2024, Scimeca et al. 2024).

In a study examining the role of alexithymia in the relationship between childhood trauma and internalizing problems (e.g., depression, anxiety, social withdrawal), physical abuse emerged as one of the trauma subtypes positively correlated with alexithymia, however, this correlation was weak and not statistically significant (Brown et al. 2016). Similarly, in a study investigating the mediating role of alexithymia in the relationship between childhood trauma and somatization among individuals diagnosed with major depressive disorder, physical abuse was found to have a weaker positive association with both somatization and alexithymia compared to emotional abuse and emotional neglect (Güleç et al. 2013). Another key finding from this study indicated that physical abuse did not directly predict somatization, rather, alexithymia played a mediating role in this relationship. According to this model, traumatic childhood experiences may lead to deficits in emotional awareness and expression, which in turn increase somatic symptom reporting. Supporting this, Honkalampi and colleagues (2019) found that in individuals with major depressive disorder, a history of physical abuse was significantly associated with the alexithymia subdimension of difficulty expressing emotions. Overall, the relationship between physical abuse and alexithymia is supported by growing evidence indicating that traumatic experiences in childhood impair emotional processing capacities in adulthood.

Emotional Abuse and Alexithymia

Emotional abuse can be defined as negative parental behaviors such as verbal assaults, harsh criticism, rejection, and neglect that result in impairments in a child's emotional well-being and overall functioning (Baskak 2023). Although emotional abuse emerged relatively later as a recognized subtype of child maltreatment, it remains one of the least understood and most underreported forms (Gracia 1995). Childhood maltreatment, particularly emotional abuse, has been identified as a significant risk factor in the development of eating disorders (Monteleone et al. 2019). In a study investigating the link between emotional abuse and eating disorder symptoms, difficulty identifying emotions—a subdimension of alexithymia—was found to play a significant mediating role in the relationship between emotional abuse and bulimia symptoms (Eugenia et al. 2024). A study conducted with female university students reported that emotional abuse was a stronger predictor of post-traumatic stress symptoms than either physical or sexual abuse (Burns et al. 2010). Experiences of emotional abuse in childhood are considered a major risk factor for the development of alexithymia, particularly due to their detrimental impact on emotional awareness capacity (Evren et al. 2009, Krvavac and Jansson 2021). In a study examining the moderating role of gender in the relationship between childhood emotional maltreatment and alexithymia, emotional abuse was found to be associated with difficulty identifying feelings and with externally oriented thinking (i.e., avoidance of emotions and focus on external stimuli), but not with difficulty in describing feelings (Brown et al. 2018). Emotional abuse not only impairs emotion regulation but may also reshape the individual's relational dynamics with the external world. A study by Krvavac and Jansson (2021) found that alexithymia fully mediated the relationship between emotional abuse and its psychological consequences, supporting the notion that emotion regulation difficulties are more prevalent among individuals exposed to abuse. In conclusion, emotional abuse contributes to the emergence of alexithymic tendencies by weakening not only emotional coping but also the individual's capacity to engage with emotional experiences. Accordingly, emotional abuse may compromise emotion regulation skills and serve as a structural factor shaping emotional processing pathways. In this regard, it may play an indirect yet significant role in the development of psychopathology.

Sexual Abuse and Alexithymia

Sexual abuse is defined as the exploitation of a child or adolescent—whose sexual development is not yet complete—by an adult for the purpose of fulfilling the adult's sexual needs, typically through coercion, threats, or deception (Aktepe 2009). In recent decades, the global prevalence of childhood sexual abuse has increased significantly, with estimates ranging from 4% to 20%, making it a major public health

concern (WHO 2020). The literature suggests that experiences of childhood sexual abuse can have lasting detrimental effects on both physical and psychological development (Busso et al. 2017). In a study examining the relationship between early traumatic experiences and creative personality traits, alexithymia was also investigated. Among the three subdimensions of alexithymia—difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking—sexual abuse had the strongest impact, particularly in comparison to other trauma types (Büyükcebeci 2019). The same study revealed that both sexual and emotional abuse subtypes were most strongly associated with difficulty identifying emotions, a core component of alexithymia. Women who experienced severe sexual abuse during childhood were found to have significantly higher alexithymia scores later in life compared to those without such histories (Bermond et al. 2008). Another study investigating adult women with histories of childhood sexual abuse found that deficits in emotional recognition skills were associated with increased vulnerability to revictimization in adulthood (Bell and Naugle 2008). The results suggested that delayed recognition of emotional cues and avoidant behaviors may contribute to a higher risk of future sexual victimization. However, a study examining the long-term emotional effects of childhood physical and sexual abuse found no direct effect of either abuse type on alexithymia or emotion regulation difficulties (Kooiman et al. 2004). The authors attributed this finding to relatively low levels of abuse severity and frequency, as well as the potential buffering role of parental social support in mitigating long-term emotional consequences. Overall, research indicates that childhood sexual abuse is most consistently linked to the alexithymia subdimension of difficulty identifying emotions, highlighting its critical role in long-term emotional dysfunction.

Physical Neglect and Alexithymia

While other forms of maltreatment are characterized by harmful actions, neglect is defined as a passive form of behavior in which a child's essential needs for healthy development are unmet, resulting in adverse physical, emotional, and social consequences (Mennen et al. 2010). Physical neglect refers to a caregiver's failure to provide the child with basic necessities such as healthcare, nutrition, and adequate shelter (Özgentürk 2014). In a study examining the relationship between childhood trauma and self-injurious behavior, physical neglect was found to have an indirect effect on self-harm through alexithymia, indicating a mediating role (Paivio and McCulloch 2004). Similarly, in a study on the relationship between childhood trauma, attachment styles, and depressive symptoms, alexithymia fully mediated the relationship between physical neglect and depressive symptomatology (Şenkal and Işıklı 2015). In research examining individuals with major depressive disorder, physical neglect was significantly associated with the alexithymia subdimension of difficulty describing emotions (Honkalampi et al. 2019). Furthermore, individuals who experienced physical neglect during childhood were found to have a heightened risk of developing alexithymia and engaging in self-harming behaviors in adulthood (Norman et al. 2015). As alexithymia is characterized by deficits in identifying and articulating emotions, it may lead individuals to adopt maladaptive coping strategies such as self-injury to manage emotional distress. However, a study investigating the moderating role of gender in the relationship between childhood emotional maltreatment and alexithymia found no significant association between physical neglect and any alexithymia subdimensions (Brown et al. 2018). Overall, research on physical neglect and alexithymia tends to focus on the mediating role of alexithymia, particularly its association with difficulty in emotional expression. While direct associations may vary, alexithymia appears to serve as a key psychological mechanism linking early neglect to emotional dysregulation and psychopathology in later life.

Emotional Neglect and Alexithymia

Although the outcomes of child neglect are no less significant than those of more active forms of maltreatment, and despite the fact that neglect is the most commonly reported category of child maltreatment by protection agencies (Gilbert et al. 2009), it remains notably underrepresented as a primary focus in empirical studies. Emotional neglect refers to a caregiver's failure to meet the child's fundamental emotional needs such as love, attention, trust, and acceptance (Houtepen et al. 2018). Recent studies have increasingly shown that emotional neglect may play a significant—and in many cases, a determining—role

in the development of alexithymia. A comprehensive meta-analysis conducted by Khan and Jaffee (2022) revealed that emotional neglect and emotional abuse have a stronger association with alexithymia compared to other subtypes of childhood trauma. In a study investigating the impact of emotional neglect on the development of alexithymia in psychologically healthy individuals, a significant association was found between experiences of emotional neglect and later difficulties in experiencing emotions and elevated alexithymia scores in adulthood (Aust et al. 2013). This finding suggests that alexithymia may not only emerge in clinical populations but may also develop in psychologically healthy individuals as a consequence of early emotional neglect.

A study examining the moderating role of gender in the relationship between childhood emotional maltreatment and alexithymia found that emotional neglect was significantly associated with difficulty identifying feelings, but not with other alexithymia subdimensions (Brown et al. 2018). The same study also reported that women were more adversely affected in their long-term emotional development following experiences of emotional abuse and neglect, especially with regard to difficulties in identifying emotions. In another study exploring the role of alexithymia in the relationship between childhood trauma and internalizing problems (e.g., depression, anxiety, and social withdrawal), emotional neglect was found to be associated with all three internalizing symptoms, and alexithymia served as a partial mediator in this relationship (Brown et al. 2016). These findings suggest that emotional neglect may increase the risk of internalizing difficulties by impairing emotional awareness and expression.

The relationships between subtypes of childhood trauma and alexithymia are summarized in Table 1. Overall, the literature strongly supports the conclusion that emotional neglect and emotional abuse are particularly influential in the development of alexithymic symptoms.

Table 1. Relationship between subtypes of childhood trauma and dimensions of alexithymia

Type of Trauma	Findings Associated with Alexithymia
Physical Abuse	The subdimension of alexithymia, difficulty describing emotions, has been found to be associated with childhood trauma, however, the strength of this association is weak and statistically limited. Moreover, alexithymia has an indirect effect on somatization in this context (Güleç et al. 2013, Brown et al. 2016, Honkalampi et al. 2019).
Emotional Abuse	It is associated with the sub-dimension of alexithymia, which is difficulty in identifying and expressing emotions. It is strongly correlated with externally oriented thinking and emotion regulation difficulties. (Evren et al. 2009, Brown et al. 2018, Krvavac and Jansson 2021, Eugenia et al. 2024).
Sexual Abuse	It is particularly associated with the sub-dimension of alexithymia, which is difficulty identifying emotions. Elevated levels of alexithymia may increase the risk of revictimization due to reduced awareness of emotional boundaries and inadequate use of psychological defense mechanisms (Bermond et al. 2008, Bell and Naugle 2008, Büyükcebeci 2019).
Physical Neglect	It is particularly associated with the alexithymia subdimension of difficulty describing emotions. Its mediating role has been emphasized, especially in relation to self-injurious behaviors (Paivio and McCulloch 2004, Norman et al. 2015, Şenkal and Işıklı 2015).
Emotional Neglect	It demonstrates the strongest association with the alexithymia subdimension of difficulty identifying emotions. It may exert an indirect effect on symptoms of depression, anxiety, and social withdrawal through the mediating role of alexithymia (Aust et al. 2013, Brown et al. 2016, Brown et al. 2018, Khan and Jaffee 2022).

Discussion

Childhood abuse and neglect are adverse developmental experiences with long-term implications for individual and societal functioning. Individuals who have been subjected to childhood maltreatment are estimated to have a threefold higher risk of developing psychopathology compared to those without such histories (Li et al. 2016). According to Herman (2007), the traits of alexithymic individuals bear a striking resemblance to those observed in people exposed to prolonged and repeated trauma. Krystal (1979)

proposed that alexithymia emerges as a consequence of early childhood traumatic experiences and emotionally disruptive relational dynamics. The literature consistently highlights early relational disturbances with primary caregivers—and the childhood traumas they often entail—as central factors in the etiology of alexithymia (Krystal 1988, Schimmenti and Caretti 2016). The present review focused on the relationship between childhood trauma subtypes and alexithymia.

Research on the link between physical abuse and alexithymia suggests that such abuse can impair emotional development, thereby contributing to the emergence of alexithymic traits (Brown et al. 2016, Honkalampi et al. 2019). Children exposed to physical abuse often struggle to recognize, interpret, and express their emotions. The traumatic nature of abuse may disrupt a child's sense of safety, which in turn hinders emotional awareness and encourages suppression of emotional responses (Cicchetti and Toth 2005). Such suppression of emotional awareness and expression may lead to alexithymia, which then hampers both the recognition and interpretation of one's own and others' emotions.

Similarly, studies on sexual abuse indicate that it constitutes a significant risk factor for the development of alexithymia in adulthood. Victims may suppress or dissociate from painful emotional experiences as a coping mechanism (Büyükcebeci 2019). The emotional intensity of abuse may exceed the individual's emotional processing capacity, leading to long-term detachment from feelings. Shame and guilt may result in a negative attitude toward one's emotional life, with emotions being perceived as threatening. These processes can foster alexithymic tendencies. However, inconsistencies in findings have been explained by moderating variables such as the child's age at the time of abuse, duration and severity of abuse, and the presence or absence of post-traumatic stress symptoms (Taylor and Bagby 2004). The individual's subjective interpretation of the trauma and availability of strong social support may mitigate emotional detachment and reduce the risk of developing alexithymia.

Comparative findings show that while all subtypes of childhood trauma are positively associated with alexithymia, emotional abuse and neglect exhibit stronger associations than physical or sexual abuse (Khan and Jaffee 2022). The chronic and repetitive nature of emotional abuse may have a more substantial impact on emotion regulation capacities. Disrupted parent–child relationships in emotionally abusive or neglectful households may limit opportunities for learning emotional expression, thus impeding emotional awareness and communication. Additionally, the inability of abusive mothers to provide recognizable emotional cues may exacerbate children's emotional confusion (Camras et al. 1988). Increased exposure to negative affect and limited parental modeling of emotional comprehension can hinder children's development of emotional understanding. As a result, abused children may produce less recognizable emotional expressions, while adults with abuse histories may struggle to identify their own emotions (Berenbaum 1996).

The relationship between physical neglect and difficulty describing emotions may stem from caregivers' failure to perceive or respond to their child's emotional needs. This lack of parental engagement may result in underdeveloped emotional expression skills. Research suggests that alexithymia often mediates the relationship between physical neglect and psychopathology (Paivio and McCulloch 2004, Şenkal and Işıklı 2015). This may be because physical neglect, being more related to unmet material needs, does not directly affect emotional development but may indirectly influence alexithymia.

Emotional neglect, on the other hand, shows a particularly strong association with difficulty identifying emotions, suggesting that individuals deprived of emotional nurturance struggle to recognize and express their own emotions. Emotional neglect is also strongly linked to externally oriented thinking, indicating that such individuals may avoid emotional experiences and instead focus on external events (Brown et al. 2018). Children raised in dangerous or neglectful environments often fail to acquire essential skills for emotion regulation and the development of close interpersonal relationships, such as interpreting and expressing emotional cues (Spitzer et al. 2005). Bowlby's attachment theory offers valuable insight into this dynamic. If caregivers fail to meet children's emotional needs, emotional neglect may inhibit the development of secure attachment (Bowlby 1958). Consequently, children who grow up in emotionally invalidating environments may become neglectful and avoidant toward their own emotions. A child's ability to recognize and express emotions is closely tied to the caregiver's responsiveness to those emotions (Stack

et al. 2010). In cases of emotional neglect, such feedback is often absent or negative (Van der Kolk 2019). Over time, the child may learn that expressing emotions is either unnecessary or dangerous, which can contribute to deficits in emotional functioning and foster alexithymia.

The role of gender in alexithymia has been frequently debated in the literature, though no clear consensus has emerged. A general trend suggests that men tend to exhibit higher levels of alexithymia, especially in the subdimensions of difficulty expressing emotions and externally oriented thinking (Mattila et al. 2006, Garaigordobil 2013). Social norms may encourage men to suppress emotional experiences, potentially contributing to these gender differences. However, some studies report higher alexithymia levels among women exposed to trauma. Brown et al. (2018) found that emotional abuse and neglect were more strongly associated with difficulty identifying emotions in women, suggesting that trauma may reverse typical gender patterns and highlighting the need to consider contextual factors. Thus, gender differences in alexithymia must be interpreted through an integrated lens involving trauma history, attachment styles, and sociocultural influences.

Rather than reflecting direct causal relationships, most studies suggest that alexithymia serves as a mediator in the relationship between childhood trauma and psychiatric symptoms in adulthood (Güleç et al. 2013). A meta-analysis investigating the mediating role of alexithymia across trauma subtypes found significant associations for each, with emotional abuse, emotional neglect, and physical neglect showing stronger links than physical or sexual abuse (Kick et al. 2024). Insecure attachment patterns often develop in abusive and neglectful households, reducing the opportunity for learning effective coping mechanisms and emotional expression—factors that increase vulnerability to later psychopathology. These findings suggest that alexithymia may partially mediate the relationship between early trauma and adult mental health outcomes. Therefore, recognizing the role of alexithymia in trauma-exposed populations is crucial for both prevention and intervention strategies.

In light of these findings, it is recommended that alexithymic symptoms in adults be evaluated in the context of potential childhood trauma histories. Trauma-informed therapeutic approaches, both individual and group-based, should be prioritized in clinical practice. Many psychotherapy modalities emphasize the development of emotional awareness and regulation skills. Therapists should be attuned to the difficulties trauma survivors face in identifying and articulating emotions, thereby tailoring treatment plans that address these specific deficits.

Conclusion

The findings discussed in this review are expected to inform and guide future research examining the relationship between childhood trauma and alexithymia. However, it is noteworthy that most studies exploring this relationship predominantly employ quantitative research methods. Self-report measures have often been used to assess childhood trauma experiences, but due to the retrospective nature of these experiences, the possibility of recall bias or repression must be considered. Furthermore, most studies on this topic are cross-sectional, limiting causal inference. To derive more generalizable conclusions, longitudinal research is needed. Since cross-sectional designs do not provide information on the onset of alexithymia, future studies should aim to determine when and how alexithymic traits develop.

The current findings suggest that researchers should further explore whether alexithymia functions as a transdiagnostic mechanism linking childhood trauma and psychopathology, and whether therapeutic interventions targeting alexithymia can effectively reduce various symptoms. Among the subtypes of childhood trauma, emotional abuse and neglect show the strongest associations with alexithymia, compared to physical or sexual abuse. Emotional abuse may gradually lead to a state of emotional numbing, where the individual's emotional responsiveness to both self and others becomes blunted. As a means of coping with intense emotional pain, individuals may begin to suppress their emotions, eventually developing desensitization toward their own affective experiences. Consequently, mental health professionals working with alexithymic clients must support the development of emotional awareness, help individuals recognize and express their emotions in healthier ways, and aim to restructure maladaptive thought patterns. Several therapeutic approaches may be effective in addressing alexithymia.

Emotion-Focused Therapy (EFT) has been shown to help clients access and process suppressed or unrecognized emotions, making it a promising intervention for reducing alexithymic traits (Greenberg 2004). In addition, Cognitive Behavioral Therapy (CBT) may help individuals identify the connections between their cognitive patterns and emotional responses, and enable more functional emotional regulation strategies (Türkçapar and Sargın 2012). Mindfulness-Based Interventions (MBIs) may also be beneficial by encouraging nonjudgmental and accepting awareness of emotional experiences (Gratz and Tull 2010). For individuals with histories of emotional abuse and neglect—who often struggle to connect with their emotions—such interventions may facilitate insight, emotional clarity, and the acquisition of healthier emotion regulation skills.

References

Aktepe E. (2009) Çocukluk çağı cinsel istismarı. Psikiyatride Güncel Yaklaşımlar, 1:95-119.

Aust S, Hartwig EA, Heuser I, Bajbouj M (2013) The role of early emotional neglect in alexithymia. Psychol Trauma, 5:225-232.

Avcı UK, Çakmak S (2024) Panik bozuklukta çocukluk çağı travmaları ile disosiyatif belirtiler arasındaki ilişkide aleksitiminin aracı rolü. Ayna Klinik Psikoloji Dergisi, 11:347-372.

Bankier B, Aigner M, Bach M (2001) Alexithymia in DSM-IV disorder: comparative evaluation of somatoform disorder, panic disorder, obsessive-compulsive disorder, and depression. Psychosomatics, 42:235-240.

Baskak İ (2023) Çocuğa yönelik duygusal istismar. Uluslararası Sosyal Hizmet Araştırmaları Dergisi, 3:61-72.

Bell KM, Naugle AE (2008) The role of emotion recognition skills in adult sexual revictimization. The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention, 1:93-118.

Berenbaum H (1996) Childhood abuse, alexithymia and personality disorder. J Psychosom Res, 41:585-595.

Bermond B, Moormann PP, Albach F, van Dijke A (2008) Impact of severe childhood sexual abuse on the development of alexithymia in adulthood. Psychother Psychosom, 77:260-262.

Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T et al. (2003) Development and validation of a brief screening version of the Childhood Trauma Questionnaire. Child Abuse Negl, 27:169-190.

Bonasera BJ (2024) Childhood trauma and emotion regulation: The roles of alexithymia and experiential avoidance in emerging adults (Doctoral dissertation). Hempstead, NY, Hofstra University.

Bowlby J (1958) The nature of the child's tie to his mother. Int J Psychoanal, 39:350–373.

Brown S, Fite PJ, Stone K, Bortolato M (2016) Accounting for the associations between child maltreatment and internalizing problems: The role of alexithymia. Child Abuse Negl, 52:20-28.

Brown S, Fite PJ, Stone K, Richey A, Bortolato M (2018) Associations between emotional abuse and neglect and dimensions of alexithymia: The moderating role of sex. Psychol Trauma, 10:300-308.

Busso DS, McLaughlin KA, Brueck S, Peverill M, Gold AL, Sheridan MA (2017) Child abuse, neural structure, and adolescent psychopathology: a longitudinal study. J Am Acad Child Adolesc Psychiatry, 56:321-328.

Butchart A (2006) Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence. Geneva, World Health Organization.

Büyükcebeci A (2019) Çocukluk çağı örselenme yaşantılarının yaratıcı kişilik özellikleri ve aleksitimi ile ilişkisi. Manas Sosyal Araştırmalar Dergisi, 8:3187-3213.

Camras LA, Ribordy S, Hill J, Martino S, Spaccarelli S, Stefani R (1988) Recognition and posing of emotional expressions by abused children and their mothers. Dev Psychol, 24:776-781.

Chaiyapruk N (2023) The impact of childhood trauma on mental health outcomes in adulthood: a review of the literature. Arch Clin Psychiatry, 50:104-110.

Chung MC, Chen ZS (2021) The interrelationship between child abuse, emotional processing difficulties, alexithymia and psychological symptoms among Chinese adolescents. J Trauma Dissociation, 22:107-121.

Cicchetti D, Toth SL (2005) Child maltreatment. Annu Rev Clin Psychol, 1:409-438.

Cloitre M, Stolbach BC, Herman JL, Kolk B, Pynoos, R, Wang et al. (2009) A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. J Trauma Stress, 22:399-408.

De Vente W, Kamphuis JH, Emmelkamp PMG (2006) Alexithymia, risk factor or consequence of work-related stress? Psychother Psychosom, 75:304-311.

Ditzer J, Wong EY, Modi RN, Behnke M, Gross JJ, Talmon A (2023) Child maltreatment and alexithymia: A meta-analytic review. Psychol Bull, 149:311-329.

Eugenia B, Marco C, Niccolò M, Rosaria B, Eleonora A, Luigi M et al. (2024) Impact of emotional abuse on eating disorder psychopathology: A multiple mediation analysis. Compr Psychiatry, 134:152515.

Evren C, Evren B, Dalbudak E, Ozcelik B, Oncu F (2009) Child abuse and neglect as a risk factor for alexithymia in adult male substance dependent inpatients. J Psychoactive Drugs, 41:85-92.

Frewen PA, Lanius RA, Dozois DJA, Neufeld RWJ, Pain C, Hopper JW et al. (2008) Clinical and neural correlates of alexithymia in posttraumatic stress disorder. J Abnorm Psychol, 117:171-181.

Garaigordobil M (2013) Sexism and alexithymia: Correlations and differences as a function of gender, age, and educational level. Anales de Psicología, 29:368-377.

Gilbert R, Widom CS, Browne K, Fergusson D, Webb E, Janson S (2009) Burden and consequences of child maltreatment in high-income countries. Lancet, 373:68-81.

Grabe HJ, Frommer J, Ankerhold A, Ulrich C, Gröger R, Franke GH et al. (2008) Alexithymia and outcome in psychotherapy. Psychother Psychosom, 77:189-194.

Gracia E (1995) Visible but unreported: A case for the "not serious enough" cases of child maltreatment. Child Abuse Negl, 19:1083-93.

Gratz KL, Tull MT (2010) Emotion regulation as a mechanism of change in acceptance-and mindfulness-based treatments. In Assessing Mindfulness and Acceptance Processes in Clients: Illuminating the Theory and Practice of Change (Ed RA Baer):107-133. Oakland, CA, New Harbinger.

Greenberg LS (2004) Emotion-focused therapy. Clin Psychol Psychother, 11:3-16.

Güleç MY, Altintaş M, İnanç L, Bezgin ÇH, Koca EK, Güleç H (2013) Effects of childhood trauma on somatization in major depressive disorder: The role of alexithymia. J Affect Disord, 146:137-141.

Harris TB, Sargent AJ (2009) Mental health issues: Child physical abuse and neglect. In A Practical Guide to the Evaluation of Child Physical Abuse and Neglect (Eds AP Giardino, MA Lyn, ER Giardino):477-497. Cham, Springer.

Hermann J (2007) Travma ve İyileşme. Şiddetin Sonuçları Ev İçi İstismardan Siyasi Teröre (Çev: T. Tosun). İstanbul, Literatür Yayınları.

Honkalampi K, Flink N, Lehto SM, Ruusunen A, Koivumaa-Honkanen H, Valkonen-Korhonen M et al. (2020) Adverse childhood experiences and alexithymia in patients with major depressive disorder. Nord J Psychiatry, 74:45-50.

Kempe CH, Silverman H, Steele B, Droegemueller W, Silver H (1962) The battered child syndrome. JAMA, 181:17-24.

Khan AN, Jaffee SR (2022) Alexithymia in individuals maltreated as children and adolescents: a meta-analysis. J Child Psychol Psychiatry, 63:963-972.

Kick L, Schleicher D, Ecker A, Kandsperger S, Brunner R, Jarvers I (2024) Alexithymia as a mediator between adverse childhood events and the development of psychopathology: a meta-analysis. Front Psychiatry, 15:1412229.

Kirmayer LJ (1987) Languages of suffering healing: Alexithymia as a social and cultural process. Transcult Psychiatry, 24:119-136.

Koçak R (2002) Aleksitimi: Kuramsal çerçeve tedavi yaklaşımları ve ilgili araştırmalar. Ankara Üniversitesi Eğitim Bilimleri Fakültesi Dergisi, 35:183-212.

Kooiman CG, van Rees Vellinga S, Spinhoven P, Draijer N, Trijsburg RW, Rooijmans HG (2004) Childhood adversities as risk factors for alexithymia and other aspects of affect dysregulation in adulthood. Psychother Psychosom, 73:107-116.

Krvavac S, Jansson B (2021) The role of emotion dysregulation and alexithymia in the link between types of child abuse and neglect and psychopathology: A moderated mediation model. Eur J Trauma Dissociation, 5:100213.

Krystal H (1988) Integration and Self-Healing: Affect, Trauma, Alexithymia. London, UK, Routledge.

Krystal HJ (1979) Alexithymia and psychotherapy. Am J Psychother, 33:17-31.

Lesser IM (1981) A review of the alexithymia concept. Psychosom Med, 43:531-543.

Leweke F, Leichsenring F, Kruse J, Hermes S (2011) Is alexithymia associated with specific mental disorders?. Psychopathology, 45:22-28.

Li M, D'Arcy C, Meng X (2016) Maltreatment in childhood substantially increases the risk of adult depression and anxiety in prospective cohort studies: Systematic review, meta-analysis, and proportional attributable fractions. Psychol Med, 46:717-730.

Ling Y, Zhong MT, Yi JY, Yang J, Yao SQ (2012) Moderating role of alexithymia in adolescents' stress and depressive symptoms. Chinese Journal of Clinical Psychology, 20:168–171.

Lumley MA, Neely LC, Burger AJ (2007) The assessment of alexithymia in medical settings: Implications for understanding and treating health problems. J Pers Assess, 89:230-246.

Malinosky-Rummell R, Hansen DJ (1993) Long-term consequences of childhood physical abuse. Psychol Bull, 114:68-79.

Marusak HA, Martin KR, Etkin A, Thomason ME (2015) Childhood trauma exposure disrupts the automatic regulation of emotional processing. Neuropsychopharmacology, 40:1250-8.

Matsumoto D (2006) Are cultural differences in emotion regulation mediated by personality traits?. J Cross Cult Psychol, 37:421-437.

Mattila AK, Salminen JK, Nummi T, Joukamaa M (2006) Age is strongly associated with alexithymia in the general population. J Psychosom Res, 61:629-635.

McDougall J (1982) Alexithymia: A psychoanalytic viewpoint. Psychother Psychosom, 38:81-90.

Mennen FE, Kim K, Sang J, Trickett PK (2010) Child neglect: Definition and identification of youth's experiences in official reports of maltreatment. Child Abuse Negl, 34:647–658.

Messina A, Beadle JN, Paradiso S (2014) Towards a classification of alexithymia: primary, secondary and organic. J Psychopathol, 20:38-49.

Monteleone AM, Cascino G, Pellegrino F, Ruzzi V, Patriciello G, Marone L et al. (2019) The association between childhood maltreatment and eating disorder psychopathology: A mixed-model investigation. Eur Psychiatry, 61:111-118.

Özgentürk İ (2014) Child abuse and neglect Çocuk istismarı ve ihmal. International Journal of Human Sciences, 11:265-278.

Paivio SC, McCulloch CR (2004) Alexithymia as a mediator between childhood trauma and self-injurious behaviors. Child Abuse Negl, 28:339-354.

Paslı F (2020) Çocuğa yönelik cinsel istismar. Sosyal Politika ve Sosyal Hizmet Çalışmaları Dergisi, 1:60-72.

Preece DA, Mehta A, Becerra R, Chen W, Allan A, Robinson K et al. (2022) Why is alexithymia a risk factor for affective disorder symptoms? The role of emotion regulation. J Affect Disord, 296:337-341.

Revels-Strother O, Quaschnick M, Miller T, King A (2024) Childhood illnesses as risk indicators of adult mental health symptomatology. Health Psychol Rep, 13:133-144.

Runyan D, Wattam C, Ikeda R, Hassan F, Ramiro L (2002) Child abuse and neglect by parents and other caregivers. In World Report on Violence and Health (Eds EG Krug, LL Dahlberg, JA Mercy, AB Zwi, R Lozano):59-86. Geneva, World Health Organization Geneva, World Health Organization.

Ryder AG, Sunohara M, Dere J, Chentsova-Dutton Y (2018) The cultural shaping of alexithymia. In Alexithymia: Advances in Research, Theory, and Clinical Practice (Eds O Luminet, RM Bagby, GJ Taylor):33-48. Cambridge, Cambridge University Press.

Schimmenti A, Caretti V (2016) Linking the overwhelming with the unbearable: developmental trauma, dissociation, and the disconnected self. Psychoanal Psychol, 33:106-128.

Scimeca G, Ardito M, D'Avenia R (2024) Adverse childhood experiences and dissociation among Italian public psychology service users. Eur J Trauma Dissociation, 8:100476.

Shipman KL, Schneider R, Fitzgerald MM, Sims C, Swisher L, Edwards A (2007) Maternal emotion socialization in maltreating and non-maltreating families: Implications for children's emotion regulation. Soc Dev, 16:268-285.

Sifneos PE (1988) Alexithymia and its relationship to hemispheric specialization affect and creativity, Psychiatr Clin North Am, 11:287-293.

Stack DM, Serbin LA, Enns LN, Ruttle PL, Barrieau L (2010) Parental effects on children's emotional development over time and across generations. Infants Young Child, 23:52-69.

Stoudemire A (1991) Somatothymia: parts I and II. Psychosomatics, 32:365-381.

Şar V, Öztürk PE, İkikardeş E (2012) Çocukluk çağı ruhsal travma ölçeğinin Türkçe uyarlamasının geçerlilik ve güvenilirliği. Türkiye Klinikleri Journal of Medical Sciences, 32:1054-1063.

Şaşıoğlu M, Gülol Ç, Tosun A (2014) Aleksitimi: tedavi girişimleri. Psikiyatride Güncel Yaklaşımlar, 6:22-31.

Şenkal İ, Işıklı S (2015) Çocukluk çağı travmalarının ve bağlanma biçiminin depresyon belirtileri ile ilişkisi: Aleksitiminin aracı rolü. Turk Psikiyatri Derg, 26:261-67.

Taylor GJ, Bagby RM (2004) New trends in alexithymia research. Psychother Psychosom, 73:68-77.

Taylor GJ, Bagby RM (2012) The alexithymia personality dimension. In The Oxford Handbook of Personality Disorders (Eds TA Widiger, GJ Taylor, RM Bagby):648-673. New York, Oxford University Press.

Taylor GJ, Bagby RM, Parker JD (2003) The 20-Item Toronto Alexithymia Scale: IV. Reliability and factorial validity in different languages and cultures. J Psychosom Res, 55:277-283.

Thorberg FA, Young RM, Sullivan KA, Lyvers M (2009) Alexithymia and alcohol use disorders: A critical review. Addict Behav, 34:237–245.

Türkçapar MH, Sargın AE (2012) Bilişsel davranışçı psikoterapiler: tarihçe ve gelişim. Bilişsel Davranışçı Psikoterapi ve Araştırmalar Dergisi, 1:7-14.

Van der Kolk BA (2019) Beden Kayıt Tutar Travmanın İyileşmesinde Beyin, Zihin ve Beden. (N. Cihanşümül Maral, Çev.). Ankara, Nobel Yayınevi.

Watters CA, Taylor GJ, Bagby RM (2016) Illuminating the theoretical components of alexithymia using bifactor modeling and network analysis. Psychol Assess, 28:627–638.

Wearden A, Cook L, Vaughan-Jones J (2003) Adult attachment, alexithymia, symptom reporting, and health-related coping. J Psychosom Res, 55:341-347.

WHO (2020) Global Status Report on Preventing Violence Against Children 2020. Geneva, Woırld Health Organization.

WHO (2024) World Health Organization. Child maltreatment. https://www.who.int/news-room/fact-sheets/detail/child-maltreatment (Accessed 14.01.2025).

Wolfe DA (1988) Child abuse and neglect. In Behavioral Assessment of Childhood Disorders (Eds EJ Mash, LG Terdal):637-669. New York, Guilford Press.

Zdankiewicz-Ścigała E, Ścigała DK (2020) Attachment style, early childhood trauma, alexithymia, and dissociation among persons addicted to alcohol: Structural equation model of dependencies. Front Psychol, 10:2957.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript
Peer-review: Externally peer-reviewed.
Ethical Approval: This review study does not require ethical clearance.
Conflict of Interest: No conflict of interest was declared.
Financial Disclosure: No financial support was declared for this study.