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Childhood Physical and Sexual Abuse and Their Effects on Adult
Romantic Relationship Quality: Gender Differences
and Clinical Implications

Carly D. Larsen

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Master of Science

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August 2010

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ABSTRACT

Childhood Physical and Sexual Abuse and Their Effects on Adult Romantic Relationship Quality: Gender Differences and Clinical Implications

Carly D. Larsen

Department of Marriage and Family Therapy

Master of Science

This study examined the relationship between self-reported childhood physical and sexual abuse, relationship quality, possible gender differences, and clinical implications. Three hundred thirty eight women and 296 men who sought services at a university mental health clinic in the northeast region of the United States completed a 30-minute self-report assessment questionnaire before their first therapy session. Among the items in the questionnaire were measures of childhood physical abuse and sexual abuse, relationship stability, problems areas in the relationship, and other demographic information. Results from structural equation modeling indicated that childhood physical abuse influenced relationship quality for both men and women while childhood sexual abuse did not have a significant impact on relationship quality for either gender. The results of the study indicate that there may be more gender similarities than differences in experiences of childhood abuse and relationship quality than previous research suggests. Clinical implications and directions for future research are discussed.

Keywords: childhood abuse, physical abuse, sexual abuse, marital quality

ACKNOWLEDGEMENTS

First, I would like to thank my family for being the best cheerleaders a girl could ask for. Mom and Dad, you have always encouraged me to follow my dreams and pursue my passions. Your sincere faith that I can do *anything* has been a driving force in my education and in my life. Mom, you are the soul and inspiration of my thesis. Without your honesty and bravery about your childhood, I would not have had the fire or fuel behind this work. Jamie, you are my inspiration to rise above past hurts and to find light in the darkness. Kaden and Madison, I am so grateful to be your aunt and to enjoy the love and light you bring to our family. To my grandpa, Darwin, I will be forever grateful to your financial support. I owe my college education to you in the truest sense. Your adamancy that your granddaughters be educated has been a powerful message that I continue to carry through my life and will pass on to *my* daughters and granddaughters.

I would like to offer sincere thanks to my chair, Jonathan Sandberg, for his tireless efforts in helping me stay on track with this seemingly insurmountable task. Without the constant support, I would have fallen by the wayside, another innocent victim of the dreaded thesis. Thank you for being my teacher, my advocate, my mentor, and my friend. To Drs. Harper, Bean, and Butler, thank you for your kind contributions and encouragement.

To my Cohort, the most amazing group of human beings I've ever had the pleasure of being a part of, thank you. There were times I didn't think I was going to survive, personally and professionally, and you were there to lift me up, lend me strength, and give me love.

Finally, I would be very ungrateful if I did not thank my Father in Heaven for gifting me the strength, intellect, empathy, and faith to navigate my way to where I am today. Without the many, many answers to my prayers, I would not have survived the last two years in one piece.

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Introduction

It is estimated that 88,000 children are sexually abused (Menard & Ruback, 2003) and 1,000,000 children are physically abused (Maker, Shah, & Agha, 2005) each year in the United States, with prevalence rates still on the rise. It is important to note that these estimates are based on how many cases are *reported*, not on how many children are actually physically and/or sexually abused every year. One of the problems in attaining accurate statistics is that many cases of child abuse go unreported (Finkelhor, 1998).

Over the past few decades, numerous studies have been conducted on both the short-term and long-term negative affects that child abuse can have on the victim (Alpher & France, 1993; Braver, Bumberry, Green, & Rawson, 1992; Futa, Nash, Hansen, & Garbin, 2003; Springer, Sheridan, Kuo, & Carnes, 2007; Van der Kolk & Fisler, 1994). These studies have examined effects such as loss of self-regulation, impact on coping mechanisms, and poor psychological functioning in adulthood. However, when it comes to the impact that childhood abuse has on adult social functioning, most studies focus on the potential that the victim has for becoming a perpetrator as an adult (Haapasalo & Kankkonen, 1997; Liggett, 1994; Wilcox, Richards, & O'Keeffe, 2004), for entering abusive romantic relationships (Chu, 1992; Copeland, 1997; Griffing, Ragin, Morrison, Sage, Madry, & Primm, 2005; Van Benschoten, 1995), or for abusing their own children (Buist, 1998; Hall, Sachs, & Rayens, 1998; Lawson, 2001).

Within the existing research, most studies that examine the relationship between childhood abuse and adult romantic relationships focus on the affect abuse has on the sexual relationship (Bartoi, & Kinder, 1998; Bartoi, Kinder, & Tomianovic, 2000; Finkelhor, 1989; Katz, & Tirone, 2008; Leonard, Iverson, & Follette, 2008; Loeb, Williams, Carmona, Rivkin, Wyatt, Chin, et al. 2002). Despite the multitude of research about the long-term effects of abuse,

few studies exist that examine the possible effects of childhood physical and/or sexual abuse on the overall quality of victims' adult romantic relationships (Alpert, Brown, & Courtois, 1998; Belt, 1996; Finkelhor, 1989; Gray, 2003). Additionally, few studies have been conducted regarding the relationship between childhood abuse and adult relationship quality with a specific focus on how gender impacts those long-term effects.

Poor marital quality has been linked to higher divorce rates (Amato, 2007; Green, 1983) and divorce has profound interpersonal and societal costs (Emery & Coiro, 1997; Schramm, 2006). Additionally, research has been conducted supporting the idea that poor marital quality is related to higher health care utilization (Bookwala, 2005; Kiecolt-Glaser & Newton, 2001; Sandberg, Miller, Harper, Robila, & Davey, 2009; Umberson, Williams, Powers, Liu, & Needham, 2006). Therefore, poor marital quality, and factors that contribute to poor marital quality, is a major public concern.

Due to how salient the relationship between intimate partners is and how far-reaching the implications of poor relationship quality are, additional research is needed in this important area. The purpose of this study was to examine the relationship between childhood physical and sexual abuse and relationship quality, with a focus on possible gender differences and clinical implications.

Literature Review

Physical and sexual abuse can take on many forms. As a result, inconsistencies exist in the definition of child abuse (Goldman & Padayachi, 2000). Government agencies, public health organizations, and child protective agencies all have different definitions of child abuse. Legal definitions also vary from state to state, which make communication and cooperation across agencies difficult (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). Definitions of child abuse

may vary across cultures as well (Bensley et. al., 2004). A general definition of child abuse provided by the Center for Disease Control and Prevention's "Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements" is as follows:

"Physical abuse is defined as the intentional use of physical force against a child that results in, or has the potential to result in, physical injury...Physical acts can include hitting, kicking, punching, beating, stabbing, biting, pushing, shoving, throwing, pulling, dragging, dropping, shaking, strangling/choking, smothering, burning, scalding, and poisoning. [Sexual abuse includes] any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver." (Leeb et. al., 2008, p. 14)

The problem of inconsistent definitions of child abuse still exists in the literature; however, the previous definition was used as a basic reference point for this study.

Childhood Physical Abuse and the Psychosocial Consequences in Adulthood

Childhood physical abuse has been found to have negative effects on adult mental and psychological functioning (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005; Carlson, Furby, Armstrong, & Shlaes, 1997; Katsikas, 1996; Malinosky-Rummell & Hansen, 1993; Springer et al., 2007; Styron & Janoff-Bulman, 1997; Swenson & Kolko, 2000; Wind & Silvern, 1994). Springer et al. (2007) conducted a study of both men and women to determine the physical and mental health effects that child physical abuse can have on adult survivors. The data was drawn from the Wisconsin Longitudinal Study (WLS) completed in 1994. The mostly non-hispanic white participants were asked questions, based on the Conflict Tactics Scale, about whether their parents had ever pushed them, hit them, or thrown something at them. The CES-D and Spielberger's Anxiety and Anger Scales were used to assess depression, anger, and anxiety.

Physical health was assessed by asking if the participants had ever received an official diagnosis such as asthma, arthritis, high blood pressure, cancer, ulcer, and so forth. Springer et al. (2007) reported that the participants that reported experiencing physical abuse in childhood also reported more physical illness, depression, anger, and anxiety than the non-abused comparison group even decades after the initial abuse took place. The researchers also found that the people who reported childhood abuse had worse physical and mental health than 90% of the people in that sample. This study suggests that the experience of childhood physical abuse has a negative impact on the mental and physical health of victims and that the effects are long-lasting (up to 40 years after the initial abuse).

Malinosky-Rummell and Hansen (1993) conducted a comprehensive review of the literature regarding the effects of childhood physical abuse that included emotional problems, suicidal behavior, violence toward self and others (both familial and non-familial), substance abuse, vocational difficulties, and interpersonal problems as possible aftereffects of child abuse. The literature suggested that individuals who had suffered physical abuse in childhood were more likely to be violent towards self and others, abuse substances, and display increased frequency of suicidal ideation. These results support the notion that physical abuse experienced in childhood has a negative impact not only on the mental health of victims, but also contributes to behaviors outside the societal norm (e.g., aggression, violence, substance abuse) that can impact psychosocial development.

Finally, Malinosky-Rummel and Hansen (1993) noted a scarcity of research relating to child physical abuse and adult interpersonal problems. They also noted that results are difficult to compare across studies due to methodological disparity. For example, several studies neglected to differentiate between the different types of maltreatment, not specifying whether the

study examined physical abuse, sexual abuse, verbal abuse, neglect, or some combination of the four. Overall, differences in theoretical approaches and vague definitions of abuse have limited the generalizability of findings among studies of adult interpersonal problems experienced by those that experienced abuse as a child (Goldman & Padayachi, 2000). Consequently, this study was focused explicitly on physical and sexual abuse with clear definitions of each type of abuse.

Childhood Sexual Abuse and the Psychosocial Consequences in Adulthood

Childhood sexual abuse has also been associated with psychological and relational impairment in adult life (Alpert, Brown, & Courtois, 1998; Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Jesness, 2009; Johnson, 2003; Lange, de Beurs, Dolan, Lachnit, Sjollem, & Hanewald, 1999; Sypeck, 2005; Whetsell, 1991; Wilcox, Richards, & O’Keeffe, 2004). Research suggests that many adult survivors of sexual abuse have gone on to experience difficulty forming healthy relationships. These victims often blame themselves for the abuse, which makes it difficult to come to terms with the psychological, emotional, and social consequences of that type of violation. These studies do not address the effects that this form of abuse may have on relationship quality, stability, or problem areas in significant romantic relationships in adulthood.

The notion that childhood sexual abuse has negative effects on psychosocial functioning is further supported by a review completed by Alpert, Brown, and Courtois (1998). In this review of the sexual abuse literature, the possibility of “sleeper effects,” or delayed memories of abuse coming to the surface later in life, is examined. The review focused on how these memories can affect psychological and social functioning in later life. The research suggests that because a child is a vulnerable, unknowing object as the recipient of sexual abuse, they may not understand the meaning of the abuse. However, when they begin to comprehend concepts

relating to sexuality and abusive behavior, they recognize the perpetration they have experienced. The realization of the trauma can contribute to significant social, mental, and emotional difficulty, changes in personality development, and the creation of negative self-schemas.

Alpert, Brown, and Courtois (1998) spoke in their review of the interpersonal relationship and social effects associated with childhood sexual abuse. The literature suggests that childhood sexual abuse can contribute to a damaged ability to trust people, a sense of isolation from others, and difficulty forming safe attachments. In addition, the reviewers noted that sexual abuse can lead to rebellion, criminal non-conformity, social isolation, or an over-developed desire to please others. The results of the previous studies indicate that both sexual and physical abuse in childhood can have similar negative effects in adulthood.

Childhood Physical and Sexual Abuse and the Psychosocial Consequences in Adulthood

Multiple studies examine the combined effects of both physical *and* sexual abuse because many children are subjected to both kinds of abuse (Alpert, Brown, & Courtois, 1998; Braver et al., 1992; Elam & Kleist, 1999; Divone, 2002; Glod, 1993; Moeller, Bachmann, & Moeller, 1993; Mullen, Martin, Anderson, Romans, & Herbison, 1996). To study the combined effects of both physical and sexual abuse, Braver and her colleagues (1992) selected 84, mostly Caucasian, clients and collected abuse history information using a self-report method. Braver et al. found that participants who reported abuse (about 35% of the sample) also reported higher levels of psychological distress than those who reported no abuse. They also presented the idea that children who are physically and sexually abused form insecure attachments early in life, which proliferates into adulthood in the form of mistrust and difficulty in intimate relationships.

Another study (Futa et al., 2003) examined the long-term affects of child abuse in greater depth by dividing participants into the following groups: 1) No history of abuse, 2) History of sexual abuse, 3) History of physical abuse, and 4) History of both physical and sexual abuse. The researchers reported that the three abuse groups were more likely to self-blame and distance themselves when a stressor occurred, had lower GPAs in college, and higher incidences of self-isolation. In intimate relationships, distancing and self-isolation can inhibit the development of romantic attachment (Johnson, 2002), which contributes to poor relationship quality.

Another study that supports the idea that both physical and sexual abuse are associated with a difficulty to trust significant others, the formation of damaged attachments, and the proliferation of further violence onto others was done by van der Kolk and Fisler (1994). This study examined the relationship between the experience of childhood abuse and the loss of self-regulation and the effect that this loss of self-regulation has on adult relationships. van der Kok and Fisler reported that most children who suffered abuse had difficulty forming healthy attachments and formed disorganized attachments instead. These disorganized patterns of attachment can lead to an inability to regulate emotions, characterized by behaviors such as violence, substance abuse, self-destructive behavior, and the development of eating disorders.

Childhood abuse and the inability to self regulate have an association with mistrust of others and mistrust in one's own experience of their environment. The inability to self-regulate, to trust others, or to form attachments, is associated with insecurity in adult relationships, isolation from others, and discomfort with intimacy. These specific consequences of physical and sexual abuse in childhood are often found to be correlated with dissatisfaction in intimate relationships in adulthood (van der Kolk and Fisler, 1994). Childhood abuse can affect a person's attitudes about people in general (e.g., whether people good or bad) (Terr, 1991) and

how the victim processes social feedback. For example, victims of abuse often interpret a neutral (or positive) statement or action as meaning a person is going to hurt them (Dodge, Bates, & Pettit, 1990). The social experiences shaped by childhood abuse can teach the victim to expect violence and maltreatment from others (Alpher & France, 1993).

Childhood Physical and Sexual Abuse and the Effects on Adult Romantic Relationship Quality

Finkelhor (1989) examined the effects that childhood sexual abuse, in particular, have on adult sexual satisfaction and marital status. The researcher examined surveys completed by 2,626 adults who were victims of sexual abuse during childhood. Finkelhor found that those adults who reported experiencing childhood sexual abuse reported dissatisfaction in their marriage more often than those who reported no experience of sexual abuse in childhood.

Gray (2003) examined the link between childhood abuse and adult attachment styles. Experiencing abuse from a mother and/or a father figure during childhood was a predictor of potential problems in adult romantic relationships. However, more research is clearly needed in this area to better understand the relationship between childhood abuse and adult romantic relationship quality.

Gender Differences in Experiences of Childhood Physical and Sexual Abuse

The question concerning whether there are gender differences in the long-term effects of child abuse has not been definitively answered. Several studies indicate that women are more affected by experiences of child abuse than men (Thompson, Kingree, & Desai, 2004).

Thompson, Kingree, and Desai found that women's long-term mental health was more damaged by the experience of childhood physical abuse than men's. Men who experienced sexual abuse during childhood were at a higher risk for substance abuse, emotional problems in adolescence, and educational problems (Jessness, 2009). However, several studies posit that there are more

similarities than differences between gender when examining experiences of childhood abuse (Bley, 1996; Dube, Anda, Whitfield, Brown, Felitti, Dong, & Giles, 2005). Bley (1996) compared abused and non-abused men and women in areas of coping, self-esteem, and overall adjustment. Using MANOVA, significant differences were found between the abused group and the non-abused group, but no significant differences were found between men and women. Dube et al. discovered a similar result when studying gender differences in long-term effects of sexual abuse. In the study, abused men and women were both twice as likely to attempt suicide as their non-abused counterparts and both men and women reported a 40-50% increase in reports of marital problems. Due to the differing results in previous research, gender was considered in the current study in order to further examine how it influenced experiences of childhood abuse.

Summary: Review of Literature

According to the literature, childhood physical and sexual abuse contributes to interpersonal dysfunction, such as insecure attachments and trust issues. Few studies have discussed the potential correlation between these interpersonal dysfunctions and poor adult relationship quality. Therefore, additional research is needed to identify if childhood physical and sexual abuse negatively impact adult romantic relationship quality.

Hypothesis

This study examined two hypotheses related to childhood abuse and adult romantic relationship quality: 1) It was hypothesized that the experience of physical and/or sexual abuse in childhood will have a negative impact on reported adult relationship quality, and 2) It was hypothesized that there will be a gender difference related to the effects of physical abuse, sexual abuse, and relationship quality.

Methods

Sample

The sample consisted of 634 clients from a family therapy center affiliated with a university in the Northeast region of the U.S. This sample was utilized due to the fact that a mental health clinic allows for the collection of information about instances of physical and sexual abuse in childhood and marital quality in a “safe” context where people may feel freer to report such information honestly. Of the 634 respondents, 338 were female and 296 were males. All of the respondents in the sample reported that they were currently married to or living with a partner at the time they completed the survey. There was no way to determine whether or not the respondents were married to each other.

Sample Characteristics

The average age of females was 36; 71% were married with an average marriage length of 8 years, 86% were Caucasian (4% African American, 4% Latino, 2% Native American, 2% Asian), 73% were employed, 71% reported an annual income of \$30,000 or less, averaged at least some college education, and reported themselves as “moderately religious.” In the male sample, the average age was 37, 79% were married with an average marriage length of 8 years, 86% were Caucasian (6% African American, 3% Native American, 2% Latino, 1% Asian), 84% were employed, 59% reported an annual income of \$30,000 or less, averaged at least some college education, and reported themselves as “moderately religious” (see Table 1 for demographics).

Six percent of women and 5% of men reported at least 6 incidents of physical violence in childhood, 26% of women and 26% of men reported 1-5 instances of violence, and 68% of women and 69% of men reporting no instances of violence in childhood, which is consistent with

reports in other clinical populations (Braver, Bumberry, Green, & Rawson, 1992; Futa, Nash, Hansen, & Garbin, 2003; Maker, Shah, & Agha, 2005), with between 30-75% reporting at least one instance of childhood abuse. Fourteen percent of women and 6% of men reported at least 6 incidents of sexual abuse in childhood, 14% of women and 11% of men reported 1-5 instances of sexual abuse, and 72% of women and 83% of men reported no sexual abuse in childhood (see Table 2 for frequencies). Holmes and Slap (1998) conducted a review of six studies examining sexual abuse in clinical samples and found a range of 24-40% of participants reporting instances of sexual abuse, so response rates in this study appear to be representative of previous clinical samples.

Procedures

Clients that sought services at the clinic were asked to participate in a telephone intake interview prior to therapy. Upon coming to the clinic for the first session of therapy, participants were asked to complete a computer-based survey. The information presented in the survey consisted of basic demographic information (age, gender, ethnicity, income, education, etc.), family of origin information, and current family information. Clients were asked to complete the multi-page survey individually; this IRB approved questionnaire took approximately 30 minutes to complete.

Measures

Data, including demographics, were collected from the survey. Specific questions related to physical and sexual abuse, as well as relationship stability and problem areas in the relationship (which together make up the latent variable for relationship quality) were used in this study. Higher scores on the physical and sexual abuse variables indicated more instances of

abuse. Higher scores on the relationship quality variable indicated greater instability, more problem areas, and therefore, more distress in the relationship and poorer relationship quality.

Physical abuse in childhood. The question employed to measure physical abuse in childhood was, “While you grew up, how often did conflicts which lead to physical acts like kicking, hitting hard with fists, beatings, or hitting with objects happen to you?” and was answered according to a five point Likert scale: 1=Very often (over 20 times), 2=Fairly often (11-20 times), 3=Sometimes (6-10 times), 4=Hardly ever (1-5 times), and 5=Never (See Table 2 for frequencies).

Sexual abuse in childhood. The question measuring sexual abuse in childhood was, “How often did sexual abuse [being touched in inappropriate places, or being forced or coerced into performing sex acts] happen to you while you grew up?” and was answered according to the same Likert scale as was used in the physical abuse question: 1=Very often (over 20 times), 2=Fairly often (11-20 times), 3=Sometimes (6-10 times), 4=Hardly ever (1-5 times), and 5=Never (See Table 2 for frequencies).

Relationship quality. Relationship quality was measured using two separate variables: stability and problem areas. In order to determine the reliability of the summed relationship quality score, a reliability analysis was completed using Cronbach Alpha for both variables. The Alpha for stability was .77 for men and .81 for women, and for problem areas it was .90 for men and .83 for women. *Stability* was assessed on a five point scale using three questions, “How often have you thought your relationship was in trouble?,” “How often have you thought seriously of breaking off the relationship?,” and “How many times have you separated from your partner?” Each stability question was rated according to a 5-point Likert scale: 1=Never, 2=Once, 3=Two or three times, 4=Four to six times, and 5=More than six times. *Problem areas*

were assessed by rating how often 14 different areas have been a problem in the marriage (finances, communication, decision-making, emotional intimacy, etc.) Each potential problem area was rated with the following 5-point Likert scale: 1= Never a problem, 2=Very seldom a problem, 3=Sometimes a problem, 4=Often a problem, and 5=Very often a problem. The questions used for stability and problem areas were closely modeled after the questions used in the RELATE study, which has shown strong test-retest reliability, internal consistency, and content, construct, and concurrent validity (Busby, Holman, & Taniguchi, 2001).

Analysis

The study examined the relationship between self-reported measures of childhood physical and sexual abuse and current perceptions of marital quality. Initial data analysis consisted of basic statistical methods to report means, standard deviations, and correlations of all study variables. Findings from these tests can be found in Table 2 and 3. Structural equation modeling was utilized to examine the relationships between childhood physical and sexual abuse and relationship quality using AMOS 7.0 (Arbuckle, 2006). Age and length of relationship were included in the model as control variables.

After the initial analysis, non-significant variables (relationship violence, relationship satisfaction, depression, and substance abuse) were eliminated from the model in order to create a better “fit.” “Model fit” is a term used in Structural Equation Modeling to describe how accurately the relationships in the model represent those that exist in the data (Newcomb & Locke, 2001). Common indicators of sufficient model fit include the chi-square statistic for general fit, and the Tucker and Lewis Index (TLI) and the Comparative Fit Index (CFI) for incremental fit. Reporting the general fit and the incremental fit indices, as well as the root mean

square error of approximation (RMSEA), is the preferred method of reporting fit for SEM models (Hoyle & Panter, 1995).

Results

A bivariate correlation was run for all study variables in order to rule out any multi-collinearity problems in the model (see Table 3). Problem areas in marriage and marital stability were highly correlated, as expected, for men and women (.629, .759) as they measure similar concepts. No other multi-collinearity problems were found among the variables as no other variables were correlated above .70. Although problem areas and stability were highly correlated, factor loadings indicated both were good predictors of the latent variable. The analysis of the initial model showed that two variables initially proposed as indicators of the marital quality variable (relationship violence and satisfaction) were not good indicators as factor loadings fell below .50. Both were removed from the model. Furthermore, after initial analysis, three variables initially included as control variables (substance abuse, depression, and education) were found to be non-significant and were also excluded from the model. The final, simplified SEM model can be found in Figure 1; the model was run separately for males and females.

Female model. The results indicate that the model was a good fit for the data. CFI and TLI values of above .95 (Byrne, 2001) and an RMSEA value of below .05 (Arbuckle, 2006) indicate good model fit. The CFI for the female model was .99, the TLI was .97, and the RMSEA was .05, with a chi-square of 13.4 (df=7, p=.062). Figure 1 contains all of the regression estimates from the model for both females and males (male results in parentheses). A significant relationship was found between reports of childhood physical abuse and relationship quality ($\beta=.13$, $p=.04$) meaning the higher the report of childhood physical abuse the higher the

report of distress in the relationship, even after controlling for age and length of relationship. The relationship between childhood sexual abuse and relationship quality was not significant ($\beta = -.06$, $p = .30$).

Male model. The results indicate that the model was also a good fit for the data for the males in the sample. The CFI for the male model was .98, the TLI was .96, and the RMSEA was .05, with a chi-square of 12.4 ($df = 7$, $p = .089$). Like the female model, the relationship between childhood physical abuse and relationship quality was significant ($B = .13$, $p = .01$). The relationship between childhood sexual abuse was not significant after controlling for age and length of relationship ($.06$, $p = .26$).

Gender differences. The model in Figure 1 was compared for equivalency for males ($n = 296$) and females ($n = 338$) using multiple group comparison in AMOS. When examining the similarity of models for two different groups, AMOS compares one model where the path coefficients are constrained to be equal between the 2 groups with an unconstrained model where paths are free to vary. This comparison produces a chi-square difference statistic which represents the difference between the constrained and unconstrained model. If this statistic is significant, the models are not equivalent for the two groups, (Arbuckle, 2006). The difference between the chi-square values for the constrained and unconstrained models comparing males and females with 21 degrees of freedom was 46.183 with a significance of $p = .001$. In order to determine which paths were significantly different, each path coefficient was examined, and only one was significantly different for males and females. The significant coefficient for the relationship between length of relationship and relationship quality was larger for men. No other paths were significantly different, indicating that there were no significant differences in experiences of abuse and relationship quality between men and women in the sample.

Discussion

The purpose of this study was to examine the relationship between experiences of childhood physical and sexual abuse and adult romantic relationship quality. Childhood physical abuse was found to have a statistically significant impact on relationship quality for both men and women. Two findings were unexpected. First, childhood physical abuse had a significant effect while sexual abuse did not, and second, there appears to be no gender differences in how experiences of childhood abuse affect relationship quality in the current sample.

Experiences of childhood physical abuse may impact relationship quality for several reasons: 1) childhood physical abuse can negatively impact social skills development which creates difficulties in relating to one's partner, 2) childhood abuse can dampen a person's ability to form a healthy attachment to their significant other, thus decreasing relationship quality, 3) childhood abuse may have a negative influence on mate selection, with formerly abused children choosing partners that are not a good fit for them, and 4) childhood abuse can increase shame, thereby decreasing trust and intimate sharing between partners.

Poor Skill Development. There is a great deal of research that supports the idea that those who have been victims of childhood physical abuse are impeded in their ability to develop social and emotional skills (Arata et al., 2005; Elam, 1999; McGuigan, 2002; Page, 1999). Instead of learning to relate to others in healthy, socially acceptable ways, the abused child is shown dysfunctional patterns of relating that can impede their relationships. Page (1999) discusses the impact that childhood physical abuse has on the ability to relate socially:

“Without perspective-taking abilities, there is no mutual sharing of interests, no reciprocal communication of desires and need, and no empathy... The social skills embodied in perspective-taking serve as a foundation for the way the child will approach

new social relationships outside the family, and are, therefore, major influences on successful social adaptation as well as emotional security.” (pg. 425).

With an impaired ability to understand and relate to others, formerly abused adults are at a severe disadvantage in developing the skills necessary to supporting a healthy, satisfying romantic relationship.

Attachment Issues. The relationship between a child and their primary caregiver(s) sets up the internal working models and models of the self. In other words, the child sees her/himself in relation to their caregiver and develops a set of beliefs about how worthy s/he is and whether s/he is worthy to receive love and care. The experience of physical abuse in childhood creates a dysfunctional view of the self and impedes the child’s ability to accept love in healthy ways since they have been trained to believe that they are not worthy of it (Bowlby, 1973). As the child begins to make sense of the abuse, s/he may begin to develop resentment towards the abuser and develop the conscious, or unconscious, notion that people are not safe, predictable, or trustworthy, thereby making attachment a dangerous risk that they are no longer willing to take (Alexandrov, Cowan, & Cowan, 2005; Page, 1999). When a formerly abused adult enters into a romantic relationship, s/he may reject the formation of a healthy attachment for fear of experiencing hurt as s/he has before.

Poor Mate Selection. Individuals who have been abused as children may have impeded social skills and difficulty in developing healthy attachments, as discussed in the previous sections. These difficulties may increase the probability that a formerly abused individual will select a mate that also has impeded social abilities and attachment issues (Johnson, 2004). In addition, people who experienced childhood physical abuse often have difficulty in creating and maintaining healthy relationship boundaries (Alpher & France, 1993; Cooper, 2006), therefore,

they are more likely to get involved with partners who mistreat them or who have poor relationship boundaries as well. With one or two people in a relationship that have impaired social and emotional abilities, attachment issues, and poor boundaries, relationship quality is likely to be poorer than those with healthy skills, attachments, and boundaries.

The Influence of Shame. People who have suffered childhood abuse experience increased amounts of shame. Shame is a social emotion that develops in relation to others when a piece of our self is exposed that we want to keep hidden (Harper & Hoopes, 1990; Loader, 1998). Elevated levels of shame are likely to foster greater amounts of interpersonal conflict (Kim, Talbot, & Cicchetti, 2009). Because abuse is a taboo topic that many people shy away from, the avoidance may send the message to abused individuals that there is something wrong or unredeemable about them, which can facilitate a deep sense of shame. Shame often leads to psychological distress and behavioral problems that have a negative impact on the intimate relationship between a formerly abused adult and their partner (Feiring, 2005). In the end, too much shame can make a person feel unworthy of love or regard and can create defensiveness that keeps others from getting too close (Loader, 1998).

In addition, the results indicate that physical abuse in childhood has a significant effect and sexual abuse does not, which is contrary to many findings in the child abuse literature. Several studies discuss the significant impact that childhood sexual abuse has relationship quality (Larson, Newell, Holman, & Feinauer, 2007; Testa, VanZile-Tamsen, & Livingston, 2005; Walker, Holman, & Busby, 2009; Wiersma, 2006). A possible explanation as to why childhood sexual abuse was non-significant is that most studies examine the relationship between previous sexual abuse and current sexual functioning or sexual satisfaction. Since sexual satisfaction was

not a component of the latent relationship quality variable, the influence of sexual abuse on general relationship satisfaction may not be as strong.

Another possible explanation for the non-significant findings may be related to the increased stigma that is attached to sexual abuse. Coffey, Leitenberg, Henning, and Turner (1996) discussed the idea that long-term effects of sexual abuse are moderated by stigma and self blame. Due to the stigmatizing nature of sexual abuse, many who have experienced it may not report it, especially men. Western culture dictates staunch masculine stereotypes for men and those that do not fall in line are subject to persecution and shame (Jesness, 2009). For women, the threat of social isolation if others discovered their history of sexual abuse creates a sense of shame and promotes silence (Rahm, Renck, & Ringsberg, 2006). These stigmas against sexual abuse may prevent men and women from feeling validated in their experiences of sexual abuse in childhood, and as a result, participants in this study may have minimized the amount of sexual abuse and its impact on their lives.

Also, the lack of gender differences among participants, other than length of relationship, runs contrary to previous research (Fisher, Morgan, Dazzan, Craig, Morgan, Hutchinson, et al., 2009; Godbout, Lussier, & Sabourin, 2006; Newcomb & Locke, 2001; Thompson, Kingree, & Desai, 2004). However, there are several studies that argue for more similarities than differences between genders in reported experiences of childhood abuse (Bley, 1996; Dube et al., 2005). These studies indicate that both men and women suffer the psychological consequences of abuse at similar rates (e.g., depression, suicidal ideation, anxiety) and is equally stigmatizing and shameful for both genders. The results indicate that men and women both suffer the long-term effects of child abuse, perhaps with fewer between-group differences than previously reported.

Clinical Implications

The results of this study indicate that childhood abuse, specifically physical abuse, has a negative impact on relationship quality for both men and women. When an individual or a couple presents for issues concerning their romantic relationship, the clinician may wish to complete an assessment of previous experiences of abuse. In order to comprehensively address the impact that abuse has on the relationship, a clinician should be aware of, and ready to address, the early experiences of abuse and its long term effects.

This study supports literature that describes how influential trauma history can be in couple functioning (Johnson, 2002). More specifically, the results of this study indicate that resolving trauma caused by experiences of physical abuse during childhood could increase stability and decrease problem areas in adult romantic relationships. Also, results indicate that physical abuse and sexual abuse have different long term effects, especially in the context of relationship quality, and that there may be fewer gender differences in the long-term effects of childhood abuse than previously considered.

One method that has proven effective in treating couples with an individual history of childhood abuse is emotionally-focused couple therapy (Dalton, Johnson, & Classen, in press; MacIntosh & Johnson, 2008). Sue Johnson's book "Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds" (2002) provides a systematic intervention approach to aid the clinician in altering the interaction patterns between the partners that continue the trauma. Using the tenets of emotionally focused therapy, attachment, and the effects of post-traumatic stress disorder (PTSD), Johnson provides a framework for the theory and practice of working with couples affected by trauma. This empirically supported approach is one way to create a healthier attachment between partners and create a healing atmosphere to

deal with the trauma of childhood abuse, which can increase stability, decrease problem areas, and subsequently improve relationship quality.

Another empirically supported treatment option for working with individuals with a history of childhood abuse is cognitive behavioral therapy (McDonagh, Friedman, McHugo, Ford, Sengupta, Mueser, et al., 2005; Resick, Nishith, & Griffin, 2003). Studies show that the use of cognitive behavioral therapy is effective in decreasing PTSD symptoms, reducing anxiety, and altering trauma-related cognitive schemas (McDonagh et al., 2005). Research also shows that individuals with a history of abuse also benefit from cognitive behavioral therapy through the reduction of depressive symptoms (Resick, Nishith, & Griffin, 2003). With a decrease in trauma symptoms, depressive symptoms, anxiety, and a shift away from trauma-related cognitive schemas has the potential to increase stability in the survivor's romantic relationship and decrease the number of problem areas that contribute to poor reports of relationship quality.

Limitations and Directions for Future Research

One of the most salient limitations in the current study is the manner in which the data was collected. Although clinical data can provide unique insights, gathering information at one point in time from a sample of individuals presenting for therapy limits the ability to generalize the results to community samples. However, this study does provide insight on how a subset of individuals who present for therapy experience childhood abuse and current relationship quality, which allows for clinicians to gain a better understanding of how to serve a distressed population. Also, there is no way to tell if the participants were married to one another, which theoretically, could affect the results since they would have been experiencing the same marriage.

Another limitation is the reliability of self report measures. Since all of the variables in the sample are based on retrospective self-report, we need to consider that participants may not have been honest or able to accurately recall the incidents in their reports, especially in the measures concerning abuse. However, because a clinical sample is presenting to receive assistance with distressing life events, it may be that participants are more likely to be honest in their self-disclosure about such stigmatizing issues than members of the general population who are not seeking professional services.

A third limitation is the relatively small percentage of participants that reported experiences of abuse (Males- 17% reported sexual abuse, 31% reported physical abuse, Females- 28% reported sexual abuse, 32% reported physical abuse). With less than 1/3 of the participants reporting abuse, it may have skewed the results towards non-significance, particularly the relationship between sexual abuse and relationship quality. However, a clinical population is more likely to have a higher percentage of participants who have been abused or who are willing to report abuse than the general population. The percentage of participants reporting abuse in the current study is similar to previous research completed with clinical populations (Braver, Bumberry, Green, & Rawson, 1992; Futa, Nash, Hansen, & Garbin, 2003; Holmes & Slap, 1998; Maker, Shah, & Agha, 2005), so this study was representative. Additionally, information concerning who the perpetrator of the abuse was, how long the abuse lasted, and how old the victim was at the time of the abuse was not collected, which could also have influenced the significance of the results, principally the non-significant relationship between sexual abuse and relationship quality.

This study invites further investigation in several realms for future research; the first being the issue concerning why physical abuse appears to be more detrimental to relationship

quality, specifically stability and problem areas in the relationship, than sexual abuse. Next, further examination of gender differences and/or similarities is needed to better understand how men and women are impacted by experiences of childhood abuse and how those experiences influence other aspects of life beyond relationship quality. Finally, the issues surrounding the stigmatizing nature of sexual abuse and how people cognitively and emotionally make sense of it is a needed area of future study (Jesness, 2009).

Conclusion

The purpose of this study was to facilitate a more comprehensive understanding of the potential impact of childhood abuse on adult romantic relationship quality. In support of previous research, the results indicated that childhood physical abuse has a negative impact on relationship quality. Additionally, the study results contradicted some previous research that suggests significant gender differences among abuse victims and a significant relationship between sexual abuse and relationship quality. The results reinforce the practice of obtaining a comprehensive abuse history in order to more effectively treat relationship issues with trauma survivors. Additionally, research is needed to help clinicians know how to best help this population and reduce the impact of unjust treatment in childhood.

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Table 1. Demographic Characteristics of Sample

	Female (n=338)	Male (n=296)
Mean Age (SD)	35.48 (8.50)	36.90 (8.89)
Range of Age	18-72	20-66
Mean Length of Relationship (SD)	8.15 (7.87)	8.15 (7.98)
Range of Length of Relationship	0-50	0-45
	<u>%</u>	
Race/Ethnic Origin		
White	85.8	85.5
Black	4.4	6.1
Asian	2.1	1.4
American Indian	1.5	3.0
Hispanic	3.8	2.4
Other/English	1.8	1.7
Religious Affiliation		
Catholic	41.1	40.9
Protestant	23.7	19.9
Judaism	1.8	2.4
Moslem (Shiite, Sunnite, etc.)	0.3	0.3
Eastern Rel. (Buddhism, Hinduism)	1.2	1.0
Other	18.3	16.6
None	10.9	14.9
Not Applicable	2.4	4.1
Religiosity		
Strongly religious	14.2	14.5
Moderately religious	64.8	56.1
Not religious	21.0	29.1
Type of relationship		
Married	76.6	84.1
Living together	23.1	15.9
Education		
Less than elementary school	0.0	0.0
Elementary school	0.3	0.7
Some high school	5.0	7.4
High school diploma	16.0	19.9
Some college/technical school	32.2	27.4
Associate's degree	16.9	10.8
Bachelor's degree	19.8	21.6
Master's degree	9.2	9.1
Doctorate degree	0.3	3.0
Income		
Less than 10,000	16.0	13.2
10,001-20,000	31.1	20.6
20,001-30,000	21.0	22.7
30,001-40,000	12.7	19.3
40,000-more	16.5	23.0

Table 2. Means, Standard Deviations, Frequencies, and Percentages

Variables	Females (N=338)	Males (N=296)	
Sexual abuse			
Very Often (Over 20 times)	17 (5.0%)	8 (2.7%)	
Fairly Often (11-20 times)	14 (4.1%)	4 (1.4%)	
Sometimes (6-10 times)	18 (5.3%)	7 (2.4%)	
Hardly Ever (1-5 times)	47 (13.9%)	34 (11.5%)	
Never	242 (71.6%)	243 (82.1%)	
Mean (SD)	4.40 (1.15)	4.67 (.86)	
Physical abuse			
Very Often (Over 20 times)	3 (0.9%)	2 (0.7%)	
Fairly Often (11-20 times)	4 (1.2%)	1 (0.3%)	
Sometimes (6-10 times)	13 (3.8%)	9 (3.0%)	
Hardly Ever (1-5 times)	80 (23.7%)	72 (26.2%)	
Never	204 (60.4%)	191 (69.5%)	
Mean (SD)	4.57 (.73)	4.63 (.64)	
Relationship Quality			
	Mean (SD)	Range	Cronbach Alpha
Females	9.57(3.19)	3.00-16.86	.84
Males	10.58 (3.06)	3.57-17.00	.73

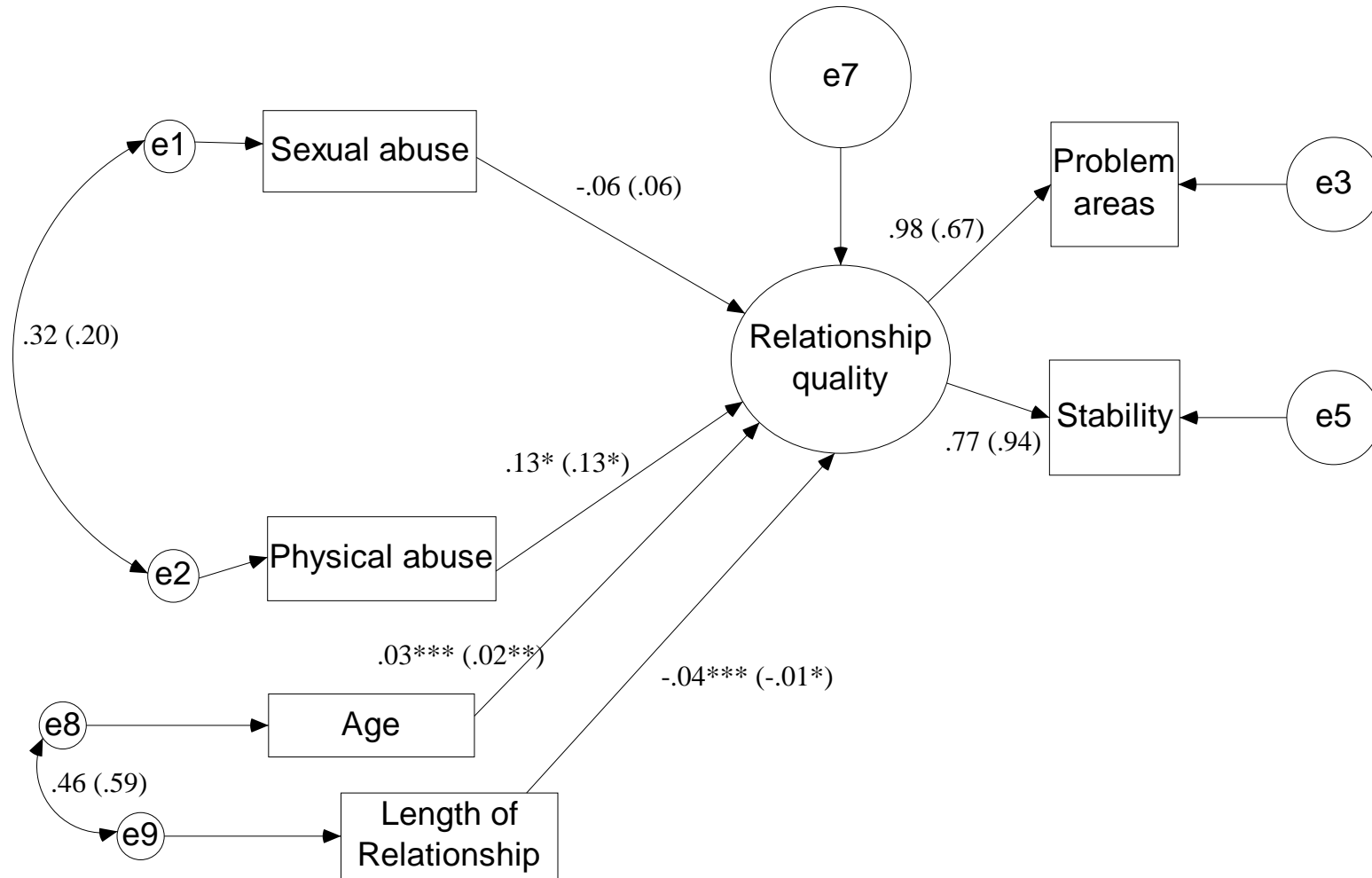
Table 3. Bivariate correlations for all study variables

	1	2	3	4	5	6
1. Sexual abuse	1.00	.001	.067	.065	.039	-.029
2. Physical abuse	-.066	1.00	.269**	.255**	.343**	.236**
3. Age	-.108	.186**	1.00	.464**	.172**	.123*
4. Length of Relationship	-.052	.173**	.594**	1.00	-.138*	-.253**
5. Stability	.059	.270**	.177*	.000	1.00	.759**
6. Problem Areas	.102	.269**	.099	-.052	.629**	1.00

Notes: * $p < .05$, ** $p < .01$, *** $p < .001$

Females above the diagonal, Males below the diagonal

Figure 1. SEM Model



Notes: Female (male in parentheses)

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Factor loadings are included for appropriate paths