

Effects of Domestic Violence on Trust, Emotional Regulation, and Commitment in Subsequent Romantic Relationships

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Abstract

Domestic violence (DV) is the event that has a significant psychological impact that goes past the sense of being abused and has an immeasurable effect on future romantic relationships. The current research investigated the impact of domestic violence on the trust, emotional regulation, and commitment among adults in the range of 20 40 years of age. The quantitative cross-sectional design was used with a sample of 100 respondents who had gone through abusive relationships in the past. The Revised Life Orientation Test (LOT-R), Gratitude Questionnaire (GQ-6), Recovery Assessment Scale (RAS-24), and the Difficulties in Emotion Regulation Scale (DERS) and Investment Model Commitment Scale were assessed via online survey. The findings showed that the severity of domestic violence was correlated with reduced trust and commitment and increased emotional dysregulation. Recovery was found to be a significant protective element whereas gratitude and optimism came out as moderate buffering variables. The results not only indicate the trauma carryover effect on romantic functioning but also indicate the importance of psychological strengths on relational healing. The paper highlights the necessity of using the trauma-informed and strength-based forms of therapy to enhance the outcome of romantic relationships between the victims of domestic violence.

Keywords: Domestic Violence, Trust, Emotional Regulation, Commitment, Recovery, Gratitude, Optimism, Romantic Relationships.

1. INTRODUCTION

1.1 Overview of Domestic Violence

Domestic violence is described as a cycle of abusive actions by one partner in order to acquire and/or sustain power and control over another intimate partner. It does not only revolve around physical violence but also emotional, psychological, sexual, verbal, and financial abuse. Examples of physical abuse include hitting, slapping, choking or any other forms of physical injuries. Emotional and psychological abuse involves manipulation, humiliation, threats, gaslighting, isolation, and continuous criticism which makes a person feel his/her self-esteem undermined. Sexual abuse includes forced sex or manipulation of resources and money to make a person dependent whereas financial abuse includes controlling money and resources.

Domestic violence is a worldwide social health and human rights problem (Riggs & Kaminski, 2019). The World Health Organization (WHO) found that most women in the world, namely one out of three, had at one time of their lives, experienced physical and/or sexual violence by an intimate partner. According to the National Family Health Survey (NFHS-5) in India almost 29 percent of all ever-married women report having experienced spousal violence. These statistics point to the fact that domestic violence is very active even despite the law and the rising awareness.

It has long-term psychological effects that are more tragic than physical injuries suffered by the victim of domestic violence (Do et al., 2022). Some of the symptoms experienced by survivors are depression, anxiety disorders, post-traumatic stress disorder (PTSD), low self-esteem, chronic fear and helplessness. Exposure to traumas may change cognitive patterns, affect

responses to emotions, and interpersonal functioning. The effect is not necessarily exhausted by the termination of the abusive relationship but, in most cases, its psychological marks are likely to be transferred to subsequent relations. The survivors might not be comfortable with self-worth, emotional stability, and the capacity to feel safe with new partners. Domestic violence is therefore not just an independent relational experience, but also a life changing trauma that defines future relational experiences.

1.2 Domestic Violence and Romantic Relationships

Domestic violence has one of the biggest long-term consequences as the so-called trauma carryover effect, in which the emotional wounds of previous abuse remain unaddressed and affect further romantic relations (Rismayanti et al., 2022). Trauma carryover is the result of the traumatic memories and emotion responses that are internalized in the psychological system of a survivor. Even in a new healthy relationship, the survivors can be defensive because they expect to be hurt or betrayed.

One result is fear of intimacy. The aspect of intimacy requires emotional openness, vulnerability, and trust which might be intimidating to a person who has already been betrayed by his or her partner. The survivors can deprive themselves of emotional attachment in order to cushion themselves against the pain that might be experienced later. They might have a problem with exposing personal emotions, voicing needs or relying on their partner, lest they feel powerless to be exploited or rejected once again.

Another significant effect is attachment disruptions. Attachment theory holds that the early and significant relational experiences influence the way individuals form attachment to other people. Domestic violence may alter the attachment styles to be either anxious, avoidant, or fearful-avoidant (Wong, 2025). Survivors will either be too dependent and scared of being left alone (anxious attachment) or will be completely cold and independent (avoidant attachment). Others can swing out of proximity and distancing and they will have the fearful-avoidant style that includes both the need to have intimacy and the fear of intimacy.

Subsequent relationships often develop hypervigilance and insecurity. The survivors can always look to read anger, rejection or betrayal. A new partner who behaves neutrally may be misunderstood to be threatening because of increased sensitivity. The aim of this hyperawareness is a trauma reaction which is intended to avoid future damage, although it may cause strain in relationships and cause misinterpretations. Insecurity could be in the form of jealousy, over reassurance-seeking or failing to believe in the permanence of the relationship. These tendencies show that domestic violence can alter the relational functioning even after the process of abuse is terminated.

1.3 Trust in Romantic Relationships

Healthy romantic relationships are based on trust. It entails an assumption that a partner can be trusted, emotionally secure, faithful, and helpful (Fermani et al., 2020).

Vulnerability, emotional intimacy and long term commitment are facilitated by trust. It helps eliminate the anxiety in the relationship and builds a sense of mutual respect and security.

Trust is highly affected by domestic violence because it derails the building and sustaining of trust. When one of the partners who seemed to love grows violent, this produces an underlying betrayal. The survivors find it difficult to trust others as well as themselves. They can doubt that they can properly evaluate the character or identify warning signs. This mistrust may also lead to a more complicated future relationship decision.

Betrayal Trauma Theory is a valuable concept that can be used to explain this disruption. This theory argues that the psychological damage that results due to trauma by a person one has trust in is greater than that caused by a stranger due to the fact that the fundamental expectations of safety and care are violated. The more intimate the relationship the more destabilizing is the betrayal. The partner, who is expected to offer emotional protection, turns destructive in the context of domestic violence (Baghaei & Yousefi Afrashteh, 2022). This paradox can shatter fundamental ideals of romance, security and sex.

Consequently survivors can get into new relationships distrustfully and mistrustfully. They can test the partners up or down, fail to share personal information, or anticipate future disappointments. Trust is something that may take a lot of time and

emotional involvement to regain it even in a healthy relationship. Unless it is intervened upon and cured, mistrust can emerge as an ongoing impediment to relational gratification.

1.4 Emotional Regulation

Emotional regulation is defined as the capacity to control, detect and react to emotional experiences in ways that are adaptive (Gómez-López et al., 2019). It entails becoming aware of emotions, knowing them and being able to communicate the same in a proper manner without being overwhelmed or holding on to them too much. "Proper emotional control facilitates healthy communication, conflict resolution and emotional stability in relationships.

It means that trauma has a great impact on emotional regulation. Domestic violence survivors tend to have their emotions dysregulated, i.e. to be hypersensitive or deadened. Trauma may interfere with the nervous system resulting in hyper reactivity or emotional numbness. People might find it difficult to relax when it comes to conflict or they can be completely unemotional.

They may manifest themselves as anger, anxiety, and emotional numbness. Unresolved trauma may cause some survivors to be irritable or overly angry. Others might have chronic anxiety, especially where there are cases of simulative abusive situations in the past. It can also be emotional numbness or detachment whereby people are outside of their own feelings as a coping mechanism.

Such trends may make romantic relationships complex. Showing emotion could cause discord, whereas showing none may cause estrangement. Without knowledge of the trauma background, the partners may misunderstand such reactions. Therefore, problems with emotional regulation represent an important channel in which domestic violence influences subsequent relational functioning.

1.5 Commitment in Subsequent Relationships

Commitment can be defined as the desire and the readiness to stay in a relationship even through the difficult moments. It is emotional investment and designing a future and commitment to each other to grow. Trust, security and belief of stability in relation are the manifestations of commitment in healthy relationships.

To domestic violence survivors, commitment may be menacing. Vulnerability can be a factor that does not allow full investment of emotions (Xu et al., 2025). Being emotionally open is taking the risk of possible harm once again. Survivors might be reluctant to plan in the long run, or non-identify with such labels as serious relationship or marriage. This evading is a shield mechanism used to reduce emotional risk.

Prevention of long-term attachment can be expressed through distancing partners, breaking up with them too soon, and selecting partners who are emotionally unavailable. Other people are unconscious participants in self-sabotaging activities like making unnecessary fights, questioning the intentions of partners, or withdrawing when relationships are stable. These actions can be as a result of beliefs that are deep-seated in nature like I do not deserve to love somebody or Relationships always turn bad.

These reactions are protective though may be detrimental to building secure and satisfying relationships. It is important to understand the role of domestic violence in influencing trust, emotional regulation and commitment when encouraging recovery and relational well being.

1.6 THEORETICAL FRAMEWORK

The impact that domestic violence has on trust, emotional control, and commitment during later romantic relationships is a crucial concept which demands a solid theoretical background. There are a number of psychological theories that are used to understand the influence of abusive experiences on subsequent relational functioning. The current study is based on the Attachment Theory, Trauma Theory, Cognitive Theory and Social Learning Theory to conceive the long term relational effects of domestic violence.

Attachment Theory (Bowlby)

Attachment Theory, the creation of John Bowlby is a theory that suggests that the experience of early relationships determines the working models of self and others that are internal. Such models determine the manner in which people experience intimacy, trust, and emotional intimacy in life. The theory postulates that secure attachment is formed in a case

where caregivers are responsive, trustworthy, and emotionally available consistently (Heikin, 2019). Securely attached people are likely to trust other people, effectively manage their emotions and feel secure about intimacy and commitment.

Conversely, insecure attachment styles, i.e. anxious, avoidant and fearful-avoidant styles are experienced when caregiving or other important relational experiences are unstable, inconsistent or abusive. When perpetrated by an intimate partner, domestic violence may interfere with formerly safe patterns of attachment. The survivors might develop anxious attachment which is the fear of being left, over reassurance seeking and hyper sensitivity to rejection. Instead, they can have avoidant attachment where they are characterized by emotional detachment, vulnerability suppression, and uneasiness with intimacy.

Romantic relationships can also lead to trauma, which consequently causes fearful-avoidant attachment where people want to have intimacy but fear at the same time (Gilbar et al., 2019). This conflict within one can go a long way in disabling trust and commitment in future relationships. Therefore, Attachment Theory offers a guide to the comprehension of how abusive experiences reinvent the expectations of safety and trust in close relationships.

Trauma Theory

Trauma Theory describes the impact of exposure to life threatening experiences or overwhelming experiences on the psychological functioning. Domestic violence is a persistent interpersonal trauma, which usually leads to the symptoms of the Post-Traumatic Stress Disorder (PTSD). Intrusive memories, avoidance behaviors, negative mood and cognition changes, and increased arousal are some of the common symptoms of PTSD.

One of the trauma responses is hyperarousal. The survivors might be overly alerted, very irritable, exaggerated startle reflex, and they might be unable to relax. Hyperarousal in romantic relationships may be in the form of suspicion, defensiveness, or overreacting to any minor conflict. The fact that survivors are more sensitive to danger signs can cause the neutral behaviors to be interpreted as a threat to the survivor.

Emotional numbing is also another symptom of trauma (Beltrán-Morillas et al., 2019). Emotional numbing entails lack of engagement with emotions, inability to express emotions as well as inability to experience positive emotions. Although such reaction might save people excessive pain, it might also restrict emotional closeness and commitment in new relations. The Trauma Theory therefore narrates the impact of physiological and emotional lack of control after abuse on relational functioning.

Cognitive Theory

Cognitive Theory focuses on how ideas and ways of thinking influence emotional and an action reaction. Survivors who went through domestic violence tend to develop maladaptive core beliefs concerning themselves and relationships. Such beliefs are highly internalized and they affect the interpretation of new relational experiences.

These may be common beliefs such as I am unlovable, I am not worthy of respect or it is my fault that they are abused (Mukhopadhyay et al., 2025). These beliefs may harm self esteem and predispose to poor relationship styles. Feeling inadequate, the survivors may be able to withstand abuse or evade intimacy.

Also, the beliefs like: Relationships are not safe, People are going to hurt me in the end will result in chronic mistrust. Even when there is good relationship between the partners, the survivor would expect him/her to turn in on him/her or abandon him/her. These negative thoughts may lead to emotional withdrawal, conflict or self-sabotage. Cognitive Theory emphasizes the importance of restructuring the negative beliefs in order to heal and re-establish relational trust.

Social Learning Theory

The theory of Social Learning is the brainchild of Albert Bandura and it postulates that behaviors and patterns of relationships are learned by observation, imitation and reinforcement. The victims of abusive relationships can internalize dysfunctional scripts of relationships. When violence, domination, or emotional abuse was the pattern employed in a previous relationship or family, such patterns can be replicated unconsciously.

Domestic violence survivors can either repeat or imitate abusive ways or keep on towing towards partners who are similar to their historical abusive counterparts. This replay of abusive relationships may be possible because of the familiarity with dysfunctional dynamics or nonresolution of the trauma bonds (Perangin-Angin et al., 2021). Unless this intervention is done, the learned patterns can continue to perpetuate unhealthy relationship experiences.

The Social Learning Theory thus describes the fact that domestic violence not only influences the internal psychological processes but also influences observable relationship behaviors with a passage of time.

2. REVIEW OF LITERATURE

Millstein et al. (2016) tested the effect of optimism and gratitude on psychological functioning and adherence behaviors in patients who had an acute coronary syndrome. The researchers established that increased optimism and gratitude were strongly linked with mental health conditions, increased compliance with medical advice, and functioning. These results indicate that positive psychological qualities can help in the process of recovery through medical coping and motivation. The research paper brings to prominence the role of optimism and gratitude as protective elements in stressful health situations, which reinforces the overall idea that positive affective states improve adaptive and resilience mechanisms to psychological adaptation after traumatic or life-threatening events.

Huffman et al. (2016) examined the effect of optimism and gratitude on physical activity, biomarkers, and hospital readmission rates after acute coronary events. The results proved that health-promoting behaviors and better physiological outcomes were realized by people with greater levels of optimism and gratitude. In this study, the connection between positive psychological constructs and objective health gains is highlighted. It endorses the claim that optimism and gratitude contribute to proactivity and emotional well-being in the recovery stage. The paper is relevant to the literature on positive psychology in that it demonstrates how the internal psychological strengths act as a buffer to stress and resilience to difficult medical situations.

Carbone and Echols (2017) discussed how optimism influences psychological recovery after a tornado outbreak. The researchers found that more optimistic people had less depression and anxiety symptoms, and their emotional adaptation to the disaster was more successful. The positive outcome was found to be optimism, which promoted coping and resilience. The results highlight the role of positive expectations in the treatment of stress caused by traumas. This study lends credibility to the concept that optimism enhances psychological healing processes and decreases susceptibility to chronic distress, and thus its applicability in the context of post-trauma adjustment in adversity survivors.

In a study by Amonoo et al. (2024), the authors investigated gratitude and optimism in patients receiving hematopoietic stem cell transplantation. The authors discovered great correlation between increased levels of gratitude and optimism and greater levels of life satisfaction, lesser levels of distress, and enhanced patient-reported outcomes. The results indicate that positive psychological traits can help to improve emotional well-being even in the case of extreme medical stress. The study supports the findings that gratitude and optimism facilitate adaptive coping and psychological resiliency. It outlines their recovery and mental health benefits in terms of therapeutic purposes, especially among the populations with a considerable amount of health-related trauma and unpredictability.

Zhou et al. (2019) examined the connection between gratitude and life satisfaction in the post-disaster adolescent environment. The result of the study was that gratitude forecasted life satisfaction positively with social support, self-esteem, and hope mediating the relationship. These results prove that gratitude is associated with the development of psychological resources that counter the effects of traumatic events. The paper focuses on how positive emotional dispositions can be enhanced to boost resilience and enhance adaptive outcomes. This study adds to the knowledge on the role of thankfulness in promoting psychological health and recovery after negative experiences in life by emphasizing the mediation aspects.

Waters et al. (2022) explained the application of positive psychology in the context of the COVID-19 pandemic, and it is about buffering, bolstering, and building the mental health. The authors suggested that gratitude, optimism, and resilience as constructs help people to withstand psychological distress in the times of crisis. The paper summarizes the findings that prove positive emotions boost coping, social connectedness, and meaning-making. It supports the notion that the development of strengths-based interventions will alleviate a stress caused by traumas. The study brings out the preventative and restorative nature of positive psychological traits in maintaining mental health in cases of sustained uncertainty and adversity.

Laranjeira and Querido (2022) explored the concepts of hope and optimism as the elements of positive mental health. This specific paper has highlighted that the constructs enhance emotional control, stress management, and general well-being. The researchers hypothesized that hope and optimism can be used to decrease susceptibility to anxiety and depression. Their

results confirm the importance of incorporating the positive mental health models into the psychological programs. The study highlights the need to enhance internal psychological resources to enhance resilience and adaptive functioning especially among persons who have been subjected to stress or traumatic events.

McCanlies et al. (2018) examined the impact of social support, gratitude, resilience, and life contentment on symptoms of depression in police officers after Hurricane Katrina. The findings showed that resilience and gratitude had a significant impact on the depressive symptoms. Psychological adjustment was also increased by social support. The results reflect the preventive role of positive emotional features of high-stress populations. This study shows that gratitude and resilience help to reduce distress caused by trauma and enable an individual to recover emotionally. It gives solid empirical evidence to the adoption of positive psychology variables into trauma recovery models.

Luthans and Broad (2020) included the hope, optimism, resilience, and self-efficacy within the concept of Positive Psychological Capital (PsyCap). The authors presented the argument that PsyCap is useful in individuals to deal with uncertainty and stress especially in unstable environments like the pandemic. Their contribution implies that psychological capital promotes emotional regulation and performance pressure. The paper supports the importance of developing optimism and resilience to fight mental health issues. It emphasizes the aspect of internal strengthening.

The article by Greup et al. (2018) is a systematic review of post-traumatic growth and resiliency in cancer patients in adolescence and young adulthood. The researchers concluded that a significant portion of the respondents reported having a positive change in their psychological states after the trauma, such as better life appreciation and improved relationships. Better emotional adjustment and lower distress were identified with resilience. The results indicate that impairment is not the sole outcome of trauma but growth is also possible in the presence of protective factors. This study contributes to the importance of optimism and adaptive coping in helping to recover and increase long-term well-being.

Bono et al. (2020) studied stress and well-being among urban college students in the COVID-19 pandemic. The researchers concluded that gratitude and grit were linked with the reduced stress and improved mental health outcomes. The thankfulness was especially successful in enhancing positive affect and social bondage. The results indicate the buffering role of gratitude in high-stress situations. This study supports the significance of developing positive psychological qualities in order to have emotional stability and strength throughout long periods of adversity.

In their study, Mao et al. (2021) examined how corporate social responsibility (CSR) affects the psychological capital of employees during the COVID-19 crisis. Based on the Conservation of Resources theory, the researchers established that CSR practices had a positive impact on the optimism, resilience, and hope of employees. Higher psychological capital was associated with the improved coping and stress. The results have shown that the internal psychological resources may be reinforced by the environmental and social support. This study highlights how interplay between external sources of support and internal factors of resilience facilitate mental health.

Ramasubramanian (2017) researched the topic of mindfulness, stress coping, and resilience in a university population of emerging adults. The researchers concluded that mindfulness practices led to better emotional control and daily resilience. Respondents were better dealing with stress and psychological health. The results underscore the importance of adaptive coping strategies in enhancing the emotional regulation abilities. The study is applicable to comprehending the psychological competence capacity that may alleviate the effects of trauma and enhance the functioning of relationships via the increased self-awareness and emotional regulation.

Kubzansky et al. (2018) were reviewing the connection between positive psychological well-being and cardiovascular health. In the research, it was revealed that there was uniform evidence that optimism and emotional wellness are correlated with a lesser risk of cardiovascular suffering. The positive psychological states were reported to correlate with healthier lifestyles and biological health functioning. The results indicate that psychological health plays a role in the mental and physical health resilience. This study helps in the general claim that positive emotional characteristics and optimism enhance adaptive functioning during stress.

The article by Morrish et al. (2018) evaluates emotion regulation as one of the determinants of adolescent well-being in positive education. The authors also discovered that emotion regulation was a predictor of increased life satisfaction and reduced psychological distress. The emotional regulation skills were also associated with better coping and resilience.

Through the findings, the emotional responses are highlighted as the key in keeping the psyche healthy. The study points to the focal place of emotional regulation in the prevention of maladaptive consequences of a stressor or trauma.

The literature review was carried out by Gayatri and Irawaty (2022) to study family resilience in the COVID-19 pandemic. The authors have determined that strong communication, emotional bonding, adaptability and common belief systems are some of the key elements of preserving psychological stability in times of crisis. The authors highlighted that resilience is a dynamic process which depends on the family strengths as well as external social support systems. Their results point to the role of relational support as a buffer of stress and uncertainty. The review is relevant to the resilience literature because it shows that collective coping strategies improve emotional control and wellbeing in large-scale disruptions.

Seiler and Jenewein (2019) discussed the topic of cancer patient resilience and how it is possible to adapt even in severe cases of illness. The authors of the study established that resilience was linked to reduced cases of depression, anxiety, and distress. Optimism, social support, and adaptive coping strategies were some of the factors that significantly predicted positive psychological adaptation. The authors assumed that resilience is a protective psychological factor that improves recovery and life quality. Their effort has highlighted the need to develop resilience in enhancing emotional states of people experiencing long-term stress or trauma.

To add value to the well-being of healthcare professionals in the context of public health crisis, Wald (2020) offered a concept of integrative resilience. The article identified such strategies as mindfulness, meaning-making, social connection, and optimism-building in order to decrease burnout and emotional fatigue. Wald focused on active resilience training as opposed to active coping. The research supports the notion that stress-related mental health deterioration may be avoided by developing psychological strengths. It is relevant to applied positive psychology in that it provides useful interventions to improve emotional regulation and long-term psychological sustainability in a crisis situation.

Yarrington et al. (2021) compared the mental health outcome of more than 157,000 Americans in the COVID-19 pandemic. The research showed that there were drastic changes of anxiety, depression, and stress among various demographic segments. Results showed that uncertainty, isolation, and financial strain were some of the factors that had an effect on psychological distress. The sample size is quite high, which enhances the validity of findings. This study has brought to light the prevalence of mental health effects of collective trauma and the value of resilience-building and psychological support systems to help reduce the effects of distress in the long term.

Arslan et al. (2021) investigated how coronavirus stress, optimism-pessimism, psychological inflexibility, and mental health are related. The researchers discovered that optimism was a significant predictor of improved psychological health whereas pessimism and inflexibility exposed the subjects to distress. Positive people were more adaptive and controlled their emotions in uncertain situations. The authors confirmed the Coronavirus Stress Measure and accentuated a buffering effect of positive perspectives. Their results support the defensive role of optimism in coping with stress associated with crisis.

The authors (Schaefer et al., 2018) explored protective variables in resilience and post-traumatic growth after childhood victimization. The research noted that social support, positive coping strategies and self-efficacy were major support factors towards adaptive outcomes. Persons possessing greater protective resources were more resilient and experienced more psychological development after exposure to trauma. The results point to the fact that the presence of protective factors negates the inevitability of the development of dysfunction in the case of trauma. The study enhances the knowledge of the mechanisms of resilience after interpersonal trauma.

Mohamed and Thomas (2017) investigated the issue of mental health and resilience among adolescents and refugee children. The researchers found that the following factors became risk factors: displacement trauma and instability and the protective factors included community support, optimism, and engagement in education. The authors focused on the definition of the idea of resilience as an ongoing process that is influenced by both environmental and psychological resources. Findings of support and internal strengths protecting against negative experiences are shown in their work. The study has a value to trauma literature as it brings out avenues of recovery in highly vulnerable groups.

Arslan and Yildirim (2021) also investigated the mediating effect of optimism, meaningful living on the association between depressive symptoms and coronavirus stress. The researchers concluded that optimism mitigated the adverse effects of stress on mental health, and sense of life also improved the psychological well-being. The mediated mediation model showed that

emotional deterioration is hedged by internal strengths. The results underline the fact that optimism and purpose are resilience-promoting mechanisms in the case of adversity.

Rennick-Eggleston et al. (2019) investigated how mental health recovery narrative affects patients with psychological problems. Qualitative results revealed that recovery stories led to the development of hope, empowerment, and motivation to change. The participants claimed to have enhanced self-belief and lessened isolation. The research contributes to recovery conceptualization models by revealing that recovery is reinforced with narrative exposure, which can make people hopeful and more resilient. It brings out the transformative ability of hope-based to mental health recovery.

Hajure et al. (2024) performed a systematic review designing a research on the topic of resilience and mental health in perinatal women. The results showed that there was an inverse correlation between resilience and depression and anxiety. The important predictors of positive mental health outcomes were social support, optimism and coping skills. The review highlighted the need to have early psychological interventions that could improve resilience at the vulnerable periods in life. The relevance of this study to the research on resilience is that it has identified the protective factors in the high-risk populations.

The study by Camacho-Zuñiga et al. (2021) examined the emotional consequences of the COVID-19 on students at different educational levels. The results showed the existence of elevated stress, fear and uncertainty especially in younger students. Nevertheless, positive emotional adjustment was related to adaptive coping styles as well as optimism. The paper points out the mental implications of disturbance and the necessity of disruption-reducing educational measures. It helps in the appreciation of emotional regulation during crisis circumstances.

The authors of the article by Russo-Netzer and Tarrasch (2024) investigated adolescent life satisfaction, with special attention paid to life orientations and meaning-making. The researchers concluded that people who had positive attitudes and purpose in life experienced greater satisfaction in life. The meaning in life became an intermediary between the positive orientation and well-being. The results put special emphasis on the role of internal belief systems (in achieving emotional health). The study is useful in proving the importance of optimism and purpose in achieving long-term psychological stability.

Kanekar and Sharma (2020) offered the information about the implementation of the behavioral and positive well-being strategies at the time of COVID-19. Optimism, gratitude practices, mindfulness, and social connectedness are some of the mental health interventions that have been highlighted by the authors. The article highlights ways to be more practical in enhancing emotional control and resilience. It supports the significance of positive psychology strategies in averting the mental illness decline in emergencies.

Scheier et al. (2021) reviewed the existing studies of the topic of dispositional optimism and physical health in a comprehensive manner. The authors of the study reached the conclusion that optimism always is a predictor of improved physical health results and long life span. Positive people practice healthier lifestyles and show superiority in coping with stress. The results are very strong evidence in favor of the optimism as a sustainable psychological resource that has long-term effects. This study empowers the empirical basis of incorporating optimism in resilience models.

Waters and Johnstone (2022) provided a case study on the implementation of well-being in schools using positive education programs during and prior to COVID-19 lockdowns. The researchers found out that well-being programs that were structured enhanced emotional control, resilience, and academic engagement. The schools that incorporated both optimism and gratitude practices showed positive adjustment of the students in crisis. The paper illustrates how positive psychology can be applied in fostering a stable mind.

3. METHODOLOGY

3.1 RATIONALE OF THE STUDY

Domestic violence (DV) is a widespread issue on the international and national level since it impacts people of different socio-economic, cultural, and age backgrounds. The increasing cases of intimate partner violence underscore the necessity of conducting more thorough psychological research that goes beyond physical injury. Although the short- and long-term mental health effects of domestic violence have largely been established through research, relative little has been done to explain how survivors operate in later romantic relationships. It is essential to comprehend that past abuse has a direct impact

on trust, emotional control, the type of attachment, and levels of commitment in future relationships as it directly determines how stable relationships and well-being can be.

Besides, not every survivor has exactly the same relational outcomes. There are those who are resilient and grow to have healthier relational patterns in the course of time. This implies that there are protective psychological processes that include optimism, emotional regulation ability, social support, and adaptive coping. These strengths should be identified so that trauma-informed interventions can be designed.

The current research is thus important in filling the research gap between the aspects of trauma history and subsequent romantic functioning. Its results can be used in the clinical psychology field and counseling practices by informing the specific therapeutic approach that could foster secure attachment, restore trust, and improve the emotional resilience of survivors of domestic violence.

3.2 OBJECTIVES OF THE STUDY

1. To explore how domestic violence impacts on trust in the later romantic relationships.
2. To test the impact of domestic violence on emotion regulation.
3. To determine the effects of domestic violence on relationship commitment.
4. To test the moderating effect of recovery, gratitude, and optimism on these effects.
5. In order to compare gender differences.

3.3. HYPOTHESES

H1: The experience of domestic violence will negatively and significantly predict future relationship trust.

H2: Domestic violence will greatly affect the emotional regulation.

H3: Domestic violence will have a negative impact on the levels of commitment.

H4: Trust and commitment will be positively correlated with the recovery (RAS scores).

H5: Gratitude (GQ-6) and optimism (LOT-R) will mediate the adverse impact of domestic violence.

H 6: There will be a lot of gender difference.

3.4 Research Design

The current research design was a quantitative, cross-sectional research design to observe how a history of domestic violence influenced the issues of trust, emotional regulation, and commitment in future romantic relationship. The choice of a quantitative approach was to provide an opportunity to measure psychological constructs statistically and test the interrelations between variables with the help of standardized tools. The cross-sectional design has been suitable since it allowed collecting data at one point in time, which was appropriate to measure the present level of trust, emotional control, commitment, and psychological strength in participants who have had previous experiences of domestic violence. This design assists in comparing those people who have different degrees of the severity of abuse and determine the trends of association between protective psychological variables of recovery, gratitude, and optimism.

3.5 Variables

The independent variable in the study is history of domestic violence that will be collected as a dichotomous variable (Yes/No) or a self-report scale of severity that examines the level of abuse that has been experienced in the past.

The dependent variables will be the trust, emotional control, and devotion in romantic relationships. Trust is the faith in the trustworthiness and emotional security of a partner. The emotional regulation can be defined as the capability to control and react towards emotional experiences. Commitment is the desire and the intention to have the long-term romantic relationship.

Moderating variables are also involved in the study and they are recovery, measured by use of RAS-24, gratitude, GQ-6, and optimism, LOT-R. These variables are theorized as mechanisms of protection in the psychological aspect that might mitigate or lessen the adverse effects of domestic violence on relational functioning. Moderation analysis is useful in finding out whether increased recovery levels, gratitude levels, or optimism levels dilute the relationship between past abuse and relational troubles.

3.6 Sample

There were 100 respondents who were between the ages of 20 and 40 years. Study participants were those respondents who had been in some form of abusive relationship previously as well as those who were currently romantically involved as well as those who had been romantically involved after abusive relationships. This age group was chosen due to the fact that early and middle adulthood are the time periods when a romantic commitment and creation of long-term partnership are crucial. Participants were recruited by means of a purposive sampling method; they had to meet a set of inclusion criteria: (1) history of domestic violence in a romantic relationship, and (2) participation in at least one next romantic relationship. This approach made sure that the participants were pertinent to the study objectives and could offer relevant answers on the topic of relational functioning following abuse.

3.7 TOOLS USED

The scale is an evaluation of recovery, assessing it through the lens of anxiety, depression, and general life quality.

Recovery Assessment Scale (RAS-24) is an assessment of recovery in terms of anxiety, depressive symptoms, and overall quality of life.

Psychological recovery was measured using Recovery Assessment Scale (RAS-24). The scale contained 24 statements that are rated using a 5-point Likert scale, with Strongly disagree (1) to strongly agree (5). The RAS-24 measures the following dimensions including personal confidence, hope, goal orientation, and willingness to seek help. A more positive score means that someone has recovered more psychologically and is more resilient after such adversity.

The resulting scores are obtained by taking the average of the items and the larger the mean scores the greater the recovery. The scale has high internal consistency and the reliability coefficients (Cronbach alpha) have been reported to be above .90 thus high reliability has been achieved. Recovery is considered a moderating variable in this study and it may alleviate the negative relational effects of domestic violence.

Gratitude Questionnaire (GQ-6)

Gratitude Questionnaire (GQ-6) is used to measure dispositional gratitude. It includes 6 items which are rated on a 7-point Likert scale with the range of strongly disagree to strongly agree. Questions 3 and 6 are inverted to check the bias of the response.

All the items are averaged to obtain the final score by reversing the relevant statements. An increase in the mean scores will depict an increase in the levels of gratitude. The GQ-6 was found to be quite reliable with Cronbach alpha of about .82. Gratitude is theorized to be a positive affective quality that improves relationship satisfaction, emotional stability and resilience and such, may help in reducing relational insecurity following a traumatic event.

Life Orientation Test (LOT-R) Revised.

Dispositional optimism is assessed by using the Revised Life Orientation Test (LOT-R). The scale has 6 items that are scored and some filler items. The participants will rate the statements on a 5-point Likert scale between strongly disagree and strongly agree. Items 3, 7, and 9 are reverse scored.

The LOT-R rates generalized expectations of good life. After reverse coding, scores are obtained by adding or averaging the items that are scored. The internal consistency range empowering reliability values varies between .78 and .86 which depicts acceptable reliability. This is because optimism can serve as a psychological tool to facilitate adaptive coping and decreased fear-based reactions in romantic relationships.

Dyadic Trust Scale

The scale used in measuring trust was the Dyadic Trust Scale that is a commonly used measure of trust in romantic relationships. The scale normally consists of questions that describe the reliability, honesty, and emotional security in a partnership. The respondents will answer on a Likert-type scale with the higher the score, the better the interpersonal trust. The Dyadic Trust Scale has been found to be highly reliable and valid in different groups of people. This research is based on relations functioning following abuse and trust is one of the main dependent variables used in this study.

Eighteen-item scale assessing emotional regulation and its management.

The Difficulties in Emotion Regulation Scale (DERS) was used to measure emotional regulation. The instrument measures various aspects of emotional dysregulation such as emotional awareness, impulse control, clarity and emotional emotion

acceptance. The participants will rate the items using the Likert scale, with more points indicating more challenges in controlling their emotions. The DERS has demonstrated good psychometric characteristics and internal consistency. One of the dependent variables is emotional regulation since in many situations, trauma interferes with the capacity to affect emotions.

The scale measures investment commitment (8.6) and comprises 4 items (Garber et al., 2002) Commitment Scale (Investment Model Scale) is the scale of investment commitment and has 4 items (Garber et al., 2002).

The Investment Model Scale was used to measure commitment and it includes relationship commitment, satisfaction, quality of alternatives and the size of investments. The commitment subscale is the one which specifically tests the intention to stay in a relationship and the desire. The ratings are given on a Likert scale, and the higher the rating the more commitment. This scale has shown to be very reliable and predictive with regard to relationship studies. Commitment is also discussed as one of the outcomes of the past abuse that is mediated by psychological strengths.

3.8 PROCEDURE

All participants gave informed consent before data collection was done. The study purpose, the confidentiality guarantees and the right to participate in the study were well articulated. The use of a Google Form was employed as a method of data collection and it contained demographic questions along with standard psychological scales.

The anonymity and secrecy were well respected. The respondents did not have to give identifying information. Its completion time was predicted to take between 15 and 20 minutes. After the responses had been gathered, they were loaded into SPSS and coded therefore to be analyzed. Recoding of items that were reverse scored was done before final scores were computed.

3.9 STATISTICAL ANALYSIS

The analysis of the data was done in SPSS. All variables were summarized by the descriptive statistics which included means and standard deviation to derive central tendencies and variability.

The Pearson correlation was conducted to analyze the relationships of domestic violence history with trust, emotional regulation, commitment, recovery, gratitude and optimism.

Independent samples t-test was used in order to determine the gender differences in the key variables.

To establish such predictive relations, multiple regression analysis was employed to establish whether the history of domestic violence was a significant predictor of trust, emotional regulation and commitment.

Lastly, the moderation analysis was done to determine whether recovery, gratitude, and optimism nullify the adverse effect of domestic violence on relation outcomes. It is this broad statistical method which allows a greater insight into the risk and protective factors of romantic functioning following abuse.

4. RESULTS

The chapter contains the statistical results of the research study in the investigation of the effect in a history of domestic violence on trust, emotional regulation and commitment in romantic relationships and the moderating effect of recovery, gratitude and optimism. The findings are shown in four tables descriptive statistics, correlation matrimony, regression analysis, and gender differences. The tables are enclosed by a description of the interpretation of each table.

Table 1: Descriptive Statistics

Table 1 presents the mean and standard deviation for all major study variables (N = 100).

Variable	Mean (M)	Standard Deviation (SD)
Domestic Violence Severity	2.84	0.91
Trust	3.12	0.76
Emotional Regulation (DERS)	3.45	0.68
Commitment	3.28	0.72
Recovery (RAS-24)	3.67	0.59
Gratitude (GQ-6)	4.92	0.83
Optimism (LOT-R)	3.54	0.71

Interpretation

The descriptive statistics suggest that there are moderate results of domestic violence severity in the sample ($M = 2.84$). The scores on trust ($M = 3.12$) indicate average trust in future romantic relationships. The emotional regulation scores ($M = 3.45$) show moderate problems with emotional control which is expected with reference to trauma.

The degree of commitment ($M = 3.28$) indicates the moderate readiness to sustain romantic relationships despite the previous experiences of abuse. It is worth mentioning that the recovery scores were rather good ($M = 3.67$), which means that most of the participants were psychologically cured and developed. The levels of gratitude ($M = 4.92$) and optimism ($M = 3.54$) also indicated moderate to high levels of the perceptions, and this indicates the existence of some protective psychological characteristics in the sample.

Table 2: Correlation Matrix

Table 2 shows Pearson correlation coefficients among the main variables.

Variables	1	2	3	4	5	6	7
1. DV Severity	—	-0.48**	0.52**	-0.41**	-0.46**	-0.32**	-0.35**
2. Trust	—	-0.55**	0.61**	0.49**	0.38**	0.42**	
3. Emotional Regulation	—	-0.47**	-0.50**	-0.34**	-0.36**		
4. Commitment	—	0.53**	0.41**	0.45**			
5. Recovery	—	0.46**	0.52**				
6. Gratitude	—	0.48**					
7. Optimism	—						

Note: $p < .01$

Interpretation

The severity of domestic violence had a significant negative correlation with trust ($r = -0.48$, $p < .01$) and commitment ($r = -0.41$, $p < .01$), which means that the more the abuse severity, the less trust and commitment in the further relationships. Emotional dysregulation had a positive correlation with DV severity ($r = 0.52$, $p < .01$), which implies that people with more severe abuse experiences have more problems with emotional regulation.

Trust showed a great positive relation with commitment ($r = 0.61$, $p < .01$) that shows the pivotal position of trust in preservation of romantic relationships. Trust ($r = 0.49$, $p < .01$) and commitment ($r = 0.53$, $p < .01$) showed a positive relationship with recovery, which confirms its protective effect. There were also positive correlations between gratitude and optimism and trust and commitment, which suggest that these factors may have buffering effects.

Table 3: Multiple Regression Analysis

Table 3 shows the output of the regression that predicts the trust, emotional regulation, and commitment based on the severity of domestic violence, recovery, gratitude, and optimism.

(A) Predicting Trust

Predictor	B	SE	Beta	t	p
DV Severity	-0.42	0.08	-0.39	-5.12	.000**
Recovery	0.36	0.10	0.31	3.60	.001**
Gratitude	0.21	0.09	0.19	2.33	.022*
Optimism	0.24	0.11	0.20	2.18	.031*

$R^2 = .48$

(B) Predicting Emotional Regulation

Predictor	B	SE	Beta	t	p
DV Severity	0.45	0.07	0.46	6.14	.000**
Recovery	-0.38	0.09	-0.35	-4.10	.000**
Gratitude	-0.19	0.08	-0.17	-2.37	.020*
Optimism	-0.22	0.09	-0.21	-2.44	.017*

$R^2 = .52$

(C) Predicting Commitment

Predictor	B	SE	Beta	T	p
DV Severity	-0.34	0.09	-0.29	-3.78	.000**
Recovery	0.41	0.11	0.34	3.72	.000**
Gratitude	0.23	0.10	0.18	2.30	.024*
Optimism	0.27	0.12	0.21	2.25	.027*

$$R^2 = .44$$

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

Interpretation

The results of regression suggest that the severity of domestic violence is a strong predictor of reduced trust and commitment and increased emotional dysregulation. DV severity became an important negative predictor of trust (-0.39) and commitment (-0.29), a positive predictor of emotional regulation problems (0.46).

The aspect of recovery considerably foresaw the improved relational results and this suggests the buffering effect of recovery. Relational functioning was also positively related to gratitude and optimism although the predictive abilities of the two factors were not as strong as recovery. The values of R^2 (between .44 and .52) indicate that the model is associated with a significant amount of variance in the results of relationships.

Table 4: Gender Differences (Independent t-test)

Variable	Male (n=45) Mean	Female (n=55) Mean	t	p
Trust	3.28	2.98	2.45	.016*
Emotional Regulation	3.21	3.64	-3.02	.003**
Commitment	3.35	3.22	1.12	.265

There were high gender disparities regarding trust and emotional regulation. Males were found to have a slightly higher level of trust than females ($p < .005$). Women experienced more problems with emotional regulation ($p < .01$), which can be interpreted as increased emotional vulnerability to traumas. There was no substantial gender difference in the level of commitment ($p > .05$), which means that there was an equal degree of willingness to stay in relationships regardless of gender. The findings validate the argument that history of domestic violence has adverse effects on trust, emotional regulation, and commitment in the future romantic relationships. Nonetheless, psychological recovery, gratitude and optimism are effective protective factors. The most prominent moderator was the recovery with the implication that healing processes are also fundamental in recovery of relational functioning. These results are consistent with the Attachment Theory and Trauma Theory, which highlights that trauma interferes with the relational security, but the positive aspects of psychological strengths would help to restore the trust and commitment.

4. DISCUSSION

The current research was to investigate the impacts of domestic violence (DV) on trust and emotional regulation as well as commitment on future romantic relations and to investigate the moderating roles of recovery, gratitude, and optimism (Owen et al., 2017). The results are a significant evidence that history of domestic violence is an important factor influencing subsequent relational functioning.

The findings showed that the increased severity level of domestic violence correlated with low levels of trust and commitment as well as high level of emotional regulation problems. This can be attributed to the Attachment Theory that postulates that traumatic interpersonal experiences will interfere with internal working models of safety and reliability (Camus et al., 2024). DV survivors may carry over the burden of anticipation of betrayal or abandonment, and they may be unable to trust their future partners as a result. The negative correlation between DV severity and trust confirms the literature on the importance of betrayal trauma and relational insecurity in abuse survivors.

Emotional dysregulation was a powerful prediction of DV history. Trauma Theory states that a prolonged exposure to abuse may result in hyperarousal, emotional numbness and increased reactivity (Adhikari & Shilpa, 2024). Survivors will also have a problem with anger explosion, anxiety, or withdrawal of emotions, which will disrupt healthy interpersonal conversations.

The positive correlation between DV severity and emotional control challenges is significant, which is in line with previous trauma studies that showed long term physiological and psychological dysregulation after intimate partner violence.

DV severity also predicted negatively the commitment (Turner et al., 2025). The victims might be scared of vulnerability or permanent attachment because of the fear of recurrent damage. This phenomenon is explained by the trauma carryover effect which states that unresolved trauma in one abusive relationship affects future relationship expectations and behaviors. To safeguard themselves against possible injury, survivors can resort to avoidance behaviors, emotional distancing or self-sabotage. Hypervigilance and insecurity can still prevail even in safe relationships.

Notably, recovery, gratitude, and optimism as protective factors were also mentioned in the study. Recovery (as indicated by the RAS-24) proved a formidable foreteller of enhanced trust and commitment and minimised emotional dysregulation (Ripoll-Núñez & Gordon, 2024). This indicates that psychological recovery, hope, and self-efficacy play an important role in alleviating the negative impacts of trauma. People who derive a sense of mission and self-development following abuse are seen to be in a better position to build healthy romantic relationships.

Relational functioning also had a positive impact of gratitude and optimism. These results are justified by the literature of positive psychology, which points out that optimism improves coping and adaptive evaluation of stressful circumstances (Woollett et al., 2025). Positional people can focus on relational conflicts as something that can be dealt with as opposed to being disastrous. Appreciation and relational bonding, both of which gratitude may reinforce, in turn enhance emotional intimacy and trust.

The results are all pointing to the idea that the effects of domestic violence tend to be long-lasting in the relations between people, but they can be reduced by the presence of psychological strengths. Trauma is not always the key predictor of relational dysfunction in the future; the importance of recovery processes and positive cognitive-emotional orientations is significant in the rehabilitation of romantic functioning (PALEN, 2024).

5. CONCLUSION

The current analysis involved the psychological instability of domestic violence in further romantic relationships with adults aged 20-40 years. The results verify the hypothesis that victims of domestic violence have lower rates of trust, more emotional regulation problems, and less commitment in subsequent relationships. These outcomes highlight the relationship impact of the interpersonal trauma over the long run.

Nevertheless, the study also shows that recovery, gratitude, and optimism are also important protective variables. The most powerful buffering variable was recovery and it implied that, recovery processes that integrate hope, self-confidence, and self-development are key in restoring relational security. Gratitude and optimism also improve relational functioning, which inhibits adaptive cognitive appraisal and emotional resilience.

The research, psychologically, brings out the trauma carryover effect in which the trauma experienced in the past affects current relational perceptions and behaviors. The survivors can have insecure attachment styles, hypervigilance and the fear of vulnerability. However, the existence of safeguarding psychological strengths shows that the relational healing could be effected.

In general, the research adds to the expanding literature of the negative and adaptive consequences of domestic violence experiences. It emphasizes the significance of incorporating components of trauma-informed and strength-based approaches to the functioning of romantic relationships in survivors.

IMPLICATIONS

Clinical Implications

The results have a strong rationale in favor of the necessity of trauma-informed therapeutic interventions of survivors of domestic violence. Cognitive Behavioral Therapy (CBT), Emotion-Focused Therapy (EFT), and trauma-focused treatment like EMDR are some of the evidence-based interventions, which therapists should use to address attachment disruptions, cognitive distortions, and emotional regulation issues.

The couple counseling styles can also be helpful to survivors who are in existing relationships. Communication skills, trust rebuilding, and emotional attunement can be used to intervene and assist the partners to remain aware of what triggers their

feelings of trauma and how to avoid the growth of relational conflict. Relationship satisfaction can also be augmented by including the positive psychological practices, like gratitude journals and techniques to build optimism.

Social Implications

At the societal level, there is the need of sensitisation campaigns to teach the societies about the relational effects of domestic violence in the long run. The campaigns in the society should not focus on physical damage, but also psychological and relational trauma. Reduction of stigma and the promotion of discussion of healthy attachment, emotional regulation and supportive relationships can be useful in encouraging survivors to seek help.

Resilience-building programs to enhance the coping skills and positive emotional growth in young adults can be implemented in educational institutions and community organizations.

Policy Implications

The rehabilitation programs of domestic violence survivors should be given priority by policy-makers. In addition to the protection of the law and shelter service, the policies should incorporate psychological recovery service and relationship education programs. The impact of long-term relational outcomes can be greatly positive when mental health services are provided by the government due to their emphasis on trauma recovery.

LIMITATIONS

In spite of the contributions, the study has some limitations. First, self-report measures can bring about a response bias, such as a social desirability effect. Participants will underreport emotional problems or problems in relationship.

Second, the study of 100 participants restricts the generalizability. A bigger and more generalized sample would be more powerful in statistics and more generalized.

Third, the cross-sectional study denies causal implications. Although associations were established, longitudinal studies are required to identify the effects of domestic violence on relational functioning in the long run.

Lastly, there are cultural restrictions that should be taken into consideration. The results can be indicative of certain socio-cultural attitudes towards relationships, trauma, and recovery. Attachment patterns and expression of emotions are affected by cultural norms and this can affect the results.

FUTURE SCOPE

To determine the change in trust, emotional regulation, and commitment in the long term after domestic violence, future studies ought to use longitudinal design. It would be more informative to follow survivors over many years to gain a closer understanding of the trajectories of healing.

Larger and more heterogeneous samples should be used in further research to increase the generalizability. It would have been possible to make cross-cultural comparisons by including the participants with different socio-economic and cultural backgrounds.

Future studies that use clinical groups, including those diagnosed with PTSD after domestic violence, would provide a more detailed insight into the extent of trauma and the consequences of relationships.

Also, comparative studies across cultures might be carried out to examine the role of societal expectations and gender roles in the carryover effects of trauma and in the process of recovery. The inclusion of the qualitative approach could also yield more insight into the lived experiences of survivors.

Altogether, it is necessary that future studies in this field should inform such areas of intervention as trauma-informed care, relational therapy and supportive policy development in order to enhance the functioning of romantics among survivors of domestic violence.

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