Learning to Love: Child Psychological Maltreatment, Adult Attachment, and the Romantic Relationships of Young Adults

by

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Abstract

Child psychological maltreatment is an important form of child maltreatment that may be related to adult attachment and romantic relationship quality and satisfaction. This study used self-report measures administered to a university sample. As expected, adult attachment mediated the association between child psychological maltreatment and current romantic relationship quality and satisfaction. The results indicate that young adults who have experienced higher levels of child psychological maltreatment tend to have more insecure attachment styles in adulthood. They also tend to experience less satisfaction and quality in their current romantic relationships than individuals who have experienced lower levels of child psychological maltreatment. Furthermore, the level of satisfaction and quality in their romantic relationships is linked to the security of their adult attachments.
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Introduction

Child psychological maltreatment is a fairly new and growing area of research within the literature on child maltreatment. Child psychological maltreatment can be defined as a repeated pattern of behaviour by parental figures which undermines a child’s self-esteem or competence (Gross & Keller, 1992). Although it receives less attention, it is likely more common than physical or sexual abuse (Vissing, Strauss, Gelles, & Harrop, 1991). Child psychological maltreatment has been shown to have adverse consequences for children that can last into adulthood. Some of the possible long-term effects include low self-esteem, depression, dissociation, personality disorders, and interpersonal problems (Briere & Runtz, 1990; Gross & Keller, 1992; Ferguson & Dacey, 1997; Johnson et al., 2001; Sengsouvanh & Runtz, 2002). Most of the research on the consequences of child psychological maltreatment has focussed on individual psychopathology. Only recently have researchers started exploring the interpersonal consequences of child psychological maltreatment, including its effects on romantic relationships in adulthood.

The sparse literature in the area links child psychological maltreatment to decreased relationship quality, increased conflict, and low satisfaction in later romantic unions (Belt & Abidin, 1996; J. L. Davis, Ting, & Petretic-Jackson, 2001; Varia & Abidin, 1999). However, the research is primarily correlational and causality has not yet been determined. Furthermore, how child psychological maltreatment influences adult romantic relationships is not well understood. For example, we know little about possible mediators between child psychological maltreatment and romantic relationship quality and satisfaction. One way that child psychological maltreatment may impact later
romantic relationships is through attachment style. Attachment can be defined as a "strong affecational bond to particular others" (Bowlby, 1977, p. 201). Early attachment relationships are believed to influence how one relates to others in future relationships (Bowlby, 1973). For example, the parent-child relationship, or child attachment, probably has some effect on later romantic relationships and adult romantic attachment (Hazan & Shaver, 1987; Klohnen & Bera, 1998). The literature links attachment to child maltreatment and many characteristics of romantic relationships, including relationship satisfaction, conflict, intimacy, trust, and commitment (Collins & Read, 1990; Hazan & Shaver, 1987; Kirkpatrick & K. E. Davis, 1994).

Adult attachment may be one mediator in the association between child psychological maltreatment and romantic relationship outcomes. More specifically, child psychological maltreatment may contribute to insecure attachment, which could lead to decreased satisfaction and high levels of conflict in romantic relationships. However, this hypothesized pathway suggests that individuals who have experienced child psychological maltreatment but tend to have secure attachments may also have satisfying romantic relationships. Therefore, secure attachment could be a protective factor. If adult attachment does indeed mediate the relationship between child psychological maltreatment and later romantic relationships, it may help us understand why some individuals may be vulnerable to problems in their intimate relationships. In addition, it may provide insight into why some young adults seem to be resilient to the potentially negative effects of child psychological maltreatment on their adult romantic relationships.

Child psychological maltreatment and the quality of adult romantic relationships are both very complex constructs and more research is needed on the link between the
two areas. Not only are the associations between the two topics theoretically intriguing, they may have clinical implications for professionals treating adults with histories of child maltreatment. An association between child psychological maltreatment and later difficulties in romantic relationships could also have clinical implications for couple and marriage counselling because some of the primary reasons that people seek psychotherapy are problems in their love relationships (Bradbury, 1998).

In addition, although the majority of people who have experienced child abuse do not maltreat their own children, it is estimated that 30% do (Wekerle & Wolfe, 1996). However, we do not know the extent to which this pattern might hold true for individuals with a history of child psychological maltreatment. Individuals who have experienced child maltreatment may be at risk of selecting a partner who is psychologically abusive (Sappington, Pharr, Tunstall, & Rickert, 1997). Who young adults choose as their partners and the dynamics of their romantic relationships will likely shape the family environment that their children grow up in. Therefore, understanding the romantic relationships of young adults with histories of child psychological maltreatment may help us to understand how to promote healthier family environments and ultimately prevent future child maltreatment.

The aims of the present study are to explore possible associations between child psychological maltreatment, adult attachment, and romantic relationships in young adults. More specifically, a primary focus is to determine if a history of child psychological maltreatment is related to negative outcomes in romantic relationships, such as low relationship quality and satisfaction. Secondly, another purpose of the study is to examine whether adult attachment mediates the possible associations between child psychological
maltreatment and romantic relationship quality and satisfaction.

**Child Maltreatment**

Historically, children have been viewed as the sole property and responsibility of their parents (Wekerle & Wolfe, 1996), which gave parents a lot of power in regard to how to raise their children. Some parents used spanking, physical force, harsh criticism, or verbal abuse to discipline their children. These practices were generally considered normal and even sometimes necessary for good parenting. The views that children were the property of their parents likely contributed to people’s reluctance to interfere in a family’s “private” affairs, even if they had concerns about the children’s welfare. Over time, society began to recognize that children are individuals with rights, and that child maltreatment is unacceptable and destructive. Contemporary western society has demonstrated a commitment to child welfare by mandating citizens to report any suspicions of child abuse or neglect to appropriate child protective agencies.

One thing that is common to all forms of child maltreatment is the compromising and undervaluing of children (Wekerle & Wolfe, 1996). Another common factor is the parents’ or caregivers’ failure to respond appropriately to a child’s needs and to provide consistent and nurturing care. These points are reminders that abusive incidents do not happen in isolation. They occur in a family environment that may be characterized by disorganization, confusion, tension, and conflict. In addition, there is often a family context of domination and abuse of power (Wekerle & Wolfe).

**Forms of Child Maltreatment**

There are four main forms of child maltreatment: sexual abuse, physical abuse, psychological maltreatment, and neglect. Child sexual abuse can be defined as any
unwanted sexual activity, usually between children and adults or children and adolescents. Sexual abuse can include exposure to indecent acts, kissing, fondling, molestation, rape, sexual rituals, and involvement in child pornography (Wekerle & Wolfe, 1996). Child physical abuse involves parents or caregivers perpetrating acts of violence against children. Physical abuse involves hitting, slapping, beating, or harsh physical discipline (Barnett, Miller-Perrin, & Perrin, 1997a).

Child psychological maltreatment, or abuse, is a repeated pattern of rejecting, hostile, or demeaning behaviour by parents or caregivers that damages a child’s self-esteem and competence (Gross & Keller, 1992; Hart & Brassard, 1991). Child neglect can be defined as caregiver deficiencies in supervision or in physical, educational, emotional, or medical care (Miller-Perrin & Perrin, 1999; Wekerle & Wolfe, 1996). Although these forms of child abuse are distinct, they tend to co-occur, especially in severe cases of child maltreatment (Ney, Fung, & Wickett, 1994). For example, physical abuse and psychological maltreatment are a particularly common combination (Briere & Runtz, 1990; Claussen & Crittenden, 1991; Higgins & McCabe, 2000). In a community sample of adults, Higgins and McCabe found that all forms of child maltreatment are strongly related to one another, but that the highest correlation ($r = .74$) was between psychological maltreatment and physical abuse.

Claussen and Crittenden (1991) found that the co-occurrence of child psychological maltreatment and child physical abuse was higher in families that have been officially reported for child maltreatment than in families from a clinical/community sample. In other words, child psychological maltreatment is more likely to occur on its own in non-reported families than in reported families. Moreover, child psychological
maltreatment tends to co-occur with child physical neglect (Claussen & Crittenden).
Physical neglect, a subtype of child neglect, involves parents or caregivers failing to
provide adequate nutrition, proper hygiene, or other important aspects of physical care.
The patterns for the co-occurrence of child psychological maltreatment and physical
neglect are similar to the patterns for the co-occurrence of child psychological
maltreatment and physical abuse. The main exception is that psychologically maltreated
children in reported families have a greater probability of experiencing physical neglect
than physical abuse (Claussen & Crittenden), although both probabilities are relatively
high. Moreover, Ney et al. (1994) concluded that verbal abuse (a subset of child
psychological maltreatment), physical abuse, and physical neglect comprise the worst
combination of child maltreatment and has the greatest impact on children's outlook on
life. That combination correlated most highly with children's reports of a lack of
enjoyment in living, poor chance of a happy marriage, and poor chance of having children
(Ney et al.).

Definitions of child maltreatment usually refer to an interaction occurring between
a parent or caregiver and a child. However, it is important to note that child psychological
maltreatment and other forms of child maltreatment can be perpetrated by siblings,
adolescents, peers, or even children younger than the "victim" (O'Hagan, 1995; Whipple
& Finton, 1995). Most of the existing research is on child maltreatment that is perpetrated
by parents or parental figures, and this literature demonstrates that child maltreatment can
have negative consequences (Briere & Runtz, 1988, 1990; Higgins & McCabe, 2000; Ney
et al., 1994). In a study comparing the effects of different forms of child maltreatment,
Briere and Runtz (1990) found that sexual abuse was uniquely associated with
maladaptive sexual behaviour, that physical abuse was uniquely related to aggression, and that psychological maltreatment was uniquely related to low self-esteem. Furthermore, child neglect can result in cognitive deficits, language delays, anxious attachment, emotional difficulties, behavioural problems, and death (Miller-Perrin & Perrin, 1999).

Incidence and Reporting

In Canada, there were an estimated 21.5 investigations of child maltreatment per 1000 children in 1998 (Trocmé et al., 2001). Neglect accounted for 40% of the investigations; physical abuse encompassed 31%, psychological maltreatment accounted for 19%, and sexual abuse comprised 10%. In terms of rates of substantiated cases per 1000 children, there were 3.7 cases of child neglect, 2.3 cases of physical abuse, 2.2 cases of psychological maltreatment, and 0.8 cases of sexual abuse. Ironically, neglect appears to be the most prevalent but the least researched form of child maltreatment, and sexual abuse seems to be the least prevalent but the most researched form. However, these statistics reflect reported rates rather than true incidence rates in the general population, and there may be differences in reporting among the different forms of child maltreatment. For example, child sexual abuse may be under-reported to a greater extent than child neglect or physical abuse, perhaps because there is more shame attached to sexual abuse.

Although child psychological maltreatment often co-occurs with other forms of child abuse, it can also occur on its own (Claussen & Crittenden, 1991; Ferguson & Dacey, 1997; Ney et al., 1994). Most incidence studies in the United States find that 3% to 8% of all reported cases of child maltreatment involve psychological maltreatment as the main form of child abuse (Barnett, Miller-Perrin, & Perrin, 1997b). The American
Humane Association and the National Committee for the Prevention of Child Abuse estimate prevalence rates of 7% to 11% of reported cases, in which psychological abuse is the primary form of child abuse (as cited in Hart, Brassard, & Karlson, 1996). The National Incidence Studies conducted by the U.S. Department of Health and Human Services have obtained the highest rates of child psychological maltreatment—391,100 reported cases, or 28% of all cases of child maltreatment (as cited in Barnett et al., 1997b).

In Canada, the Canadian Incidence Study of Reported Child Abuse and Neglect (Trocmé et al., 2001) estimated that there were 1458 investigations of psychological maltreatment in 1998 and that 787 of these cases were substantiated. In a nationally representative telephone survey, Vissing et al. (1991) reported that two-thirds of American children were verbally abused, which indicates that psychological abuse is more prevalent than suggested by incidence studies of reported cases. Of course, the latter is probably also true of other forms of child maltreatment. In a large university sample, Demaré (1996) found that 42% of the participants reported experiencing at least one form of child psychological maltreatment by a parental figure “often” or “very often” during childhood.

Overall, these studies suggest that child psychological maltreatment is fairly common and that only a fraction of cases are ever reported and investigated. A possible reason for under-reporting is that professionals and the public sometimes fail to recognize child psychological maltreatment when it occurs (Oates, 1996). Another possible reason is that child psychological maltreatment tends to co-occur with other forms of child maltreatment that are more likely to be reported (Barnett et al., 1997b), such as neglect or
physical abuse (Claussen & Crittenden, 1991). Although child psychological maltreatment may be under-recognized in practice, it is garnering growing attention in the literature.

**Child Psychological Maltreatment**

Psychological maltreatment used to be considered a side effect of child abuse and neglect rather than a unique form of child maltreatment. Currently, some researchers consider psychological abuse to be the most prevalent and damaging form of child maltreatment (Barnett et al., 1997b). Moreover, it is believed to be inherent in all forms of child abuse, or in other words, other forms of maltreatment also have a psychological component (Garbarino, Guttman, & Seeley, 1986; Gracia, 1995; Hart et al., 1996; Oates, 1996; Wekerle & Wolfe, 1996). Hart and Brassard (1987, p. 3) declared that psychological maltreatment “almost always accompanies other forms of abuse and neglect, is more prevalent than other forms of maltreatment, and is often more destructive in its impact on the lives of young people.”

Although many researchers and professionals agree that child psychological maltreatment is important and should be studied, there is a lack of research on the topic (Behl, Conyngham, & May, 2003; Ferguson & Dacey, 1997). The literature on psychological maltreatment is growing, but there is relatively little research in the area compared to other forms of child maltreatment, such as sexual and physical abuse (Briere & Runtz, 1988). Wekerle and Wolfe (1996) point out that greater attention is given to more dramatic, overt acts. Oates (1996) agrees, noting that psychological maltreatment is usually more subtle and frequently escapes the notice of professionals. In addition, child
psychological maltreatment is difficult to research because it is not easily defined or assessed (Claussen & Crittenden, 1991).

**Definitional and Conceptual Issues**

Generally, child psychological maltreatment can be thought of as behaviour that undermines self-esteem and social competence in children (Gross & Keller, 1992). The child is essentially taught a false reality that is fraught with negative feelings and maladaptive ways of relating to others (Garbarino, Eckenrode, & Bolger, 1997). An important aspect of the definition of psychological maltreatment is that the behaviours need to be repetitive and sustained in order to be considered detrimental or abusive (Claussen & Crittenden, 1991; O'Hagan, 1995). Although there has been some progress made towards a clear definition of child psychological maltreatment, there is still some dissent (Ferguson & Dacey, 1997).

Garbarino et al. (1986) define psychological maltreatment as “an intentional attack by an adult on a child’s development of self and social competence” (p. 100). O'Hagan (1995) points out that this definition is problematic because many parents do not intend to be abusive or are unaware that their behaviour is abusive. However, unintentional abuse is still abuse. In addition, as mentioned previously, some individuals who have not reached adulthood also psychologically maltreat children (O'Hagan, 1995; Whipple & Finton, 1995). Another problem with some definitions is that they are too vague (O'Hagan). For instance, Barnett, Manley, and Cichetti (1991) define emotional maltreatment as parental acts that hinder children’s basic emotional needs. Basic emotional needs are not defined, and therefore, emotional maltreatment is not well defined.
Another definitional issue is that the terms emotional abuse and psychological abuse are often used synonymously. O'Hagan (1995) argues that the two terms should be distinguished from each other. She proposes that psychological maltreatment is a pattern of behaviour that damages cognitive and moral development, and that emotional maltreatment is repeated, inappropriate responses to a child’s emotional reactions. O'Hagan also cites the 1989 British Children Act as supporting evidence for separating psychological and emotional abuse. The act, which is praised as the most thorough childcare legislation, differentiates between emotional and psychological maltreatment. Moreover, it requires child protection workers to assess and investigate both forms of abuse.

Although the idea of distinguishing between emotional and psychological maltreatment is a noteworthy issue, O'Hagan's (1995) work has not been highly influential. There are several possible reasons why people tend to use the terms synonymously. First, child protection services do not differentiate between emotional and psychological abuse, and one term may predominate in a given country (O'Hagan). Additionally, many researchers and clinicians conceptualize psychological maltreatment as including both emotional and cognitive aspects. For example, Glaser (2002) reasons that O'Hagan's distinction between emotional abuse and psychological abuse is not useful because affect and cognition influence one another.

Whether emotional and psychological abuse should be differentiated is still an issue for debate. However, O'Hagan's (1995) work raises some important issues. What do we mean by the term “psychological” in regard to child maltreatment? Do we mean all aspects of psychological functioning including emotional, cognitive, and moral
functioning? Is emotional maltreatment really just a subset of psychological maltreatment? Alternatively, does using the terms emotional and psychological abuse interchangeably suggest that we are only referring to emotional maltreatment when we discuss psychological maltreatment? Most definitions of psychological maltreatment emphasize effects on a child’s development of self, self-worth, or social competence rather than on their mental faculties. Although some researchers might argue that it is only a semantic issue, the above questions highlight the importance of resolving this problem when working towards a clear definition and conceptualization of child psychological maltreatment.

Unlike O’Hagan’s (1995) work, Hart and Brassard’s (1991) research has greatly influenced definitions of child psychological maltreatment. Brassard, Hart, and Hardy (1991, p. 73) define it as “the repeated pattern of behaviour that conveys to children that they are worthless, unloved, unwanted, only of value in meeting another’s needs, or seriously threatened with physical or psychological violence.” The American Professional Society on the Abuse of Children (APSAC) has also adopted this definition. In 1991, Hart and Brassard empirically validated five distinct subtypes of child psychological maltreatment: spurning, terrorizing, isolating, exploiting or corrupting, and denying emotional responsiveness.

According to Hart and Brassard (1991), spurning involves belittling, degrading, humiliating, or treating a child in a hostile or rejecting manner. Examples include criticizing a child excessively and making a child feel ashamed of displaying emotions. Terrorizing means explicitly or implicitly threatening to hurt, abandon, or kill a child. It also includes placing a child or a child’s loved one in danger. An example would be
imposing rigid or unrealistic expectations on a child and threatening harm if the expectations are not met (Hart et al., 1996). Isolating is consistently denying opportunities for a child to interact or socialize with people outside of the family. For example, caregivers may forbid the child from participating in extra-curricular activities and insist that the child come home immediately after-school. Exploiting or corrupting is encouraging the child to commit anti-social acts, particularly for the parents’ benefit. Teaching a child to “pick pocket” or “shoplift” for material gain is one example. Denying emotional responsiveness includes ignoring a child and responding to children in a way that lacks affection and warmth. This subtype is sometimes also called emotional neglect. It can involve acts of omission that convey disinterest in or emotional inaccessibility to the child (Brassard, Hart, & Hardy, 2000). For example, a depressed caregiver may be distant and withdrawn towards a child.

There have been a few criticisms about Hart and Brassard’s (1991) subtypes of child psychological maltreatment. Barnett et al. (1997b) claim that the subtypes do not include all the behaviours that would be considered psychologically abusive. For example, inconsistent parenting is not included. Moreover, Garbarino et al. (1997) suggest that the subtypes lack a theoretical and developmental framework.

Wekerle and Wolfe (1996) list five difficulties in defining child maltreatment in general. Many of the following apply to psychological maltreatment as well. First, there is a lack of consensus. Second, definitions may differ depending on the context or organization, such as clinical, legal, or scientific settings. Third, definitions may vary due to a child’s age, gender, or relationship to the offender. Fourth, there is debate regarding whether categorical or dimensional definitions should be used. Researchers in the field
are moving away from a categorical approach towards using a dimensional approach; however, categorical definitions are usually used in child protection and legal situations. For research purposes, dimensional approaches provide more information and avoid problems of when to label behaviour as abusive.

Finally, should definitions be based on the behaviour of the perpetrator or the consequences to the child? McGee and Wolfe (1991) argue that definitions of psychological maltreatment should be based on parental behaviours. Garbarino et al. (1997) disagree, stating that the consequences to a child should define psychological maltreatment. Hart and Brassard (1991) claim that parental behaviours should define psychological maltreatment, but that the effects on the child should be considered secondarily. I concur with Hart and Brassard because the same parental behaviour can have varying consequences for different children, depending on their age, gender, temperament, and other individual differences. In addition, defining parental behaviour that may be psychologically abusive is easier than clearly outlining all the possible direct and indirect consequences.

Garbarino et al. (1997) argue that the literature on child psychological maltreatment lacks a theoretical perspective. They maintain that it is difficult to arrive at good conceptual and operational definitions that are connected to one theoretical background, such as developmental psychology. They propose that we need developmental and social perspectives, not just a clinical one, to fully understand child psychological maltreatment. Garbarino et al. also suggest that researchers should consider the cultural context when defining and studying child psychological maltreatment. They claim that we should adopt a transcultural perspective for evaluating good child rearing,
which implies a need to identify child-rearing strategies that are universally harmful (Garbarino et al.). For example, they assert that sustained parental rejection appears to be universally harmful.

Garbarino et al. (1997) have offered an alternative to Hart and Brassard's (1991) conceptualization of child psychological maltreatment. They believe that the definition of psychological maltreatment should centre on damage to a child's competence. They define competence as social effectiveness, rather than academic or emotional competence. One can judge a child's relationships with adults, peers, and family members by how they contribute to or impair competence. Furthermore, Garbarino et al. have derived four principles for defining psychological maltreatment. One principle states that punishing children for efforts at mastery or for normal, positive behaviours (e.g., smiling, exploring, and talking) is psychological maltreatment. The second principle is that the prevention or impairment of secure attachment is also child psychological maltreatment. For example, Aber, Allen, Carlson, and Cichetti (1989) have demonstrated the effects of insecure attachment in infants. Insecurely attached infants are preoccupied with dependence and insecurity and are less concerned with self-efficacy or mastery. Third, attacking self-esteem is also considered psychologically abusive. Discouraging social development is the fourth defining principle of psychological maltreatment, according to Garbarino et al.

Glaser (2002) has developed another conceptual framework for understanding and treating child psychological maltreatment. According to Glaser (p. 697), child psychological maltreatment is "a caregiver-child relationship that is characterized by patterns of harmful interactions, requiring no physical contact with the child." In addition, Glaser's framework involves defining a child as (a) an individual who exists; (b) a child
who, by definition, is dependent, vulnerable, and quickly developing; (c) a person who possesses and experiences her or his own thoughts, emotions, and perceptions; and (d) "a social being who will increasingly interact and communicate within her or his own social context" (p. 703). A caregiver who repeatedly violates these principles commits child psychological maltreatment (Barnett, Manly, & Cichetti as cited in Glaser, 2002).

Furthermore, Glaser (2002) has defined five categories of child psychological maltreatment:

1. *Emotional unavailability, unresponsiveness, and neglect* is very similar to Hart and Brassard's (1991) subtype *Denying emotional responsiveness*. This category includes, but is not limited, to parental insensitivity and emotional withdrawal.

2. *Negative attributions and misattributions to the child* include hostility, rejection, and spurning the child. Moreover, the parental figure usually believes that the child deserves this treatment.

3. *Developmentally inappropriate or inconsistent interactions with the child* can involve inconsistent parenting, infantilizing behaviour, developmentally inappropriate expectations, overprotection or overcontrolling behaviour, and exposure to traumatic events or confusing interactions.

4. *Failure to recognize or acknowledge the child's individuality and psychological boundary* includes using the child to fulfill the parent's emotional needs (exploiting). It can also involve an inability to differentiate between the child’s reality and the caregiver’s beliefs and desires.

5. *Failing to promote the child's social adaptation* includes corrupting, isolating, and failing to provide the child with a stimulating environment or with opportunities for
To integrate Glaser’s (2002) framework with Hart and Brassard’s (1991), Glaser recommends removing corrupting, terrorizing, isolating (Hart & Brassard), and neglect as distinct subtypes from the APSAC system. The category \textit{Emotional unavailability, unresponsiveness, and neglect} would replace the subtype \textit{Denying emotional responsiveness} (Glaser). The subtype spurning, which is equivalent to the second category \textit{Negative attributions and misattributions to the child}, would remain, and Glaser’s last three categories could be added to Hart and Brassard’s framework.

Glaser’s (2002) framework is promising as a cohesive theoretical perspective for child psychological maltreatment, but there are some limitations. First, more research is needed to test the usefulness of this framework, particularly in regard to its clinical and research applications (Glaser). Second, there are no assessment tools based on his framework yet. Lastly, a parental behaviour could fall into more than one category, depending on the parent’s motivations. For example, if a parent or primary caregiver fails to ensure that a child attends school, this behaviour could fall into the fifth category, \textit{Failure to promote the child’s social adaptation}, or the fourth category, \textit{Failure to recognize or acknowledge the child’s individuality and psychological boundary}. Glaser acknowledges this problem and explains that the correct categorization would depend on the parent’s motivation. If the parent kept the child at home to do household chores, this behaviour would be exploitation and would fit with \textit{Failure to recognize or acknowledge the child’s individuality and psychological boundary}. If the parent neglected to ensure that the child went to school, this behaviour would fit better with \textit{Failure to promote the child’s social adaptation}. However, finding out the parent’s motivations or intentions
may be possible if one conducts a thorough investigation, which child protective agencies can do, but this undertaking is not usually feasible in most research studies.

Given that psychological maltreatment can impair a child’s social development, it is interesting to note that psychologically abusive parents often have their own problems with social competence. Psychologically abusive caregivers manifest more difficulty in forming relationships, poorer coping skills, and less effective child management techniques than matched controls (Oates, 1996). They tend to focus on negative behaviour in their children, disregard positive behaviour, and demonstrate low levels of interaction with their children (Garbarino et al., 1997). Oates indicates that a combination of stress, aggression, poor parenting skills, and unrealistic expectations of children may contribute to psychological maltreatment by parents or caregivers.

Oates (1996) provides other examples of parental behaviour that can be observed in psychologically abusive families. They include giving children too many responsibilities and punishing them when they fail, infantilizing children, parenting inconsistently, and demonstrating a lack of respect for children’s thoughts and feelings. These ideas fit well into Glaser’s (2002) framework. Abusive caregivers will frequently fluctuate from infantilizing children to imposing unreasonably high demands on them, which can be very confusing. Given these difficulties, it is not surprising that psychologically abusive parents reported more problem behaviour in their children than did parents in a control group (Oates).

Risk Factors for Child Psychological Maltreatment

Conclusions about demographic variables from incidence studies are tentative because only a small proportion of child psychological maltreatment cases are reported
(Barnett et al., 1997b). However, a meta-analysis of six studies indicates that older children are more likely to be psychologically maltreated than younger children, although the effect size was small (Black, Smith Slep, & Heyman, 2001). Findings regarding gender differences in the prevalence of child psychological maltreatment are mixed. Vissing et al. (1991) found that boys have a slightly higher risk of experiencing psychological maltreatment than girls. According to Barnett et al., however, there are no main gender differences across all ages, but female adolescents appear to be at higher risk for psychological maltreatment than male adolescents. It is possible that, in childhood, boys are slightly more at risk than girls, but in adolescence, girls are more at risk than boys. There also appear to be some ethnic differences. For instance, Caucasian children are at higher risk than African American or Hispanic children in the United States (Barnett et al., 1997b). The reasons for these demographic differences are not well understood.

In regard to socio-economic status, psychological maltreatment is five times more likely to be recognized in low-income families than in high-income families (Barnett et al., 1997b). Psychological maltreatment does appear to occur more in poor neighbourhoods, perhaps due in part to low employment, poverty, and a sense of powerlessness or frustration in parents (Oates, 1996). Nevertheless, it is important to consider that there may be biases in detecting and reporting that result in an over-representation of low-income families (Oates). For example, child maltreatment that occurs in families from low socio-economic backgrounds may be more likely to come to the attention of professionals. Psychological maltreatment also occurs in middle and high-income families, but these families may be less likely to be reported or investigated and
they may receive more favourable evaluations from child protection workers than low-income families.

Consequences of Child Psychological Maltreatment

"In almost all cases, it is the psychological consequences of an act that define an act as abusive" (Garbarino et al., 1997, p. 7). Many of the effects of child maltreatment in general are psychological: depression, withdrawal, anxiety, insecure attachment, and emotional problems (Claussen & Crittenden, 1991). Generally, it is believed that loving, involved parenting leads to high self-esteem in children. Passive, neglectful parenting likely contributes to low self-esteem in children. Garbarino et al. postulate that it is harmful for caregivers to be psychologically intrusive or unavailable. Psychological intrusiveness can be defined as the act of being overbearing and failing to respect one's privacy or emotional boundaries, such as inappropriate questioning or prying. When compared with children who have experienced other forms of maltreatment, children of emotionally unavailable mothers seem to have the most serious difficulties (Egeland & Erikson, 1987; Egeland & Sroufe, 1981). These outcomes include anger, aggression, attachment problems, and academic difficulties. Child psychological maltreatment has also been associated with low self-esteem, dependency, depression, dissociation, academic underachievement, and conduct problems, such as lying, aggression, and stealing (Briere & Runtz, 1988; Ferguson & Dacey, 1997; Gross & Keller, 1992).

It is important to remember that there are individual differences in children's responses to child maltreatment. One needs to consider each child's temperament, characteristics, strengths, and vulnerabilities and how they might change throughout their lifespan. O'Hagan (1995) adds that there are two general outcomes for children who have
experienced emotional abuse, depending on whether they internalize or externalize their distress. Many children suffer silently and tend to avoid expressing negative emotions overtly. Their caregivers often require or demand that negative feelings be outwardly suppressed, and professionals may fail to recognize the effects of maltreatment in these children (O’Hagan). Other children “act out,” or respond with anger and aggression. They tend to have serious academic and interpersonal problems, but they are more likely to be identified and to receive help than children who internalize their emotions (O’Hagan).

Oates (1996) indicates that the types and effects of psychological maltreatment can vary depending on the child’s age. For example, rejection or ignoring can lead to mistrust, especially in infancy. Terrorizing and ignoring during the toddler years can decrease initiative and self-esteem. These ideas reflect Erik Erikson’s (1959) theory of identity and development across the lifespan. For example, rejection in infancy can prevent a child from resolving the conflict of trust versus mistrust in an adaptive way. Oates also believed that isolating older children and adolescents could impair social competence because these children might become anxious and suspicious of others. They may also develop a negative view of the world, regard it as hostile, exhibit anti-social behaviour, and be difficult to help. These effects can be life-long and hinder the child’s ability to form healthy relationships (Oates). Furthermore, these individuals may have a vulnerability to depression that persists into adulthood (Ferguson & Dacey, 1997; Gross & Keller, 1992; Oates, 1996).

There is also some published data on the long-term effects of child psychological maltreatment. For example, child psychological maltreatment was significantly related to later psychological symptoms in two large university samples (Demaré, 1994, 1996).
Moreover, child psychological maltreatment was a significant predictor of depressive and trauma symptoms for women and men (Demaré, 1996). In addition, Demaré (1994) found that child psychological maltreatment was a stronger predictor of adult psychological symptomatology than was either child physical abuse or child sexual abuse.

Using another university sample, Gross and Keller's 1992 study indicated that, compared to physical maltreatment, psychological maltreatment may be more strongly associated with depression; that is, once the effects of psychological abuse were removed, the effects of physical abuse on depression became insignificant. Psychological maltreatment was a more powerful predictor of depression, low self-esteem, and attributional style than was physical abuse, although the amount of variance explained by each abuse variable was moderate. Gross and Keller concluded that child psychological maltreatment and co-occurring physical and psychological maltreatment result in a tendency towards depression and low self-esteem long after the abuse occurs. This finding replicates Briere and Runtz's (1990) work, which also identified a relationship between child psychological maltreatment and low self-esteem.

In a sample of female health care professionals, Ferguson and Dacey (1997) demonstrated that the majority of women who reported child psychological maltreatment also reported mild to moderate depression, while the majority of women in the nonabused control group reported no depression. In a community sample of women, Sengsouvanh and Runtz (2002) also found a relationship between child psychological maltreatment and adult depression. Furthermore, they found that interpersonal problems mediated the relationship between child psychological maltreatment and adult depression. These results are important because they suggest that healthy interpersonal relationships may act
as a protective factor against depression in women who have experienced child psychological maltreatment. Moreover, addressing interpersonal problems may be one way of intervening and reducing women’s risk for depression, particularly for women with histories of child psychological maltreatment.

In addition, Ferguson and Dacey’s (1997) research indicated a link between child psychological abuse and dissociation in adulthood. Women who experienced psychological maltreatment reported more frequent dissociative experiences than women in the nonabused control group. This research supports Briere and Runtz’s 1988 study, which also found a relationship between child psychological maltreatment and dissociation. Furthermore, Higgins and McCabe (2000) found that psychological maltreatment was more strongly related to trauma symptomatology and self-deprecation than were sexual abuse, physical abuse, neglect, or witnessing family violence. Moreover, there appears to be an association between childhood verbal abuse (a subset of psychological maltreatment) and later personality disorders. Johnson et al. (2001) found that individuals who reported that their mothers had verbally abused them were more than three times as likely as individuals who did not report child verbal abuse to have paranoid, borderline, narcissistic, and obsessive-compulsive personality disorders in adolescence or young adulthood.

In summary, the literature supports a link between child psychological maltreatment and negative effects in childhood and adulthood. Possible consequences for children include anger, aggression, low self-esteem, academic underachievement, depression, dissociation, poor affect regulation, and behavioural problems (Black et al., 2001; Hart et al., 1996; Oates, 1996). These difficulties may continue into adulthood.
Psychological Maltreatment and Relationships

(Briere & Runtz, 1988; Briere & Runtz, 1990; Ferguson & Dacey, 1997; Gross & Keller, 1992), and other problems may arise, such as trauma symptoms and personality disorders (Higgins & McCabe, 2000; Johnson et al., 2001). Moreover, recent research has identified one mediator (interpersonal problems) between child psychological maltreatment and later depression (Sengsouvanh & Runtz, 2002). There is a need to explore other possible mediators between psychological maltreatment in childhood and later adjustment in adulthood. A further understanding of the mechanisms by which child psychological maltreatment impacts adult functioning could guide clinical interventions in this area. Some researchers are starting to examine the interpersonal consequences of child psychological maltreatment, including its effects on romantic relationships in adulthood.

Child Psychological Maltreatment, Romantic Relationships, and Attachment

Most of the research on child psychological maltreatment has focussed on the possible consequences to the person’s psychopathology or individual adjustment rather than the effects on the person’s social or interpersonal functioning. More recently, researchers have studied the interpersonal effects of child psychological maltreatment (Sengsouvanh & Runtz, 2002), including the link between child psychological maltreatment and adult romantic relationships (Belt & Abidin, 1996; J. L. Davis et al., 2001; Sappington et al., 1997; Varia & Abidin, 1999). There is also some research on the links between child sexual abuse or child physical abuse and romantic relationships (DiLillo & Long, 1999; Martin & Runtz, 2002; Whiffen, Judd, & Aube, 1999). Overall, however, child psychological maltreatment may be an important variable that has been overlooked in the literature on romantic relationships. Other researchers have examined
the association between early family influences and later romantic relationships rather than child psychological maltreatment per se (Conger, Cui, Bryant, & Elder, 2001; Feldman, Gowen, & Fisher, 1998).

**Family Influences**

One way that child psychological maltreatment could affect adult romantic relationships is through family influences. The early family environment teaches people how to relate to others, develop closeness, communicate, and handle conflicts. Several researchers also argue that the communication skills used in romantic relationships may be heavily influenced by one's earlier family environment (Feldman et al., 1998; Furman & Flanagan, 1997).

In their 1998 prospective longitudinal study of romantic intimacy in young adults, Feldman et al. found that adolescents’ reports of family cohesion and flexible control predicted their happiness in love in young adulthood. Flexible control is the ability of the family to adapt to different situations and needs. It predicted both romantic attachment style and happiness in love for both genders, although the association was stronger for women. Family cohesion predicted happiness in love for young women, but not for young men. Conger et al. (2001) also found evidence that family variables influence later romantic relationship quality. Based on observational and self-report data, they concluded that how parents socialize their children affects the children’s later interpersonal competence in romantic relationships. Furthermore, they found that interpersonal competence in partner interactions mediated the association between parenting and romantic relationship quality in young adulthood. These findings indicate that improving one’s interpersonal competence may enhance the quality of one’s intimate relationships.
In a 1996 study of married women and men in the community, Belt and Abidin examined the relationships between early parental care, child abuse, and marital quality and conflict. They found that if women perceived their parents' early care as warm and positive, they were more likely to believe that they and their partners were committed to their own marriage and to feel positively about it. For men, early parenting and abuse experiences did not predict support or depth in their marital relationships. However, men’s perceptions of overprotection by their parents when they were children predicted reports of marital conflict (Belt & Abidin, 1996). Overprotection or overcontrolling behaviour can also be considered child psychological maltreatment if it is severe enough. Belt and Abidin also raised the important issue of whether child abuse or poor parenting is more predictive of romantic relationship difficulties in adulthood. In summary, child maltreatment and early parenting appear to influence adult romantic relationships (Conger et al., 2001), but these effects are complicated and appear to differ by gender (Belt & Abidin, 1996; Feldman et al., 1998). One variable that may also influence these complex relationships is attachment.

Attachment Theory

Another useful framework for conceptualizing how child psychological maltreatment could affect later romantic relationships is attachment theory. Although I will use the term attachment theory, attachment is probably best thought of as an overarching framework rather than a single theory. Attachment involves social and biological principles and is studied from multiple perspectives including social, cognitive, developmental, and clinical psychology. As a result, there is a rich literature on attachment theory. This review will focus mainly on adult attachment between romantic
partners rather than parent-child attachment, although the two are related. However, it is necessary to briefly describe child attachment in order to understand adult attachment.

Attachment can be broadly defined as a close emotional bond between two individuals (Pietromonaco & Feldman Barrett, 2000). In regard to child attachment, a child develops an attachment or bond with a parent or parental figure, who becomes an attachment figure. If a child bonds strongly with another family member or important adult, they may also become an attachment figure for the child. The goal of attachment is to maintain proximity to and receive protection and care from the parental figure(s) (Bowlby, 1969). This goal is sometimes described as attempting to achieve “felt security,” or psychological security. Felt security is experienced when the attachment figure validates that the child is loved and competent. Ideally, a parental or attachment figure acts as a secure base from which the child can explore the world and develop a sense of autonomy and competence (Bowlby).

Depending on the nature of the parent-child relationship, the child may have a secure or insecure attachment. A secure attachment is one in which the child feels that she or he can depend on the parent or parental figure to be responsive and caring. As a result, the child views herself or himself as deserving of care and as a worthy or valuable person. A child who is insecurely attached feels that he or she can not rely on the parental figures to be responsive, and therefore feels a lower sense of self-worth than a securely attached child. Initially, attachment can be thought of as a quality of the parent-child relationship, but as the child grows up, attachment is thought to become a stable attribute of the person.

As the child grows into adulthood, child attachment evolves into adult attachment,
which influences interpersonal relationships in adulthood. Although child attachment and adult attachment are related, the continuity between the two probably decreases with age (Hazan & Shaver, 1987) and with more experience in intimate relationships. Romantic relationships differ from parent-child relationships in two major ways: the caregiving is more mutual, and sexual attraction is usually involved in romantic relationships (Hazan & Shaver). Adult attachment has been conceptualized as an integration of three behavioural systems: attachment, caregiving, and sexuality (Shaver & Hazan, 1988). The attachment system maintains the emotional bond between the partners. Caregiving involves parenting and raising children. Sexuality also contributes to the romantic bond and encourages reproduction. The goal of adult attachment is to maintain felt security and closeness to one's partner. From an evolutionary perspective, the purpose of this bond is to keep the couple together long enough to successfully rear children.

At first, attachment was mainly conceptualized as either secure or insecure. Then theorists and researchers established two kinds of insecure attachment: avoidant and anxious (Ainsworth, Blehar, Waters, & Wall, 1978). Avoidant attachment involves discomfort with or a fear of closeness in interpersonal relationships. Individuals who are highly avoidant in their attachments tend to be extremely self-sufficient and somewhat distant in their romantic relationships. In contrast, anxious attachment is characterized by excessive dependence and a high need for closeness. In a nationally representative sample, Mickelson, Kessler, and Shaver (1997) used Hazan and Shaver's (1987) self-report measure of attachment and classified 59% of participants as secure, 25% as avoidant, and 11% as anxious.

As attachment theory expanded, a fourth style emerged. According to
Bartholomew and Horowitz (1991), there are four primary attachment styles: secure, dismissing, preoccupied, and fearful. A dismissing style is the same as an avoidant style and a preoccupied style is equivalent to an anxious style. For simplicity, I will use the newer terms of dismissing and preoccupied. Both a need for closeness and a fear of intimacy characterize a fearful style. Intimacy refers to closeness in a broad sense and not just sexual or physical intimacy.

Bowlby (1973) theorized that people form mental representations of their caregivers and themselves, which are called “internalized working models of the self and others.” Working models of the self are organized self-representations and rules that guide one’s thoughts, beliefs, feelings, and behaviour. They also influence one’s responses in relationships. Internalized working models of self and others help individuals predict and make sense of their world, which leads them to behave in ways that can increase survival and adaptive functioning (Pietromonaco & Feldman Barrett, 2000). Working models of the self and working models of others are often discussed and studied as if they are independent of one another, but they likely operate interdependently (Pietromonaco & Feldman Barrett).

In regard to attachment styles, individuals with secure attachment styles are thought to have positive working models of the self as well as positive working models of others (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). That is, they generally view themselves and others positively. For example, they generally believe that people are good and can be trusted. Individuals that are high on security can depend on others, are comfortable with intimacy, and are not worried about being unloved or abandoned (Collins & Read, 1990).
Individuals with a dismissing style are thought to have a positive working model of self and a negative working model of others. They tend to be highly independent, uncomfortable with closeness, and somewhat mistrusting of other people. Moreover, peers rated dismissing adolescents as having high levels of hostility and defensiveness (Kobak & Sceery, 1988). Defensiveness could be a mechanism through which individuals that are high on dismissiveness protect their positive models of self. Perhaps, highly dismissive people have a somewhat “fragile” positive model of self that may hide deeply buried negative self-evaluations. The person may be unaware or in denial of these negative self-views. Defensiveness and being detached from others could help them to preserve this positive view of themselves (Pietromonaco & Feldman Barrett, 2000).

In contrast, individuals with a preoccupied style are thought to have a negative model of self and a positive model of others. They tend to look to others for approval and validation that they are worthy individuals. People high on preoccupation usually desire a high level of closeness, are afraid of being unloved or abandoned, and may be clingy, dependent, or demanding (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Hazan & Shaver, 1987). Individuals with a fearful attachment style are believed to have a negative model of self and a negative model of others. They both desire and fear closeness, and they may alternate between seeking out others for close relationships and avoiding or distancing themselves from others (Bartholomew & Horowitz, 1991; Pietromonaco & Feldman-Barrett, 2000).

Research indicates that how internal working models operate might not be as simple as some researchers theorize. For example, some studies on working models and attachment styles show unexpected results. They suggest that individuals that are high on
preoccupation may have both positive and negative models of others (Hazan & Shaver, 1987; Collins & Read, 1990). In addition, some researchers find that dismissing people have a negative model of self (Simpson, Rholes, & Phillips, 1996) rather than a positive model of self, which Bartholomew and Horowitz (1991) proposed. More research is needed to clarify the internal working models of people with different attachment styles. Some researchers question whether internal working models should be viewed as globally negative or globally positive (Fraley & Shaver, 2000). Furthermore, Fraley and Shaver argue that attachment is better conceptualized as systems of affect and behavioural regulation rather than as internal working models.

Although attachment has been conceptualized in terms of styles, attachment can be viewed in terms of dimensions rather than styles. In other words, instead of categorizing individuals into one of four styles, individuals could possess various degrees of each attachment style or dimension. Bartholomew and Horowitz (1991) found some evidence that individuals were often high on more than one attachment dimension. In addition, a dimensional approach would allow one to measure possible changes in attachment more accurately than a categorical or stylistic approach.

There is still some debate about whether a “types versus dimensions” approach is better for conceptualizing and studying adult attachment (see Fraley & Shaver, 2000 for a review). Griffin and Bartholomew (1994) assert that a prototype approach, which combines both dimensional and categorical approaches, is best. Based on their analyses, however, Fraley and Waller (1998) argue that individual differences in adult attachment styles do not fit a categorical model. Research using taxometric techniques supports their arguments (Meehl as cited in Fraley, Waller, & Brennan, 2000; Waller & Meehl as cited
in Fraley et al., 2000). Categories can still be somewhat useful, however, for convenience or for comparing findings to previous research. In addition, dimensional approaches and stylistic approaches are not necessarily mutually exclusive. For some self-report attachment measures that are primarily dimensional, it is still possible to classify individuals into categories if deemed necessary (Brennan & Shaver, 1998; Fraley et al., 2000).

Another important issue is the stability of attachment styles or dimensions. Most researchers agree that attachment styles are not necessarily fixed for a person's entire lifetime. Nevertheless, there is still disagreement about how stable attachment styles are from childhood to adulthood and how much attachment styles change in adulthood (see Cassidy, 2000; Fraley & Shaver, 2000 for reviews). Historically, it was believed that a person had one primary attachment style that remained fairly stable throughout their life. However, one unpublished longitudinal study found that the correlation between security at one year of age and security in adult romantic relationships was only .17 (Steele, Waters, Crowell, & Treboux as cited in Fraley & Shaver, 2000).

Although there is evidence for the stability of attachment styles, research also shows that people have (a) different attachment styles for different attachment figures and that (b) attachment might change between relationships or (c) even across a single relationship (Bartholomew & Horowitz, 1991). Furman and Flanagan (1997) note that a change of partner or relationship does not necessarily mean a change in style. In support of the third point, Hazan and Hutt (as cited in Kirkpatrick & K. E. Davis, 1994) found that 25% of participants reported a change in adult romantic attachment style, primarily from insecure to secure. This change was associated with being in a relationship that
invalidated the person’s negative model of self. In other words, the partner helped the person to view himself or herself more positively. On the other hand, Hazan and Hutt’s study could also be viewed as evidence of the stability of adult attachment styles because 75% of the participants did not report a change in their style. Some researchers believe that when changes in attachment style do occur, they happen slowly and with some difficulty (Pietromonaco & Feldman Barrett, 2000).

Given the varying ways in how attachment can change, Pietromonaco and Feldman Barrett (2000) propose the concept of an attachment “trajectory.” This term further promotes the idea that attachment can be dynamic and can fluctuate throughout a person’s lifetime. A trajectory conceptualization does not necessarily replace dimensional or stylistic approaches, but rather supplements them. The trajectory approach meshes well with principles from developmental and life span psychology which remind us that a person experiences many changes in childhood, adolescence, and adulthood. In addition, research from life span psychology indicates that adulthood encompasses a long time period of growth and development including young adulthood, middle age, late adulthood, and very late adulthood. From this perspective, it makes sense to view attachment as an aspect of one’s personal and relational development that follows a trajectory over the life span. There are probably individual differences in these trajectories, with some people demonstrating more stability in their attachment styles and others demonstrating more change (see Cichetti & Barnett, 1991; Davila, Burge, & Hammen, 1997; Schneider-Rosen et al. as cited in Cichetti & Toth, 1995).

A final conceptual issue is whether attachment should be thought of as a construct that exists within a person or within a relationship. In other words, is attachment an
individual difference variable or a relational variable? Hazan and Shaver (1987) argue that we have probably overemphasized attachment as an individual variable. I believe that attachment may be a bridge for understanding how one’s development of the self affects one’s relationships with others and vice versa. However, no consensus has been reached about the best way of viewing attachment in terms of its individual and relational aspects (see Pietromonaco & Feldman Barrett, 2000). This is an important and unresolved issue that has serious implications for how attachment theory will evolve, how it should be studied and measured, and how it informs clinical interventions.

**Adult Attachment and Romantic Relationships**

There has been a lot of research on adult romantic attachment and the quality of romantic relationships. Adult attachment has been linked to relationship satisfaction (Collins & Read, 1990; Feeney, Noller, & Callan, 1994; Pistole, 1989; Simpson, 1990), relationship stability (Feeney & Noller, 1990; Kirkpatrick & K. E. Davis, 1994), communication patterns (Collins & Read, 1990; Feeney et al., 1994), and conflict resolution (Feeney et al., 1994; Pistole, 1989; Simpson et al., 1996; Styron, & Janoff-Bulman, 1997). More specifically, securely attached people tend to report high levels of satisfaction, intimacy, trust, and commitment in their romantic relationships (Collins & Read, 1990; Hazan & Shaver, 1987; Pistole, 1989; Simpson, 1990). They also tend to have high levels of positive affect and low levels of negative affect in their romantic relationships (Simpson, 1990). Furthermore, individuals that are high on security tend to report romantic relationships that endure (Feeney & Noller, 1990; Hazan & Shaver, 1987).

Kirkpatrick and K. E. Davis (1994) found that highly dismissing people who were
paired with highly preoccupied individuals had relationships that lasted as long as secure couples’ relationships. However, couples that consisted of one dismissing person and one preoccupied person also reported low levels of satisfaction. This highlights the point that stability does not necessarily equal satisfaction (Kirkpatrick & K. E. Davis). Preoccupied men and dismissing women experience the highest break-up rates (Kirkpatrick & K. E. Davis). Interestingly, these individuals possess attachment styles that violate gender norms the most.

Being highly preoccupied is associated with low satisfaction, dependence, jealousy, obsession, and high levels of conflict (Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987). In particular, preoccupied attachment in women was negatively related to men’s relationship satisfaction (Collins & Read, 1990; Simpson, 1990). Women high on preoccupation possess a particularly high desire for intimacy, and men may find this need threatening to their autonomy. Less is known about how the fearful style affects romantic relationships because this style has been conceptualized more recently and there is less research on it.

Attachment style is also related to communication and conflict resolution, which can influence the quality of romantic relationships. Pistole (1989) found that securely attached participants were more likely to use mutually focussed conflict strategies, such as compromising, in their romantic relationships. Mutually focussed strategies involve considering both the other person’s and one’s own ideas and needs when resolving conflicts. In contrast, highly preoccupied individuals were more likely to oblige or give in to their partner during conflicts than highly dismissing people. Preoccupied individuals may view conflicts as a threat to the relationship and give in to their partner to preserve
the relationship (Pistole). Feeney et al. (1994) studied 35 married couples longitudinally. They used the attachment scales *Comfort with Closeness* and *Anxiety over Abandonment*, developed by Feeney (as cited in Feeney et al., 1994), and found that the scales were associated with concurrent relationship satisfaction and communication. *Comfort with Closeness* was related to husbands’ reports of constructive communication patterns and relationship satisfaction, which is compatible with Pistole’s findings about highly secure people using adaptive conflict tactics.

For women and men, *Anxiety over Abandonment* was related to low satisfaction and negative conflict patterns (Feeney et al., 1994). Furthermore, Simpson et al. (1996) found that anxious attachment was related to displaying more stress and feeling more anger and hostility towards one’s partner during conflicts. In addition, avoidant men demonstrated less warmth and supportiveness towards their partner during a discussion about a problem in their relationship, but they did not report more anger or distress. Attachment style also predicted later relationship quality (Feeney et al.). Anxious attachment predicted negative responses to conflict for wives and later relationship satisfaction for husbands. Earlier satisfaction and communication predicted later attachment style for husbands only (Feeney et al.). The last finding is interesting because it indicates that the quality and processes of romantic relationships can influence attachment, and that the association between attachment and relationships is probably reciprocal. It also supports the idea that adult attachment can change depending on one’s partner and the dynamics of a particular romantic relationship.

*Healthy versus Distressed Romantic Relationships*

The quality of romantic relationships more likely lies on a continuum rather than
falling neatly into two categories of healthy versus distressed relationships. However, the literature on dating and marital relationships indicates that happy, satisfied couples differ markedly from unhappy, dissatisfied couples (Gottman, Coan, Carrere, & Swanson, 1998; Halford, Kelly, & Markman, 1997; Hill & Peplau, 1998; Noller & Feeney, 1998).

Couples in satisfying, long-term relationships usually experience several benefits: a sense of belonging, a source of social support, and a buffer against life stressors. In contrast, people in unhealthy or distressed romantic relationships may be vulnerable to stress and suffer more negative effects in response to environmental stressors (Halford et al., 1997). For example, there is a strong association between problems in intimate relationships and depression (Burns, Sayers, & Moras, 1994; Zlotnick, Kohn, Keitner, & Della Grotta, 2000).

In addition, happy couples tend to show high levels of positive affect (Noller & Feeney, 1998), whereas negative affectivity and considerable conflict often characterize unhappy relationships (Gottman et al., 1997; Halford et al., 1997; Noller & Feeney, 1998). These findings are similar to Simpson's (1990) reports that securely attached individuals tend to have high positivity and low negativity in their romantic relationships, and insecurely attached people tend to exhibit the opposite pattern. Distressed couples also tend to think about their partners in negative ways and have negative relationship schemata or beliefs about the relationship (Halford et al., 1997). Moreover, happy couples tend to be more effective at communication and conflict resolution than unhappy couples (Gottman et al., 1998; Hill & Peplau, 1998; Noller & Feeney, 1998). Research on attachment also points to a relationship between greater satisfaction and good communication (Collins & Read, 1990).
An important point is that the qualities that bring two people into a dating relationship are not necessarily the same qualities that maintain a stable, long-term relationship. For example, two individuals may enter a dating relationship because of physical attraction and common interests. However, good communication, the ability to resolve conflicts, and adaptation to changing life circumstances appear to be more important in keeping a couple together in the long-term (Halford et al., 1997). In addition, it is important to remember that most of the research on long-term romantic relationships is based on opposite-sex relationships. Researchers might not ask about sexual orientation and assume that both individuals are heterosexual.

**Sexual Orientation and Gender Identity in Romantic Relationships**

To discuss sexual orientation and gender identity in romantic relationships, it is important to first define sex and gender before defining sexual orientation and gender identity. One caveat, though, is that definitions on these terms differ and there is no clear consensus. Many definitions are perpetually evolving and some definitions are controversial. Some people have their own personal definitions that influence how they identify in terms of sexual orientation and gender, how they conceptualize their sexual identity and gender identity, and how they function in their romantic relationships. I will present what I believe are the best definitions at this point in time from my own understanding of the issues.

Sex refers to the biological features that are related to being male or female, such as hormones, chromosomes, and genitalia (Kessler & McKenna, 2000). Sex and gender are often used synonymously and they are related to each other, but they are also distinct concepts. Gender is socially constructed and refers to the gender norms, roles,
stereotypes, and expectations that people have when someone appears to be female or male (Kessler & McKenna). Sexual orientation can be defined as the person’s attractions or propensity to be romantically or sexually involved with people of one or more genders (see Committee on the Status of Sexual Minorities, 2000; Ellis & Mitchell, 2000). I believe that it is crucial to respect how individuals self-identify instead of attempting to determine their sexual orientation for them based on their behaviour, attractions, or relationship history.

Men who are attracted to men often identify as gay and women who are attracted to women often identify as lesbian. The issues can be more complex when a person identifies as bisexual. Bisexuality can be defined as attractions to women and men (or to people of another gender) (Ellis & Mitchell, 2000). Identifying as bisexual does not necessarily mean that one is equally attracted to men and women at all times. A person who identifies as bisexual may prefer women more at one point in their life, but prefer men more at another time. In addition, researchers often assume that if the couple consists of a woman and a man, then both individuals are heterosexual, and if a couple consists of two women or two men, then the common assumption is that both individuals are lesbian or gay. However, these assumptions may be incorrect at times. In an opposite-sex couple or a same-sex couple, one or both individuals could identify as bisexual. It is important to distinguish gender from sexual orientation, and not to assume that one can determine a person’s sexual orientation from the gender or gender presentation of the person’s partner.

Another noteworthy consideration is that sexual orientation is not necessarily fixed for life, which is analogous to the concept of attachment styles being somewhat
dynamic and changeable. Discussion of the stability and fluidity of sexual orientation, both in general and for a specific person, is beyond the scope of this paper. However, it is important to note that some individuals may regard their own sexual orientation as somewhat fluid. This issue may be particularly salient for young adults, who may be attempting to consolidate their sexual identity and gender identity. In addition, some individuals may decide not to adapt a label for themselves or for their sexual orientation because of different reasons, such as a dislike of labels or a belief that people’s attractions are too complex to fit any one label.

Although there is a lack of research on same-sex relationships, the current literature suggests that women and men in same-sex couples are flexible in their gender roles rather than conforming to traditional gender roles (Brown & Zimmer as cited in Julien, Arellano, & Turgeon, 1997; Peplau & Cochran as cited in Julien et al., 1997). Furthermore, same-sex couples who adhered to opposite gender roles (i.e. a feminine role and a masculine role) demonstrated more negative behaviours during conflict resolution than same-sex couples who were more flexible in their gender roles (Arellano as cited in Julien et al., 1997). Same-sex couples also show demand-withdrawal patterns that are largely similar to opposite-sex couples (Arellano as cited in Julien et al., 1997; Julien, Pizzamiglio, Chartrand, & Begin as cited in Julien et al., 1997). According to the demand-withdrawal theory about conflict resolution in opposite-sex couples, women tend to broach issues in the relationship or demand that they be dealt with, whereas men tend to withdraw from the discussion or conflict. However, research does not show that male same-sex couples withdraw more than female same-sex couples or that female same-sex couples confront each other more than male same-sex couples (Arellano as cited in Julien...
Gender identity refers to how the person self-identifies in terms of their gender. Gainor (1998) makes a clear distinction between gender and gender identity: “Whereas gender is the external, societal identification of what is male and female, gender identity refers to the internal, individual identification with maleness and femaleness as well as the processes by which such feelings (and their subsequent roles) are internalized and presented to society” (p. 137). For example, gender is often thought of as either male or female, but some individuals identify as something else (e.g. transgendered, intersexed, Two Spirited, etc.) (see Gagné & Tewksbury, 1997). There are also other labels for other genders, but I have only mentioned some of the more common labels. Although there is some literature on transgenderism, there is clearly a lack of research on intersexed, transgendered, and Two Spirited people, and I do not know of any research on their romantic relationships. We do not know if the extant literature on romantic relationships, which is largely based on opposite-sex couples and heterosexual individuals, applies to people who are lesbian, gay, bisexual, transgendered, intersexed, or Two Spirited. Furthermore, we do not know how child psychological maltreatment might affect the later romantic relationships of these individuals.

Possible Links between Child Psychological Maltreatment and Romantic Relationships

Although a few studies exist in this area (Belt & Abidin, 1997; J. L. Davis et al., 2001; Sappington et al., 1997; Varia & Abidin, 1999), there is relatively little research on the link between child psychological maltreatment and adult romantic relationships. The studies that have been conducted point to an association between child psychological
abuse and problems in adult romantic relationships.

**Child Psychological Maltreatment and Attachment**

Children who have been abused are more likely to have an insecure attachment style (Carlson, Cichetti, Barnett, & Braunwal, 1989; Crittenden, 1988; Egeland & Sroufe, 1981; Schneider-Rosen, Braunwald, Carlson, & Cichetti as cited in Cichetti & Toth, 1995). Moreover, young maltreated children who are securely attached have less stable attachments than young maltreated children who are insecurely attached (Cichetti & Barnett, 1991; Schneider-Rosen et al. as cited in Cichetti & Toth, 1995). In other words, even those abused children who have secure attachments are still at risk of developing insecure attachments. Roche, Runtz, and Hunter (1999) found that women who had experienced child sexual abuse were more fearful and less secure than nonabused women. In addition, adult attachment was found to mediate the association between child sexual abuse and psychological adjustment in adulthood (Roche et al., 1999). One study specifically examined child psychological maltreatment and found that adults who reported child psychological abuse were more likely to classify themselves as having a predominantly insecure attachment style in general (Varia & Abidin, 1999).

It is not surprising that child maltreatment affects attachment in these ways. A child who experiences abuse is likely to perceive themselves as “bad” and deserving of the abuse. Viewing the parents as “bad” threatens the attachment relationship because the child depends on the parents for care. Instead, the child will probably blame himself or herself to make sense of the abuse and to preserve attachment to the parents (Wekerle & Wolfe, 1996). Blaming oneself also allows the child to feel more in control because if the child can be “good,” then maybe the abuse will end. This self-blame and these negative
self-evaluations can contribute to insecure attachment. In addition, the parent’s abusive behaviour can lead to mistrust and a negative working model of others.

The literature on adult attachment and romantic relationships indicates that insecure attachment is related to jealousy, conflict, mistrust, a lack of closeness, low satisfaction, and other relationship problems (Collins & Read, 1990; Hazan & Shaver, 1987; Kirkpatrick & K. E. Davis, 1994; Pistole, 1989; Simpson, 1990; Simpson et al., 1996). Maltreated children are also more likely to be high on the fearful dimension (Carlson et al., 1989) than children who have not been abused. If this fearful style continues into adulthood, the person may have particularly distressed relationships (George, 1996) because fearfulness is believed to involve negative working models of self and others (Bartholomew & Horowitz, 1991). Individuals high on fearfulness may have conflicting goals of seeking intimacy and maintaining independence, but balance these two goals less adaptively than highly secure people (Pietromonaco & Feldman-Barrett, 2000). This problem could lead to approach-avoidance behaviour (Pietromonaco & Feldman-Barrett) and could impact trust, intimacy, and commitment in romantic relationships.

In conclusion, adults who were maltreated in childhood tend to have predominantly insecure adult attachment styles and tend to choose partners who are insecurely attached (Crittenden, Partridge, & Claussen, 1991). For example, individuals that are high on the dismissing dimension of attachment often choose partners who are high on the preoccupied dimension (Collins & Read, 1990; Kirkpatrick & K. E. Davis, 1994; Simpson, 1990; Pietromonaco & Carnelly, 1994). These tendencies may have implications for how satisfied they are in their romantic relationships.
Relationship Quality and Relationship Satisfaction

There is some debate in the literature on romantic relationships, particularly in the marital literature, about whether relationship quality and relationship satisfaction are the same (Harrison & Westhuis, 1989). One argument is that people in high quality relationships tend to be highly satisfied; therefore, relationship quality and satisfaction are actually one construct. For instance, some measures of relationship quality closely resemble measures of relationship satisfaction. In contrast, another argument is that relationship quality is the combined characteristics of a relationship, such as trust, closeness, and commitment, whereas relationship satisfaction is how a person feels about the relationship. For instance, individuals who are high on the dismissing dimension of attachment may be in a relationship that is low in quality or intimacy but they may be quite satisfied with the relationship. I believe that relationship quality and relationship satisfaction are two distinct but highly related constructs, and that each variable influences the other.

Child Psychological Maltreatment and Relationship Quality and Satisfaction

Child psychological maltreatment appears to be related to difficulties in romantic relationships, including a fear of intimacy (J. L. Davis et al., 2001) and decreased satisfaction (Varia & Abidin, 1999). J. L. Davis et al. found that women who experienced child sexual abuse or multiple forms of child maltreatment reported lower quality in their past romantic relationships than women who reported no abuse. Furthermore, experiencing child psychological maltreatment or both child sexual and physical abuse predicted a fear of intimacy in women.

The association between child psychological maltreatment and relationship
satisfaction may depend on whether people identify the maltreatment as “abuse” or minimize the maltreatment. Varia and Abidin (1999) found that women and men who were not abused and people who minimized the maltreatment reported receiving significantly more support from their partners than individuals who acknowledged the abuse. One problem with the study is that Varia and Abidin inferred relationship satisfaction from the level of partner support instead of measuring satisfaction directly. Varia and Abidin’s findings should be viewed with some caution because their study is the only one I know of that has examined the effects of minimizing child psychological maltreatment on the quality of adult relationships (both marital and parental). Overall, however, these studies indicate that child psychological maltreatment affects relationship quality, support, and satisfaction in adverse ways (J. L. Davis et al., 2001; Varia & Abidin, 1999).

Nevertheless, how child psychological maltreatment decreases relationship satisfaction is unclear. One possibility is that the association between child psychological maltreatment and satisfaction in romantic relationships is mediated by adult attachment. More specifically, child psychological maltreatment could contribute to insecure attachment, which could influence relationship quality and satisfaction. Varia and Abidin (1999) proposed another explanation. They speculated that survivors of child psychological maltreatment transfer anger, resentment, and insecurity from their childhood experiences with their parents to their adult romantic partners (Varia & Abidin). This pattern could be related to being insecurely attached. These possible tendencies could result in more conflict in romantic relationships, which could lead to decreased satisfaction.
Some researchers have found an association between child psychological maltreatment and conflict in later romantic relationships (Belt & Abidin, 1996; Varia & Abidin, 1999). Belt and Abidin studied the effects of child verbal abuse on intimate relationships and found that verbal abuse in childhood predicted higher levels of marital conflict for women, but not for men. In this study, marital conflict was defined as angry and ambivalent feelings towards one's spouse. Similarly, Varia and Abidin found that adults who acknowledged child psychological maltreatment scored significantly higher on conflict with their partners than participants who reported no abuse. Child psychological maltreatment could be associated with later relationship conflict in a number of ways. First, people who have experienced child psychological maltreatment may have learned to relate to others ways that involves a high level of conflict. They might then continue this pattern with their romantic partners. In addition, they have probably had fewer opportunities to learn how to constructively resolve conflict. As a result, they may have learned to avoid conflict or to use negative conflict resolution tactics. Maladaptive conflict strategies tend to result in more conflict because unresolved conflict usually resurfaces (Halford et al., 1997).

In summary, child psychological maltreatment appears to be related to insecure attachment, relationship dissatisfaction, and low relationship quality. In addition, adult attachment is also associated with satisfaction and quality in romantic relationships. However, it is not clear how all these variables are related to each other.

**Present Study**

The purpose of this study is to explore whether there is an association between child psychological maltreatment and romantic relationship quality and satisfaction. For
this study, I will be examining child psychological maltreatment that occurred between a person and their parents or parental figures in childhood, rather than between the person and other individuals. Another purpose of the study is to explore relationships between child psychological maltreatment and adult attachment (see Figure 1). I explored how gender affected the model illustrated in Figure 1, but I was unable to explore how sexual orientation would affect the model due to the low numbers of participants who reported being bisexual, lesbian, or gay (see the Overall Demographics section of the Results). The following hypotheses were tested:

1. Individuals who report higher levels of child psychological maltreatment will score lower on romantic relationship quality and satisfaction than individuals who report lower levels of child psychological maltreatment.

2. Child psychological maltreatment will be related to adult attachment. Participants who report greater levels of child psychological maltreatment will be higher on insecure attachment dimensions than participants who report lower levels of child psychological maltreatment.

3. Adult attachment will be associated with romantic relationship quality and satisfaction. That is, individuals who report lower levels of insecure attachment dimensions (Anxiety and Avoidance) will also report higher relationship quality and satisfaction than individuals who report higher levels of the insecure attachment dimensions.

4. Adult attachment will mediate the association between child psychological maltreatment and romantic relationship quality and satisfaction. That is, adult attachment will remain related to relationship quality and satisfaction when
Figure 1. Hypothesized model being tested. In this model, child psychological maltreatment is the independent variable, adult attachment is hypothesized to be the mediator, and romantic relationship quality and satisfaction are the dependent variables. The measures that will be used to assess the variables are in parentheses.
the effects of child psychological maltreatment are statistically removed.
Methods

Participant Recruitment

Participants were students enrolled in introductory psychology and psychology research methods classes at the University of Victoria. I did not record how many of the participants were enrolled in introductory psychology or psychology research methods courses, but I estimate that 90% or more participants were enrolled in introductory classes. They all received bonus course credit that was applied to their grade. To be eligible to participate in the study, the students had to currently be in a romantic relationship that has lasted at least three months and that was monogamous. A romantic relationship was defined for the participants as a relationship between two people that included romantic involvement, emotional involvement, and/or sexual involvement. For example, students in committed dating, co-habiting, or married relationships participated in the study. Monogamous meant that the participant was not romantically or sexually involved with anyone else outside of the relationship, and that she or he believed that her or his partner was not romantically or sexually involved with anyone else outside of the relationship. Students from the introductory and research methods classes signed up to participate through a computerized Psychology 100 subject pool. Eligibility criteria for participation were made clear in the computer posting.

Procedures

Participants were administered questionnaires in groups in a classroom setting. Questionnaires were placed on every second desk or farther apart to increase privacy. I gave a brief introduction to the study (see Appendix A), and the students were asked to read and sign informed consent forms (see Appendix B). After the participants filled out
the questionnaires, I collected the consent forms and questionnaires and placed the consent forms in one envelope and the questionnaires were placed in a separate envelope. I gave the participants a debriefing form, which provided contact information if they had any additional questions (see Appendix C). The debriefing form included contact numbers for some university or community resources where participants could seek counselling or intervention services if the study brought up personal issues that they wished to explore. The participants were asked to sign in to allow for bonus credit to be given, and they received a receipt for participating.

Measures

Demographic Questionnaire. Demographic information was collected from the participants, such as age, gender, sexual orientation, marital status, racial or cultural background, primary language, parental occupation, parental educational attainment, number of siblings, and annual family income (see Appendix D). Furthermore, on this questionnaire, participants were asked to indicate (a) whether they were currently involved in a romantic relationship, (b) the length of their current romantic relationship, (c) whether their relationship was monogamous, and (d) the gender and sexual orientation of their partner. As mentioned previously, “romantic relationship” and “monogamous” were defined in the questionnaire for the participants. These items were designed to check if the participants met the posted eligibility criteria. Even if a participant did not meet the criteria, they were given credit for participating in the study but the data were not used in the analyses.

Childhood Maltreatment Questionnaire (CMQ; Demaré, 1993, 1995, 1996; Demaré & Briere, 1994). The Childhood Maltreatment Questionnaire was designed as a
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retrospective self-report measure of child maltreatment for adults. It assessed five areas
related to child maltreatment: child psychological maltreatment, child physical abuse,
parental child sexual abuse, non-parental child sexual abuse, and emotional support. Only
the Psychological Maltreatment Questionnaire (PMQ) (see Appendix E) and the Physical
Abuse Questionnaire (PAQ) were used in this study (see Appendix F). Participants were
instructed to “please think back to your childhood and adolescence and indicate how
often you experienced each of these behaviors by at least one of your parental figures
before you were 18 years old” (Demaré, 1995). All items were rated on a five-point Likert
scale from 1 (never) to 5 (very often). Participants were asked to respond to each of the
items separately for three different parental figures: “Mom,” “Dad,” and “Other.”

The PMQ consisted of 72 items and 12 subscales, which contained 6 items each (Demaré,
1996). In the current study, the Cronbach’s alpha for the entire PMQ was .96, which
indicates high internal consistency and which is very similar to the alpha of .97 that
Demare (1996) obtained. For this study, the subscales and (Cronbach’s alpha for each
subscale) in the PMQ were: (a) _Controlling or Stifling Independence_ (CON; \( \alpha = .82 \)), (b)
_Corrupting_ (COR; \( \alpha = .68 \)), (c) _Degrading_ (DEG; \( \alpha = .89 \)), (d) _Denying Emotional
Responsiveness_ (DER; \( \alpha = .88 \)), (e) _Exploiting-Nonsexual_ (EXP; \( \alpha = .72 \)), (f) _Isolating
(ISO; \( \alpha = .82 \)), (g) _Physical Neglect_ (NEG; \( \alpha = .65 \)), (h) _Physical Terrorism_ (PT; \( \alpha = .77 \)), (i) _Rejecting_ (REJ; \( \alpha = .91 \)), (j) _Unreliable or Inconsistent Care_ (UNR; \( \alpha = .82 \)), (k)
_Verbal Terrorism_ (VT; \( \alpha = .84 \)), and (l) _Witness to Violence_ (WIT; \( \alpha = .71 \)). The mean
Cronbach’s alpha of the subscales was .79, which was slightly lower than the mean alpha
of .82 that Demaré (1996) found. Sample items from the PMQ included “Criticize,
belittle, or shame you in front of other people,” and “Refuse to allow you contact with other people” (see Appendix E).

**Physical Abuse Questionnaire (PAQ; Demaré, 1993, 1995, 1996).** The PAQ consisted of 16 items and had acceptable internal consistency ($\alpha = .85$) in this study [compared to the alpha of .89 obtained by Demaré (1995)]. The PAQ was comprised of two subscales: Physical Abuse and Severe Physical Abuse. Ten items were included in the Physical Abuse subscale, which had acceptable internal consistency ($\alpha = .85$). An example of an item from this subscale is “Spank you hard enough to cause bruising, swelling, or bleeding” (see Appendix F). The Severe Physical Abuse subscale is shorter, with 6 items and an internal consistency of .34, which is quite low compared to the alpha of .74 that Demare obtained (1995). The difference in the Cronbach’s alphas may be due to the participants responding to items separately for the three different parental figures (“Mom,” “Dad,” and “Other”) in this study. A sample item from this subscale is “Break your bone(s) or teeth when they were being rough with you.”

Demaré (1996) found that 31% of females and 37% of males reported experiencing parental physical abuse in childhood. He defined physical abuse as behaviour that caused injury or had the high potential for injury. These behaviours included spanking hard enough to cause bruising, swelling, or bleeding, throwing or knocking the child down, hitting or punching with a closed fist, kicking, choking, or harming the child with a weapon or other dangerous object. To statistically control for child physical abuse, I classified participants as having either experienced child physical abuse or not having experienced it. Participants met the criteria for child physical abuse if they endorsed any of the severe physical abuse items on the PAQ, or if they answered a
three ("sometimes") or higher on any of the other physical abuse items.

In multiple regression analyses, the PMQ correlated moderately with the Beck Depression Inventory (BDI) in samples of women \( (r = .39, n = 722) \) (Demaré, 1996) and men \( (r = .47, n = 473) \). Demaré also found correlations between the PMQ and the ten clinical scales of the Trauma Symptom Inventory (TSI; Briere, 1995) for men \( (r = .28 \text{ to } .44) \) and women \( (r = .22 \text{ to } .42) \). The PAQ also correlated with the BDI for women \( (r = .23) \) and men \( (r = .27) \). The correlations between the PAQ and the clinical scales of the TSI range from .13 to .28 for women and from .18 to .27 for men. These associations are relatively weak compared to the correlations between the PMQ and BDI and between the PMQ and TSI scales (Demaré, 1996).

**Childhood Sexual Experiences (CSE; Runtz, 2002).** The CSE was designed to measure retrospective, self-reported child sexual abuse in adults. In total, there are 21 items. The instructions asked participants to rate how frequently they experienced the following behaviours before 14 years of age, which is the local legal age of consent. There are nine items that assessed contact child sexual abuse and they are rated on a Likert scale from A (once or twice) to E (more than 20 times). In addition, respondents could select 0 (never). One sample item was "Got you to touch the sexual or private parts of their body (e.g. breasts, genitals, buttocks)" (see Appendix G).

Participants were asked to respond three times for each item: once for possible adult perpetrators, once for perpetrators who were older children or adolescents, and once for perpetrators of similar age. An adult was defined as a person age 18 years or over, and an older child or adolescent was defined as someone under 18 years of age and older by 5 years or more than the participant at the time of the sexual experience. The third category
or column specified that the "Other person was closer in age and you did not want the sexual activity or did not consent to it." If respondents had more than one experience that fit within a particular perpetrator category, they were asked to answer for the one experience that they viewed as the most significant in each category. The CSE had high internal consistency: Cronbach’s alpha was .94 for the items on sexual experiences with an adult; the alpha was .94 for items on sexual experiences with an older child or adolescent, and the alpha was .90 for items on sexual experiences with a peer.

The second part of the CSE consisted of eight items that asked about the perpetrator’s gender, the duration of the sexual abuse, the respondent’s relationship to the perpetrator, whether coercion, pressure, or physical force was used, and if the respondent perceived the event as sexual abuse. Participants were also asked to respond to these items three times for the three perpetrator categories. Furthermore, there were four follow-up questions. Two items asked whether the respondent experienced other similar child sexual experiences or adolescent sexual abuse. For each of these questions, participants were asked about their relationship to the perpetrator and if force or sexual intercourse was involved.

To statistically control for child sexual abuse in the data analyses, participants were classified dichotomously according to whether they experienced child sexual abuse or not. Participants were classified into the child sexual abuse group if they experienced one or more of the following incidents as a child: the other person touched the sexual or private parts of their body, got them to kiss or touch the other person’s body in a sexual way, got them to touch the sexual or private parts of the other person’s body, physically attempted to have sexual intercourse with them, engaged in sexual intercourse with them,
performed oral sex on them, got them to perform oral sex on the other person, or sexually
penetrated their body with a finger or other object.

In addition, the participant had to be less than 14 years of age at the time of the
first incident. If the perpetrator was an adult or was a child or adolescent who was at least
5 years older [than the participant at the time of the incident(s)], then the participant only
had to experience one or more of the sexual incidents described above before the age of
14 years to have been considered sexually abused as a child. If the perpetrator was a
boyfriend/girlfriend or someone who was less than five years older (e.g., peer, child
relative), the participant had to experience one of the sexual incidents before the age of 14
years and one additional criteria to be classified as having experienced child sexual abuse.
This last criteria was that the participant had to indicate that she or he felt pressured/
coerced or forced into engaging in the sexual behaviour, or felt that the incident was
sexual abuse.

*Experiences in Close Relationships – Revised* (ECR-R; Fraley, Waller, &
Brennan, 2000). The ECR-R was used to assess adult attachment (see Appendix H). The
ECR-R is based on the Experiences in Close Relationships (ECR) questionnaire, which
was developed by Brennan, Clark, and Shaver in 1998. According to their analyses,
Fraley et al. (2000) concluded that the ECR had better psychometric properties than the
Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994), the Adult
Attachment Scales (Collins & Read, 1990), and Simpson’s (1990) attachment scales.
Furthermore, Fraley et al. (2000) revised the ECR using item response theory7 techniques,
a theory of measurement that some researchers argue is more effective than measurement
techniques based on classical test theory (see Embretson, 1996).
The ECR-R consisted of two 18-item scales, which measured the dimensions of Anxiety and Avoidance in relationships. In addition, all items were rated on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). Respondents were asked to answer the items according to how they experienced their relationships in general; that is, it was not limited to how they perceived their current relationship. Sample items from the Anxiety scale of the ECR-R included “I’m afraid that I will lose my partner’s love,” and “My desire to be very close sometimes scares people away.” Some items from the Avoidance scale of the ECR-R were “I prefer not to show a partner how I feel deep down,” and “I am nervous when my partner gets too close to me” (Fraley et al., 2000) (See Appendix H). The Avoidance scale of the ECR-R had a Cronbach’s alpha of .92 [compared to the alpha of .94 that Brennan et al. (1998) reported for the original ECR], and the Anxiety scale of the ECR-R had a Cronbach’s alpha of .91 [identical to the alpha reported by Brennan et al., (1998) for the original ECR]. Fraley (2003) reported that Cronbach’s alpha tends to exceed .90 for each scale of the ECR-R. A subset of 5 items on the ECR-R had a test-retest reliability of higher than .70 over an eight-week period (Fraley, 2003).

*Relationship Questionnaire* (RQ; Griffin & Bartholomew, 1994). The Relationship Questionnaire consists of four paragraphs, which describe four attachment styles: Secure, Fearful, Preoccupied, and Dismissing attachment (see Appendix I). Participants are first asked to pick the paragraph which best describes them. Then on another page, participants are asked to rate each paragraph on a seven-point Likert scale from 1 (not at all like me) to 7 (very much like me). The paragraph descriptions are adapted from an attachment measure by Hazan and Shaver (1987). The Relationship Questionnaire has been shown to have convergent validity; the ratings on the RQ
correlated moderately with interview ratings of the four adult attachment styles and with the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew). The RSQ is a similar measure of adult attachment that has 30 items. In addition, Roche et al. (1999) found that ratings on the RQ were significantly related to psychological adjustment as measured by the Trauma Symptom Inventory (TSI; Briere, 1995).

*Relationship Rating Form* (RRF; K. E. Davis & Todd, 1985; K. E. Davis, 1996, 2001). The RRF was used to assess romantic relationship quality and relationship satisfaction in relation to the participant’s current romantic relationship (see Appendix J). The RRF has been used in a large number of studies to evaluate love relationships and friendships (K. E. Davis & Todd, 1985; Fraley & K. E. Davis, 1997; Hendrick & Hendrick, 1989; Kirkpatrick & K. E. Davis, 1994). It contained 68 items, seven global scales, and 20 subscales. Participants were asked to rate the items according to their views of their current romantic relationship.

The seven global scales were (a) *Viability* ($\alpha = .86$), which consisted of Acceptance/Tolerance, Respect, and Trust subscales; (b) *Intimacy* ($\alpha = .81$), which consisted of Confiding and Understanding subscales; (c) *Care* ($\alpha = .91$), which consisted of Giving the Utmost, Championing, and Assistance subscales; (d) *Passion* ($\alpha = .82$), which consisted of Fascination, Exclusiveness, and Sexual Intimacy subscales; (e) *Global Satisfaction* ($\alpha = .93$), which consisted of Success, Enjoyment, Reciprocity, and Esteem subscales; (f) *Conflict/Ambivalence* ($\alpha = .81$), which consisted of a Conflict subscale and an Ambivalence subscale; and (g) *Commitment* ($\alpha = .88$), which consisted of a single four-item scale that measured commitment to their relationship (K. E. Davis, 1996). The RRF also included a *Maintenance* subscale (which measures maintenance behaviours in
the relationship; $\alpha = .64$), a Coercion subscale (which assessed coercive behaviour; $\alpha = .88$), and one item on Equality (which assessed perceived equality in the relationship) (K. E. Davis).

In the current study, Cronbach’s alphas for the seven global scales ranged from .81 to .93, with an average alpha of about .86. These alphas are very similar to the ones reported by K. E. Davis (1996). Test-retest reliabilities of the global scales have been found to range from .68 to .82 and to average about .76 (K.E. Davis). The test-retest correlation of the Satisfaction global scale was found to be .73 (K. E. Davis, 1996; K. E. Davis & Latty-Mann, 1987). The global scales of the RRF have been shown to predict relationship stability and longitudinal relationship satisfaction (K. E. Davis, Kirkpatrick, Levy, & O’Hearn, 1994; K. E. Davis, Todd, & Dennen as cited in K. E. Davis, 1996).

Interpersonal Relationship Scale (IRS; Guerney, 1977; Schlein, Guerney, & Stover, 1990). The IRS has been used in a number of studies (J. L. Davis et al., 2001; Guerney, 1977; Rappaport, 1976). The original IRS, which consisted of 52 items, (Guerney, 1977; Schlein et al., 1990) was shown to have high internal consistency ($\alpha = .95$; Garthoeffner, Henry, & Robinson, 1993) and high test-retest reliability over a two-month interval ($r = .92$; Rappaport, 1976). In addition, Schlein (as cited in Guerney, 1977) found significant correlations between the IRS and several measures of communication and relationship quality, which provides evidence of concurrent validity. Furthermore, Garthoeffner et al. (1993) used factor analysis to explore the construct validity of the IRS and to establish subscales. The modified 1993 version of the IRS has 49 items because three items that decreased reliability or conceptual clarity were removed (Garthoeffner et al.). Cronbach’s alpha for this 49-item version was also .95.
The Trust subscale of the IRS was used to assess perceived trust in the participant’s current relationship (see Appendix K). Although K. E. Davis' (1996) RRF included a trust subscale, it consisted of only four items and appeared to have low internal consistency and low test-retest reliability relative to the larger global scales. On the other hand, the trust subscale of the IRS had 18 items and high internal consistency ($\alpha = .91$; Garthoeffner et al., 1993), and hence was likely a stronger measure of the construct of trust. In this current study, Cronbach’s alpha was .82. Participants were asked to rate the items on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). A sample item was “There are times when my partner can not be trusted.”

*Presentation of Measures*

The measures were presented as one questionnaire with the demographics measure always presented first. The other measures were labelled *Part A, Part B*, and so on. The instructions followed underneath the label and the actual titles or acronyms for the measures were not given on the questionnaire. In addition, at the end of the questionnaire there was one open-ended item: “Please feel free to provide feedback (e.g. comments, concerns) about the study here or you can take this opportunity to speak to me (the principal researcher, Vilayvanh).” This item was included to give participants the opportunity to provide anonymous feedback on the study.
Results

Overall Demographics

A total of 272 university students initially participated in the study. Fourteen participants did not meet the eligibility criteria and their data were removed from the sample. Although it was not clear whether the person was a student or not, one individual was not enrolled in a psychology introductory or research methods course and was also removed from the sample. This left a total of 257 participants: 189 females (73.5%) and 68 males (26.5%). They ranged from 17 to 38 years of age, with a median age of 19 years (mean = 20.0, SD = 2.5; 95% were 24 years old or younger). Most participants (90.3%) reported that their primary language was English. In regard to racial background, the majority identified as Caucasian (82.5%); 10% identified as Asian; 6.3% identified as having a mixed racial background (e.g., Asian and Caucasian, First Nations and Caucasian); and 1.2% identified as First Nations, Black, or Middle Eastern.

Most participants (83.3%) reported that their biological mother and father raised them, although these individuals were not necessarily raised in intact families. Seven percent were raised by a single mother. About one-quarter of the participants (28%) indicated that their parents had divorced or separated. The participants’ parents were well educated, with 68.5% reporting that at least one parent had an undergraduate, graduate, or professional degree. Most participants were from middle to upper-middle class socioeconomic backgrounds: 36.2% reported that their family income (at age 17 years) was $40,000 to $79,999, and 43.5% reported a family income of $80,000 or more, which was the median family income. The mean Hollingshead score was 51.4 (SD = 9.6). The sample was predominantly heterosexual (94.6%), although 4.3% reported being bisexual.
All of the participants reported that they were currently in a monogamous romantic relationship. The duration of their romantic relationships ranged from 3 months to 11 years, with the average relationship length being 19.2 months ($SD = 18.8$). In regard to relationship status, 16% reported that they were dating; over two-thirds (68.5%) reported being in a relationship but not living together; 12.1% were living with their partner, and 2.3% were married.

*Missing Data*

Data were checked for accuracy and for missing data. Items on the questionnaire had less than 5% of the data missing, except for items on the Child Sexual Experiences measure (CSE; Runtz 2002), which had 5.1% to 7% of the data missing. For the child psychological maltreatment, romantic relationship, and adult attachment items, I substituted the mean of the subscale for that participant if there was one item or a few items missing. However, if there were a substantial number of items missing (e.g., the participant had stopped answering the items halfway through), substitutions were not made for the missing data. When the overall attachment style was left blank on the Relationship Questionnaire, the attachment style that was rated most highly was used as the overall attachment style. However, if two or more attachment styles were rated equally highly, no substitution was made and the overall attachment style remained blank. Missing data for the child physical abuse and child sexual abuse variables was handled differently than for the other variables because of the sensitive nature of responding to questions on child physical and sexual abuse. For example, failure to answer items on these forms of child abuse may reflect discomfort with the item or a reluctance to disclose possible maltreatment experiences.
For the items on child physical abuse (Physical Abuse Questionnaire, PAQ; Demaré, 1996), approximately half of the participants responded to the items for physical incidents with their mother and father, but left the column blank for physical incidents with another parental figure labelled "Other." A value of "one" was entered (which meant the participant never experienced that behaviour or incident) for participants who left the "Other" column blank. Aside from these substitutions, we did not make other substitutions for missing data on the PAQ. Despite the missing data on the PAQ, there was enough information to classify 96.1% of the participants as having experienced child physical abuse or not. Similarly for the Child Sexual Experiences (CSE) measure, zeros (which meant that the participant had never experienced the behaviour or incident) were substituted for columns that were left entirely blank. [Recall that there were three columns: one for sexual experiences with an adult, one for sexual experiences with an older child or adolescent, and one for sexual experiences with a peer (refer to the section on Means and Description of Child Sexual Abuse Variables)]. Aside from these substitutions, we did not make other substitutions for missing data on the CSE. Despite the missing data on the CSE, there was enough information to classify 96.1% of the participants as having experienced child sexual abuse or not.

Test for Order Effects

Approximately half of the participants (n = 131) received the questionnaire in the following order: the demographics, the Relationship Rating Form (RRF; K. E. Davis, 2001), the Interpersonal Relationship Scale - Trust subscale (IRS-Trust; Schlein et al., 1990), Childhood Sexual Experiences (CSE; Runtz, 2002), Psychological Maltreatment Questionnaire (PMQ; Demaré, 1996), Physical Abuse Questionnaire (PAQ; Demaré,
1996), the Experiences in Close Relationships - Revised (ECR-R; Fraley et al., 2000), and the Relationship Questionnaire (RQ; Griffin & Bartholomew, 1994). The other half of the participants (n = 125) received the questionnaire with the measures in a partially reversed order: demographics, RQ, ECR-R, CSE, PMQ, PAQ, RRF, and IRS-Trust. There were no significant order effects in relation to overall scores or to subscale scores on the measures.

Means and Description of Child Psychological Maltreatment Variables

Child psychological maltreatment was significantly correlated with parental divorce or separation (r = .21, p < .01), age (r = .19, p < .01), and Asian racial background (r = .16, p < .01), although the size of the correlations were small. Note that these correlations are point-biserial correlations, which are Pearson correlations that are applied to data in which there is one dichotomous variable and one continuous variable.

Child psychological maltreatment was not significantly correlated with gender, Caucasian racial background, parental education, or socioeconomic status. In regard to the other child maltreatment variables, child psychological maltreatment was significantly correlated both with total scores on the Physical Abuse Questionnaire (PAQ) (r = .43, p < .01) and with whether participants were classified as physically abused (r = .54, p < .01).

Child psychological maltreatment was significantly correlated with total scores on the Child Sexual Experiences questionnaire (CSE) (r = .17, p < .01), but not with whether participants were classified as sexually abused. Using the Comprehensive Child Maltreatment Scales (Higgins & McCabe, 2001) administered on a community sample of families, Higgins and McCabe (2003) reported that child psychological maltreatment was strongly related to child physical abuse (r = .66, p < .01) and moderately related to child
neglect $(r = .44, p < .01)$. However, they did not find that child sexual abuse was significantly correlated with child psychological maltreatment or child physical abuse. In the current study, child sexual abuse and child physical abuse were not significantly related in total scores or in participant classifications.

Nearly all the participants (96.9%) endorsed at least one item on the Psychological Maltreatment Questionnaire (PMQ). In general, participants reported that they experienced low levels of child psychological maltreatment. The average total score on the PMQ was 103.2 ($SD = 28.0$) out of a possible maximum of 360 (see Table 1). This was slightly lower, although comparable, to the mean of 112.6 ($SD = 35.7$) that Demaré found in his 1996 study on a large university sample. For women, the average total score on the PMQ was 101.8 ($SD = 27.1$), which was lower than the mean of 112.2 ($SD = 37.3$) that Demaré obtained for women. The average total score for men of 107.4 ($SD = 30.2$) on the PMQ was also lower than the mean of 113.2 ($SD = 33.0$) that Demaré found.

The average scores on the twelve Psychological Maltreatment Questionnaire subscales ranged from 6.3 (Corrupting) to 11.7 (Controlling) (see Table 1), which were also slightly lower than the means of 6.7 (Corrupting) to 13.1 (Controlling) reported by Demaré (1996). The twelve subscales of the Psychological Maltreatment Questionnaire were all significantly correlated with each other $(r = .19$ to $.87, p < .01)$ (see Appendix L). In particular, Degrading, Rejecting, Denying Emotional Responsiveness, and Unreliable and Inconsistent Care were highly related to one another with intercorrelations of $.70$ or higher. A principal components analysis with varimax rotation was conducted on the Psychological Maltreatment Questionnaire. There appeared to be five underlying factors:
### Table 1

**Total and Subscale Scores on the Psychological Maltreatment Questionnaire (PMQ)**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Total Sample</th>
<th>Women (n = 189)</th>
<th>Men (n = 66)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Controlling</td>
<td>11.7</td>
<td>4.1</td>
<td>11.5</td>
</tr>
<tr>
<td>Verbal Terrorism</td>
<td>10.3</td>
<td>3.9</td>
<td>10.0</td>
</tr>
<tr>
<td>Denying Emotional Responsiveness</td>
<td>9.7</td>
<td>4.3</td>
<td>9.6</td>
</tr>
<tr>
<td>Isolating</td>
<td>9.3</td>
<td>3.4</td>
<td>9.0</td>
</tr>
<tr>
<td>Unreliable and Inconsistent Care</td>
<td>9.2</td>
<td>3.7</td>
<td>9.1</td>
</tr>
<tr>
<td>Degrading</td>
<td>8.9</td>
<td>3.9</td>
<td>8.7</td>
</tr>
<tr>
<td>Rejecting</td>
<td>8.5</td>
<td>3.9</td>
<td>8.5</td>
</tr>
<tr>
<td>Exploiting</td>
<td>7.9</td>
<td>2.6</td>
<td>7.7</td>
</tr>
<tr>
<td>Physical Terrorism</td>
<td>7.7</td>
<td>2.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Witness to Violence</td>
<td>7.3</td>
<td>2.1</td>
<td>7.3</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>6.6</td>
<td>1.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Corrupting</td>
<td>6.3</td>
<td>1.0</td>
<td>6.2</td>
</tr>
<tr>
<td>PMQ Total</td>
<td>103.2</td>
<td>28.0</td>
<td>101.8</td>
</tr>
</tbody>
</table>

*Note. N = 255 for the whole sample. For each of the twelve subscales, the possible minimum is 6 and the possible maximum is 30. For the total score on the PMQ, the possible minimum is 72 and the possible maximum is 360. None of the total or subscale means differ significantly between women and men at the .01 significance level.*
a) Denying Emotional Responsiveness, Degrading, and Rejecting, b) Isolating and Controlling, c) Witness to Violence and Physical Terrorism, d) Physical Neglect, and e) Corrupting (see Appendix M). These five factors accounted for 47.5% of the variance.

In regard to the perpetrators of child psychological maltreatment, 63% of the participants indicated that both parents carried out the behaviours endorsed on the PMQ; 12.1% indicated that mothers were the only perpetrators, and 8.9% reported that fathers were the only perpetrators. In regard to which parental figure's psychologically maltreating behaviours had the greatest effect on the participants, 34.6% reported that their mother's behaviour did; 23.3% indicated that their father's behaviour did, and 2.3% indicated that both parents' behaviour did. The remaining participants left the question blank or reported another parental figure, such as their grandmother or brother.

**Means and Description of Child Physical Abuse Variables**

For the child physical abuse variable, the average score on the Physical Abuse Questionnaire (PAQ; Demaré, 1996) was 17.1 ($SD = 1.9$) which is slightly lower than the mean of 19.2 ($SD = 5.7$) found by Demaré. Note, however, that the PAQ used in this study included three columns for “Mom,” “Dad,” and “Other,” whereas only one general column was used in Demaré's study. Therefore, comparisons between the two studies should be made cautiously. For women, the average PAQ score was 16.8 ($SD = 1.3$) which is lower than the mean of 19.1 ($SD = 6.1$) found by Demaré. For men, the average PAQ score was 17.8 ($SD = 2.9$) compared to 19.4 ($SD = 5.1$) (Demaré). Half of the entire sample (50.2%) endorsed at least one item on the PAQ. Forty-nine percent endorsed at least one item on the PAQ Physical Abuse subscale, whereas only 6.6% endorsed at least one item on the PAQ Severe Physical Abuse subscale. The average score on the Physical
Abuse subscale was 11.1 ($SD = 2.5$) compared to 12.9 ($SD = 4.9$) (Demaré). On the Severe Physical Abuse subscale, the average score was 6.0 ($SD = 0.2$) compared to 6.3 ($SD = 1.2$) found by Demaré.

According to the criteria for child physical abuse, I classified 18.7% ($n = 48$) of the participants as having experienced child physical abuse. Participants met the criteria for child physical abuse if they endorsed any of the severe physical abuse items on the PAQ, or if they indicated that any of the other physical abuse items happened to them at least “sometimes.” Seventeen and a half percent of the women ($n = 33$) and 22.1% of the men ($n = 15$) met the criteria for child physical abuse, which is not a significant gender difference, $\chi^2(1) = 1.04, p = .31$. Overall, the participants classified as physically abused were fairly similar in demographics to the entire sample except for one difference: they were more likely to identify as Asian in racial background, $\chi^2(1) = 14.5, p < .01$. The estimated effect size for this difference is Cramer’s $V = .242 (p < .01)$. Of the individuals classified as physically abused, 4.2% required medical attention for their injuries compared to 2.3% of the entire sample, which is a significant difference, $\chi^2(2) = 19.0, p < .01$; Cramer’s $V = .278, p < .01$. Some participants required medical attention for their injuries but failed to meet the criteria for physical abuse because they did not endorse a severe physical abuse item or indicate that one of the other items occurred at least “sometimes.”

**Means and Description of Child Sexual Abuse Variables**

The average total score for the Childhood Sexual Experiences (CSE; Runtz, 2002) was 1.8 ($SD = 5.1$). Because the CSE scale is new, there are no norms available for this measure. The average total CSE score for women was 1.9 ($SD = 5.2$), which was slightly
higher than the average total score of 1.6 ($SD = 4.6$) for men. The average total score for sexual experiences with an adult (i.e., someone age 18 years or older) was 4.0 ($SD = 8.8$). The average total score for sexual experiences with an older child or adolescent (i.e., the other person was at least 5 years older than the participant) was 7.2 ($SD = 8.1$). For non-consensual sexual experiences with a peer (i.e., someone less than 5 years older than the participant), the average total score was 3.8 ($SD = 5.0$).

According to the definition of child sexual abuse used in this study, 15.2% ($n = 39$) of the participants were classified as having experienced child sexual abuse. Participants were classified into the child sexual abuse group if they experienced one or more of the following incidents before the age of 14 years (with an adult, older child or adolescent, or non-consensual sexual contact with a peer): kissing or touching of the sexual or private parts of their body (or the other person getting them to do this to the other person’s body), someone attempting to have sexual intercourse with them, engaging in sexual intercourse, performing or receiving oral sex, and being sexually penetrated with a finger or other object. Nineteen percent of the women ($n = 36$) and 4.4% of the men ($n = 3$) in the study met the criteria for child sexual abuse, which is a significant gender difference, $\chi^2(1) = 7.5, p < .01$; Cramer’s $V = .175, p < .01$. Except for gender, there were no other significant demographic differences between the participants classified as sexually abused and the participants not classified as sexually abused.

Of the individuals who were classified as sexually abused, 51.3% of them endorsed at least one of the more severe sexual experiences items (i.e., physically attempted to have sexual intercourse, engaged in sexual intercourse, performed oral sex on you, got you to perform oral sex on them, and sexually penetrated your body with a
finger or other object). For most of the participants who met the criteria for sexual abuse (88.7%), the perpetrator was an adult or older child/adolescent. For 7.4% of them, the perpetrator was a peer (e.g., child relative, friend). These participants were classified as sexually abused because they indicated that they felt pressured/coerced or forced into engage in the sexual behaviour, or that they felt that the incident was sexual abuse.

Means and Description of Romantic Relationship Quality and Satisfaction Variables

Overall, participants reported high relationship quality and satisfaction. The average scores on the Relationship Rating Form (RRF; K.E. Davis, 1996) scales ranged from 1.9 (Coercion) to 7.7 (Satisfaction) on a nine-point Likert scale (see Table 2). In comparison, using a 57-item version of the Relationship Rating Form, K. E. Davis and Latty-Mann (1987) reported similar means of 7.3 for Viability, 7.0 for Intimacy, 7.4 for Passion, 7.5 for Care, 7.6 for Satisfaction, and 2.6 for Conflict/Ambivalence. The average total score of 72.3 (SD = 8.9) out of a possible maximum of 85 on the Trust subscale of the Interpersonal Relationship Scale (IRS-Trust; Guerney, 1977; Schlein et al., 1990) indicated that, overall, participants reported high levels of trust in their partner. This average is similar to the mean total score of 69.0 found by Garthoeffner et al. in their 1993 study of a university sample.11

In the current sample, the absolute value of the intercorrelations among the RRF and IRS subscales ranged from less than .01 (Maintenance and Coercion) to .80 (Care and Satisfaction) (see Appendix N). In particular, Intimacy, Care, and Commitment were highly related to one another with intercorrelations of .70 or higher. Viability was also strongly correlated to these variables with intercorrelations of .60 or higher, and it was
Table 2

Scores on Relationship Rating Form (RRF), IRS-Trust, Experiences in Close Relationships-Revised (ECR-R), and Relationship Questionnaire (RQ)

<table>
<thead>
<tr>
<th>Scale or Item</th>
<th>Scale Mean</th>
<th>SD</th>
<th>Min.</th>
<th>Max.</th>
<th>Item Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRF Viability</td>
<td>90.9</td>
<td>11.1</td>
<td>53</td>
<td>108</td>
<td>7.6</td>
</tr>
<tr>
<td>RRF Intimacy</td>
<td>57.8</td>
<td>9.2</td>
<td>29</td>
<td>72</td>
<td>7.2</td>
</tr>
<tr>
<td>RRF Passion</td>
<td>72.8</td>
<td>11.3</td>
<td>19</td>
<td>90</td>
<td>7.3</td>
</tr>
<tr>
<td>RRF Care</td>
<td>81.3</td>
<td>13.3</td>
<td>32</td>
<td>99</td>
<td>7.4</td>
</tr>
<tr>
<td>RRF Satisfaction</td>
<td>84.6</td>
<td>12.9</td>
<td>39</td>
<td>99</td>
<td>7.7</td>
</tr>
<tr>
<td>RRF Conflict/Amb.</td>
<td>16.0</td>
<td>7.8</td>
<td>6</td>
<td>50</td>
<td>2.7</td>
</tr>
<tr>
<td>RRF Maintenance</td>
<td>20.1</td>
<td>4.8</td>
<td>5</td>
<td>27</td>
<td>6.7</td>
</tr>
<tr>
<td>RRF Commitment</td>
<td>28.0</td>
<td>6.7</td>
<td>8</td>
<td>36</td>
<td>7.0</td>
</tr>
<tr>
<td>RRF Coercion</td>
<td>3.8</td>
<td>3.0</td>
<td>2</td>
<td>18</td>
<td>1.9</td>
</tr>
<tr>
<td>RRF Equality</td>
<td>7.4</td>
<td>1.9</td>
<td>1</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>IRS-Trust</td>
<td>72.3</td>
<td>8.9</td>
<td>44</td>
<td>85</td>
<td>4.3</td>
</tr>
<tr>
<td>ECR-R Avoidance</td>
<td>45.2</td>
<td>17.6</td>
<td>18</td>
<td>96</td>
<td>2.5</td>
</tr>
<tr>
<td>ECR-R Anxiety</td>
<td>49.3</td>
<td>18.9</td>
<td>18</td>
<td>105</td>
<td>2.7</td>
</tr>
<tr>
<td>RQ Secure</td>
<td>5.1</td>
<td>1.7</td>
<td>1</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>RQ Fearful</td>
<td>3.4</td>
<td>1.9</td>
<td>1</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>RQ Preoccupied</td>
<td>2.7</td>
<td>1.7</td>
<td>1</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>RQ Dismissing</td>
<td>3.9</td>
<td>1.7</td>
<td>1</td>
<td>7</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. IRS = Interpersonal Relationship Scale. Amb. = Ambivalence. The number of items per RRF scale varies from 1 to 12. Each ECR-R Scale has a possible maximum of 116.
the most strongly related to IRS-Trust ($r = .68$).

A principal components analysis with varimax rotation conducted on the RRF items suggested that there are two underlying factors: one for general relationship quality and one for low conflict and tension in the relationship (see Appendix O). These two factors accounted for 43.6% of the variance. K. E. Davis and Kelly (as cited in Hendrick & Hendrick, 1989) conducted a confirmatory factor analysis on the RRF and concluded there were six underlying factors ($n = 436$). However, a confirmatory factor analysis is different from a principal components analysis. Using a university sample of 424 undergraduates, Hendrick and Hendrick also found six underlying factors in their principal components analysis, which accounted for approximately 57% of the variance. However, the factors had substantial overlap in items, which suggested that the RRF is factorially complex (Hendrick & Hendrick). They concluded, “the RRF measures several different but highly related concepts. It is neither clearly unifactorial nor multifactorial” (Hendrick & Hendrick, pp. 790-791).

**Means and Description of Adult Attachment Variables**

In regard to adult attachment dimensions on the ECR-R, the mean score on the Avoidance scale was 2.5 ($SD = 1.0$) and the mean score on the Anxiety scale was 2.7 ($SD = 1.0$) on a seven-point Likert scale (see Table 2). In comparison, Fraley (2003) reported higher means of 2.9 ($SD = 1.2$) on Avoidance and 3.6 ($SD = 1.3$) on Anxiety in a sample of over 22,000 adults who had an average age of 24 years ($SD = 10$). On the Relationship Questionnaire, 56.4% classified themselves as having Secure attachment; 18.3% classified themselves as having Fearful attachment; 10.5% classified themselves as having Preoccupied attachment, and 12.5% classified themselves as having Dismissing
attachment. In their 1991 study of 77 university students, Bartholomew and Horowitz used the Relationship Questionnaire and a semi-structured attachment interview to classify about 47% of participants as having Secure attachment, 21% as having Fearful attachment, 14% as having Preoccupied attachment, and 18% as having Dismissing attachment.

For women, 56.6% reported Secure attachment, 22.8% reported Fearful attachment, 7.9% reported Preoccupied attachment, and 11.1% reported Dismissing attachment. For men, 55.9% reported Secure attachment, 5.9% reported Fearful attachment, 17.6% reported Preoccupied attachment, and 16.2% reported Dismissing attachment. The only significant gender difference in attachment style was in Fearful attachment, \( \chi^2(1) = 9.02, p < .01; \) Cramer's V = -.189, \( p < .01; \) women were more likely than men to classify themselves as having a Fearful attachment.

The mean ratings on each attachment style were 5.1 for Secure attachment, 3.4 for Fearful attachment, 2.7 for Preoccupied attachment, and 3.9 for Dismissing attachment on a seven-point Likert scale (see Table 2). In a sample of 416 university students, Runtz (2003) found similar means of 4.5 for Secure attachment, 3.8 for Fearful attachment, 3.0 for Preoccupied attachment, and 3.7 for Dismissing attachment. The intercorrelations among the subscales of the ECR-R and RQ ranged from .62 (Anxiety and Preoccupied attachment) to -.62 (Secure and Fearful attachment) (see Appendix P). More specifically, Avoidance correlated most with Secure attachment \( (r = -.51), \) although in a negative direction, and with Fearful attachment \( (r = .48). \) Avoidance was moderately correlated with Anxiety \( (r = .34) \) and Dismissing attachment \( (r = .33). \) In comparison, Fraley (2003) reported that the correlation between Avoidance and Anxiety was .41. Anxiety was highly
correlated with *Preoccupied* attachment \((r = .62)\) and *Fearful* attachment \((r = .50)\), and negatively correlated with *Secure* attachment \((r = -.42)\).

A factor analysis of the subscales of the ECR-R, RQ, and Relationship Rating Form (RRF) demonstrated that adult attachment loaded onto separate factors from relationship quality and satisfaction. This factor structure suggests that attachment is a distinct construct from relationship quality and satisfaction. The adult attachment scales loaded onto two factors: one factor that appeared to be fearful attachment and another factor that appeared to be preoccupied attachment (see Appendix Q). The relationship quality and satisfaction loaded onto two factors as well, general relationship quality and low conflict or tension, which is similar to the factor analysis of the RRF items. In total, there were four factors that accounted for 70.8% of the variance.

*Proposed Model: Adult Attachment as a Mediator*

To test the hypotheses, I conducted set correlations between the child psychological maltreatment, adult attachment, and romantic relationship variables (see Figure 1). Set correlation is a multivariate multiple regression technique that examines relationships between sets of variables (Cohen, 1982, 1993). The data were analyzed in two ways. First, I included the variable of child psychological maltreatment in the analyses without controlling for the effects child sexual abuse and child physical abuse. In the second method, I statistically controlled for the effects of child sexual abuse (CSE) and child physical abuse (PAQ) by partialling them out of the set correlation. For child psychological maltreatment, the twelve subscales of the Psychological Maltreatment Questionnaire were entered as a set. For adult attachment, the two scales *Avoidance* and *Anxiety* of the Experiences in Close Relationships-Revised plus the four ratings of
Secure, Fearful, Preoccupied, and Dismissing of the Relationship Questionnaire were entered as a set. For romantic relationship quality and satisfaction, the seven global scales (Viability, Intimacy, Passion, Care, Global Satisfaction, Conflict/Ambivalence, and Commitment) of the RRF, the three subscales (Maintenance, Coercion, and Equality) of the Relationship Rating Form, and the Trust subscale of the Interpersonal Relationship Scale were entered as a set.

In general, there was support for all four hypotheses. The first hypothesis (i.e., young adults who report higher levels of child psychological maltreatment would score lower on romantic relationship quality and satisfaction) was supported. When I did not control for the effects of child physical abuse and child sexual abuse in the data analyses, the relationship between child psychological maltreatment and romantic relationship quality and satisfaction was significant (see Table 3). When I statistically controlled for child sexual abuse and child physical abuse by partialling them out, the association between child psychological maltreatment and romantic relationship quality and satisfaction was still significant (see Figure 1 and Table 4). Note that all the reported squared correlations ($R^2$s) are multivariate multiple squared correlations, which have been adjusted for the number of variables entered into the set correlation. In order to protect against excessive type 1 error, while retaining reasonable power, I set the alpha level at .01.

There was also support for the second hypothesis that child psychological maltreatment would be related to adult attachment. In other words, participants who
Table 3

Set Correlations for Proposed and Alternative Models without Controlling for Child Physical Abuse (CPA) and Child Sexual Abuse (CSA)

<table>
<thead>
<tr>
<th>Variables</th>
<th>$F$</th>
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<th>$df_2$</th>
<th>$p$</th>
<th>$R^2$</th>
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<td>CPM and Relationship V.</td>
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<td>132</td>
<td>1891.3</td>
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<td>.233</td>
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<td>CPM and Attachment</td>
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<td>1278.9</td>
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<td>.156</td>
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<td>Attachment and Relationship V.</td>
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<td>1262.9</td>
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<td>.686</td>
</tr>
<tr>
<td>Attachment and Relationship V.</td>
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<td>66</td>
<td>1198.7</td>
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<td>.644</td>
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<td>CPM and Relationship V.</td>
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<td>.129</td>
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<td>(Attachment partialled)</td>
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</tr>
<tr>
<td>CPM and Attachment (Alt. M.)</td>
<td>1.14</td>
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<td>.042</td>
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</tbody>
</table>

Note. CPM = child psychological maltreatment. V. = Variables. Alt. M. = Alternative Model. Relationship variables = 7 RRF global scales and 3 RRF subscales, and IRS-Trust. Attachment variables = ECR-R Avoidance and Anxiety, and RQ Secure, Fearful, Preoccupied, and Dismissing attachment. CPM variables = 12 PMQ subscales. Significance level set at .01. $R^2$ is the adjusted multivariate multiple $R^2$. 
Table 4

Set Correlations for Proposed and Alternative Models while Controlling for Child Physical Abuse (CPA) and Child Sexual Abuse (CSA)

<table>
<thead>
<tr>
<th>Variables</th>
<th>F</th>
<th>df₁</th>
<th>df₂</th>
<th>p</th>
<th>R²</th>
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<td>CPM and Attachment</td>
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<td>1181.0</td>
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<td>.196</td>
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<td>Attachment and Relationship V.</td>
<td>5.32</td>
<td>66</td>
<td>1166.6</td>
<td>&lt;.001</td>
<td>.671</td>
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<tr>
<td>Attachment and Relationship V.</td>
<td>4.59</td>
<td>66</td>
<td>1102.4</td>
<td>&lt;.001</td>
<td>.628</td>
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<tr>
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<td>CPM and Relationship V.</td>
<td>1.10</td>
<td>132</td>
<td>1694.9</td>
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<td>.059</td>
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<td>(Attachment partialled)</td>
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<td></td>
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</tr>
<tr>
<td>CPM and Attachment (Alt. M.)</td>
<td>1.29</td>
<td>72</td>
<td>1121.1</td>
<td>.058</td>
<td>.089</td>
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</table>

Note. CPM = child psychological maltreatment. V. = Variables. Alt. M. = Alternative Model. Relationship variables = 7 RRF global scales and 3 RRF subscales, and IRS-Trust. Attachment variables = ECR-R Avoidance and Anxiety, and RQ Secure, Fearful, Preoccupied, and Dismissing attachment. CPM variables = 12 PMQ subscales. Significance level set at .01. $R^2$ is the adjusted multivariate multiple $R^2$. 
reported higher levels of child psychological maltreatment tended to report higher scores on the insecure attachment dimensions and lower scores on the secure attachment dimensions. Child psychological maltreatment was significantly associated with adult attachment, whether child physical abuse or child sexual abuse were statistically controlled for or not.

The third hypothesis, that adult attachment would be associated with romantic relationship quality and satisfaction, was also supported. Adult attachment was significantly related to the romantic relationship variables, whether or not child physical abuse and child sexual abuse were statistically controlled for in the analysis (see Tables 3 and 4). In other words, participants who reported higher scores on insecure adult attachment dimensions also reported lower levels of relationship quality and satisfaction. Similarly, participants who rated themselves higher on the secure attachment dimension reported higher relationship quality and satisfaction than individuals who rated themselves lower on the secure attachment dimension.

To test whether adult attachment was a mediator of the association between child psychological maltreatment and romantic relationship quality and satisfaction, I conducted a set correlation on the adult attachment and romantic relationship variables with the effects of child psychological maltreatment partialled out. Then I ran another set correlation on the child psychological maltreatment and romantic relationship variables with the effects of adult attachment partialled out. If the former set correlation is significant and the latter one is insignificant, mediation is supported (Baron & Kenny, 1986). This pattern of results emerged and it supported the fourth hypothesis that adult attachment would mediate the link between child psychological maltreatment and
romantic relationship quality and satisfaction (see Tables 3 and 4 and Figure 1). When the effects of child sexual abuse and child physical abuse were statistically controlled for, the same pattern of results held.

Alternative Model: Romantic Relationship Quality and Satisfaction as Mediators

Because adult attachment and romantic relationship quality and satisfaction are highly related, it is possible that romantic relationship quality and satisfaction may be a mediator between child psychological maltreatment and adult attachment (see Figure 2). I tested this alternative model to attempt to determine if the proposed model was better than the alternative model, and to possibly "rule out" the alternative model. To test the alternative model, the first four set correlations required were the same as the first four set correlations conducted for the proposed model (see Tables 3 and 4). The four set correlations were the same for both models for two reasons. First, one requirement of both models was that all three sets of variables must be related to one other. The second reason was that both models required that adult attachment remain significantly related to romantic relationship quality and satisfaction even when the effects of child psychological maltreatment were statistically removed.

The fifth set correlation is the one that differed. To demonstrate that the romantic relationship variables were mediators in the alternative model, the association between child psychological maltreatment and adult attachment would become insignificant when the effects of romantic relationship quality and satisfaction were statistically removed. This was indeed the case and this result supported the alternative model in which current romantic relationship quality and satisfaction mediated the link between child
Figure 2. Alternative model tested. In this model, child psychological maltreatment is the independent variable, romantic relationship quality and satisfaction are hypothesized to be the mediators, and adult attachment is the dependent variable.
psychological maltreatment and adult attachment (see Tables 3 and 4). When I statistically controlled for the effects of child physical abuse and child sexual abuse, the same pattern of results emerged.

*Data Analyses by Gender*

I tested the original hypotheses and proposed model, with adult attachment as the mediator between child psychological maltreatment and romantic relationship quality and satisfaction, with women and men separately. In the analyses of the women’s data, child psychological maltreatment was significantly associated with romantic relationship quality and satisfaction (see Tables 5 and 6). This association was stronger for women ($R^2 = .409$) than it was for the overall sample ($R^2 = .233$) in the initial analyses. For women, nearly 18% more variance in romantic relationship quality and satisfaction was accounted for by child psychological maltreatment.

Similar to the original analyses, child psychological maltreatment and adult attachment were significantly related for women (see Tables 5 and 6). Third, adult attachment was significantly associated with romantic relationship quality and satisfaction. Fourth, when the effects of child psychological maltreatment were statistically removed, adult attachment and romantic relationship quality and satisfaction remained significantly related. Finally, when the effects of adult attachment were statistically removed, child psychological maltreatment was still significantly related to romantic relationship quality and satisfaction. However, the adjusted $R^2$ decreased to the same extent as it did in the analyses of the entire sample. The same pattern of results emerged for women when I statistically controlled for child physical abuse and child sexual abuse (see Table 6).
Table 5

*Set Correlations for Women for Proposed and Alternative Models without Controlling for Child Physical Abuse (CPA) and Child Sexual Abuse (CSA)*

<table>
<thead>
<tr>
<th>Variables</th>
<th>F</th>
<th>df₁</th>
<th>df₂</th>
<th>p</th>
<th>R²</th>
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<td>1.75</td>
<td>132</td>
<td>1359.3</td>
<td>&lt; .001</td>
<td>.409</td>
</tr>
<tr>
<td>CPM and Attachment</td>
<td>1.49</td>
<td>72</td>
<td>925.3</td>
<td>.007</td>
<td>.171</td>
</tr>
<tr>
<td>Attachment and Relationship V.</td>
<td>4.46</td>
<td>66</td>
<td>915.1</td>
<td>&lt; .001</td>
<td>.674</td>
</tr>
<tr>
<td>Attachment and Relationship V. (CPM partialled)</td>
<td>3.68</td>
<td>66</td>
<td>850.9</td>
<td>&lt; .001</td>
<td>.611</td>
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<tr>
<td>CPM and Relationship V. (Attachment partialled)</td>
<td>1.48</td>
<td>132</td>
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<td>.296</td>
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<td>CPM and Attachment (Alt. M.)</td>
<td>1.03</td>
<td>72</td>
<td>865.4</td>
<td>.420</td>
<td>.011</td>
</tr>
</tbody>
</table>

*Note. CPM = child psychological maltreatment. V. = Variables. n = 187. Significance level set at .01. R² is the adjusted multivariate multiple R².*
<table>
<thead>
<tr>
<th>Variables</th>
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<th>$df_2$</th>
<th>$p$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
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<td>132</td>
<td>1269.2</td>
<td>&lt;.001</td>
<td>.435</td>
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<tr>
<td>CPM and Attachment</td>
<td>1.58</td>
<td>72</td>
<td>865.4</td>
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<td>.212</td>
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<tr>
<td>Attachment and Relationship V.</td>
<td>4.14</td>
<td>66</td>
<td>856.2</td>
<td>&lt;.001</td>
<td>.663</td>
</tr>
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<td>Attachment and Relationship V.</td>
<td>3.39</td>
<td>66</td>
<td>792.0</td>
<td>&lt;.001</td>
<td>.595</td>
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<tr>
<td>(CPM partialled)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CPM and Relationship V.</td>
<td>1.54</td>
<td>132</td>
<td>1269.2</td>
<td>&lt;.001</td>
<td>.336</td>
</tr>
<tr>
<td>(Attachment partialled)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CPM and Attachment (Alt. M.)</td>
<td>1.12</td>
<td>72</td>
<td>805.6</td>
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<td>.053</td>
</tr>
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<td>(Relationship V. partialled)</td>
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</tr>
</tbody>
</table>

*Note. CPM = child psychological maltreatment. V. = Variables. $n = 178$. Significance level set at .01. $R^2$ is the adjusted multivariate multiple $R^2$.\*
I also tested the alternative model with women. When I statistically removed the effects of romantic relationship quality and satisfaction, child psychological maltreatment and adult attachment were no longer significantly related (see Tables 5 and 6). This finding provided support for romantic relationship quality and satisfaction acting as a mediator between child psychological maltreatment and adult attachment for women. The same pattern of results emerged when I statistically controlled for the effects of child physical abuse and child sexual abuse (see Table 6).

For men, child psychological maltreatment was not significantly related to romantic relationship quality and satisfaction (see Table 7). Moreover, child psychological maltreatment was not significantly associated with adult attachment (at the .01 level) for men. However, adult attachment was significantly related to romantic relationship quality and satisfaction for men. Furthermore, this association was still significant when the effects of child psychological maltreatment were statistically removed. The fourth hypothesis that adult attachment is a mediator is not relevant in this case because there was no relationship found between child psychological maltreatment and romantic relationship quality and satisfaction for men.

**Correlations between Psychological Maltreatment and Romantic Relationship Subscales**

Total scores on the Psychological Maltreatment Questionnaire were significantly negatively correlated with the Trust subscale of the Interpersonal Relationship Scale \((r = -.31)\) and the Viability \((r = -.24)\), Intimacy \((r = -.22)\), Care \((r = -.23)\), Satisfaction \((r = -.22)\), Maintenance \((r = -.17)\), and Equality \((r = -.19)\) scales of the Relationship Rating Form (see Appendix R). The Psychological Maltreatment Questionnaire (PMQ) was also significantly positively correlated with the Conflict/Ambivalence \((r = .25)\) and
Table 7

**Set Correlations for Men for Proposed Model without Controlling for Child Physical Abuse and Child Sexual Abuse**

<table>
<thead>
<tr>
<th>Variables</th>
<th>F</th>
<th>df₁</th>
<th>df₂</th>
<th>p</th>
<th>R²</th>
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</thead>
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<td>132</td>
<td>360.6</td>
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<td>.026</td>
</tr>
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<td>CPM and Attachment</td>
<td>1.41</td>
<td>72</td>
<td>261.5</td>
<td>.027</td>
<td>.372</td>
</tr>
<tr>
<td>Attachment and Relationship V.</td>
<td>2.49</td>
<td>66</td>
<td>262.3</td>
<td>&lt;.001</td>
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<td>Attachment and Relationship V.</td>
<td>1.95</td>
<td>66</td>
<td>198.1</td>
<td>&lt;.001</td>
<td>.681</td>
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</tbody>
</table>

(CPM partialled)

*Note. n = 65. CPM = Child psychological maltreatment. V. = Variables. R² is adjusted multivariate multiple R².*
Coercion ($r = .16$) scales of the Relationship Rating Form (RRF).

The Viability scale of the RRF was significantly negatively correlated with all of the subscales of the PMQ except Denying Emotional Responsiveness, Isolating, Unreliable and Inconsistent Care, and Witness to Violence (see Appendix R). The Intimacy scale of the RRF was significantly negatively correlated with all of the subscales of the PMQ except Denying Emotional Responsiveness, Isolating, Rejecting, and Witness to Violence. The Passion scale of the RRF was not significantly correlated with any of the PMQ subscales. The Care scale of the RRF was significantly negatively correlated with all of the subscales of the PMQ except Controlling, Denying Emotional Responsiveness, Isolating, Physical Neglect, and Witness to Violence. The Satisfaction scale of the RRF was significantly negatively related to all of the subscales of the PMQ except Denying Emotional Responsiveness, Isolating, Physical Neglect, Unreliable and Inconsistent Care, and Witness to Violence.

In contrast, the Conflict/Ambivalence scale of the RRF was significantly positively correlated with all of the subscales of the PMQ except Isolating and Witness to Violence. The Maintenance scale of the RRF was significantly negatively correlated only with the Corrupting, Degrading, and Exploiting subscales of the PMQ. The Commitment scale of the RRF was significantly negatively correlated only with the Corrupting, Degrading, Physical Neglect, and Physical Terrorism subscales of the PMQ. The Coercion scale of the RRF was significantly positively correlated only with the Corrupting, Exploiting, Isolating, and Physical Neglect subscales of the PMQ. The Equality subscale of the RRF was significantly negatively correlated with the Controlling, Degrading, Exploiting, Isolating, Physical Terrorism and Verbal Terrorism subscales of the PMQ. Finally, the
Trust subscale of the IRS correlated with all the PMQ subscales except for the Isolating and Witness to Violence subscales.

**Correlations between Psychological Maltreatment and Attachment Subscales**

Total scores on the Psychological Maltreatment Questionnaire were significantly correlated with both of the attachment dimensions on the Experiences in Close Relationships - Revised (ECR-R) and with all of the attachment styles on the Relationship Questionnaire (RQ) except for Dismissing attachment. The PMQ was most correlated with Anxiety ($r = .37, p < .01$) on the ECR-R. Avoidance on the ECR-R was significantly positively correlated with most of the PMQ subscales (see Appendix S). Anxiety on the ECR-R was significantly positively correlated with all of the PMQ subscales except for the Corrupting and Witness to Violence subscales.

Secure attachment on the RQ was significantly negatively correlated with most of the PMQ subscales. The pattern of correlations for Fearful attachment on the RQ was similar to that for Anxiety on the ECR-R: Fearful attachment was positively related to all of the PMQ subscales except the Corrupting, Physical Terrorism, and Witness to Violence subscales. Preoccupied attachment on the RQ was significantly positively correlated with all of the PMQ subscales except for the Controlling, Corrupting, Isolating, and Physical Neglect subscales. Dismissing attachment on the RQ was not significantly related to any of the PMQ subscales.

**Correlations between Adult Attachment and Romantic Relationship Subscales**

The Avoidance dimension on the ECR-R was significantly correlated with all the romantic relationship quality and satisfaction scales (on the RRF and IRS) except for Coercion on the RRF (see Appendix T). The Anxiety dimension on the ECR-R was
significantly related to all the romantic relationship quality scales except for Passion and Coercion on the RRF. Secure attachment on the RQ was significantly correlated with all the romantic relationship quality scales except for the Coercion and Equality scales on the RRF. Fearful attachment on the RQ was significantly correlated with all the romantic relationship quality scales except for the Passion, Care, Conflict/Ambivalence, Coercion, and Equality scales on the RRF. Preoccupied attachment on the RQ was significantly correlated only with Intimacy, Care, Satisfaction, Maintenance, and Trust. Finally, Dismissing attachment on the RQ was significantly correlated with all the romantic relationship quality scales except for the Coercion and Equality scales on the RRF.

Participants’ Written Feedback

At the end of the questionnaire, participants were given an opportunity to provide written feedback, comments, or concerns. Thirty participants (11.3%) provided written responses to this open-ended question. See Appendix U for a summary of the comments.
Discussion

The results of this study indicate that young adults’ past experiences of child psychological maltreatment are related to their adult attachment styles and the quality and satisfaction that they perceive in their current romantic relationships. Furthermore, the security of their adult attachment styles is connected to their levels of romantic relationship quality and satisfaction. Moreover, there was support found for an alternative model: current romantic relationship quality and satisfaction was also found to partially mediate the association between child psychological maltreatment and adult attachment. In particular, support was found for both models but the alternative model seemed to fit better for women. For men, child psychological maltreatment did not appear to be related to adult romantic relationship quality and satisfaction. However, the sample size of men was relatively small \((n = 65)\) compared to the sample size of women \((n = 189)\).

Adult Attachment as a Mediator between Child Psychological Maltreatment and Romantic Relationship Quality and Satisfaction

Adult attachment appears to be a partial mediator of the association between child psychological maltreatment and romantic relationship quality and satisfaction in adulthood. For young adults who have histories of child psychological maltreatment, how their experiences of child psychological maltreatment have impacted their adult attachment may have a more critical impact towards their romantic relationships than the direct effects of the child psychological maltreatment. Specifically, individuals who have experienced child psychological maltreatment tend to be more insecure in their adult attachments. Highly insecure adult attachments tend to lead to lower quality and satisfaction in romantic relationships.
Child Psychological Maltreatment and Romantic Relationships

Although previous research has found that child sexual abuse and child physical abuse affect adult romantic relationships (DiLillo & Long, 1999; Martin & Runtz, 2002; Whiffen et al., 1999), few studies have examined possible links between child psychological maltreatment and later romantic relationships. However, a few studies have found that individuals who reported child psychological maltreatment experienced decreased relationship quality, increased conflict, and low satisfaction in adult romantic relationships (Belt & Abidin, 1996; J. L. Davis, Ting, & Petretic-Jackson, 2001; Varia & Abidin, 1999). The findings of the present study are consistent with existing literature in this area. However, it is important to note that this study indicated certain tendencies averaged across a large number of people, but there is likely a great deal of individual variability in how young adults will react to their childhood experiences. In other words, young adults who have experienced child psychological maltreatment are not necessarily “doomed” to have less fulfilling or satisfying romantic relationships for the rest of their lives. Some individuals who have experienced child psychological maltreatment probably develop very positive, healthy romantic relationships.

Child psychological maltreatment could influence one’s adult attachment and romantic relationships in a number of different ways. Because it occurs in the context of parent-child relationships, the child may learn that verbal abuse, emotional unresponsiveness, and controlling behaviour are “normal” in close relationships. In adulthood, these individuals may choose partners who are more likely to be psychologically abusive and they may accept these behaviours as normative instead of attempting to change the relationship, end the relationship, or select more respectful
partners. Pipes and LeBov-Keeler found that partner psychological maltreatment was related to child psychological maltreatment in their 1997 study of female college students in heterosexual romantic relationships. In addition, Sappington et al. (1997) found that verbal, physical, and sexual child abuse were associated with later date or partner abuse, which was related to psychological problems, in female undergraduates. It is important to clarify that this possible explanation should not be used to blame individuals who have experienced child psychological maltreatment for any current romantic relationship problems. It is not their fault that they experienced child psychological maltreatment in the first place, and it is doubtful that they consciously or intentionally select partners who are psychologically abusive.

Another possibility is that young adults who have experienced child psychological maltreatment may have learned ineffective or unhealthy patterns of communication and conflict resolution and/or failed to learn effective ones. These poor communication skills may lead to lower relationship quality and satisfaction than individuals who had better parental models for these skills. These ideas can be linked to the concept of interpersonal competence, which may be lacking in individuals who have experienced child psychological maltreatment. Interpersonal competence can be defined as an ability to relate to others. Effective social skills, empathy, and negotiation are examples of interpersonal competence. Researchers have found that the early family environment influences people's interpersonal competence which then affects the quality of their later romantic relationships (Conger et al., 2001).

Young adults who have experienced higher levels of child psychological maltreatment seem to have many aspects of their romantic relationships affected. In
particular, a history of child psychological maltreatment seems to have a stronger influence on how much trust, intimacy, acceptance, and respect they feel towards their partner compared to other relationship areas, such as passion or commitment. In addition, certain types of child psychological maltreatment may be more harmful to later romantic relationship quality and satisfaction than other types. The current findings suggest that individuals who have experienced degrading, corruption, exploitation, and physical terrorism are likely to have more areas of their romantic relationships affected than individuals who have witnessed violence, been denied emotional responsiveness, or who experienced isolating. Corrupting and exploitation seem to be relatively rare kinds of child psychological maltreatment; therefore, when they occur, they may be indicators of more severe child psychological maltreatment.

It is somewhat surprising that participants who reported being isolated, or being denied social opportunities, were not likely to report lower relationship quality in a number of areas, except for reporting more coercion and lower equality in relation to their partner. Perhaps isolating is used as a form of discipline, such as "being grounded," rather than deliberate attempts to limit a child's interaction with individuals outside of the family. Isolating a child as a result of poor behaviour is less likely to have negative consequences because it probably occurs infrequently and the child likely recognizes that the cause is their misbehaviour. In contrast, deliberate attempts to limit extrafamilial social opportunities are probably more likely to be frequent and pervasive, to reduce social support, and to hinder a child's social development.

Participants in this study who reported physical neglect were more likely to report lower respect, acceptance, intimacy, commitment, and trust and more conflict and
coercion with their partners than participants who did not report physical neglect. Although Demaré (1993) included physical neglect in his measure of child psychological maltreatment, it is questionable whether physical neglect is actually a type of psychological maltreatment or if it should be conceptualized as part of another form of child maltreatment, child neglect (see Barnett et al., 1997b). I would argue in favour of the latter conceptualization and suggest that this finding supports an association between this form of child neglect and later romantic relationship quality.

Gender Differences in the Association between Child Psychological Maltreatment and Romantic Relationships

A reported history of child psychological maltreatment and reports of romantic relationship quality and satisfaction were associated for women but not for men. The small sample size may have lacked enough power to detect an effect for men. Given the observed $F (132, 360.6)$ of 1.01, it would have taken over 1000 degrees of freedom in the numerator for that $F$ to be significant; therefore, a larger sample size may not have made a difference in the results. The required degrees of freedom were present, however, for the sample of women. It is possible that with a larger sample of men, there would be enough power to detect a significant relationship between child psychological maltreatment and romantic relationship quality and satisfaction.

If it is the case that child psychological maltreatment does not affect romantic relationship quality in men, why does a history of child psychological maltreatment affect women’s romantic relationships but not men’s relationships? It may be that in general, women place more emphasis on developing and maintaining relationships, which may be more central to their sense of self than it is for men (Harter, 1999). Cross and Madson
(1997) assert that women have more interdependent self-construals, which are self-definitions based on social affiliations and group memberships. This focus on relationships may be due to women being socialized to be nurturing and attentive to the needs of others.

In contrast, men may tend to emphasize individual achievement and occupational success as more important to their sense of self (Harter, 1999), which Cross and Madson (1997) define as a more independent self-construal. There may be more societal pressures on men than on women to focus on accomplishments, the accumulation of wealth and status, and the provision of resources for their families. Furthermore, intimate relationships may be somewhat threatening to the Western cultural ideal of a strong, autonomous man (Harter). Therefore, women who have a stronger relational self may be more susceptible to the influences of child psychological maltreatment on their romantic relationships. For men, child psychological maltreatment may be more harmful to other influences on their sense of worth rather than their romantic relationships. These explanations based on gender socialization are areas for future research.

*Child Psychological Maltreatment and Adult Attachment*

Young adults who reported higher levels of child psychological maltreatment tended to report less secure adult attachment. It would be difficult to be securely attached to parents who are rejecting, emotionally distant, or inconsistent in their care. Individuals who have these experiences are likely to have more negative working models of the self than individuals who have experienced little or no child psychological maltreatment. Additionally, psychological maltreatment in childhood may lead a young adult to have a more negative working model of others. These negative working models could result in
less secure attachment, which could subsequently reduce the quality and satisfaction of young adults' romantic relationships.

However, it is possible to be insecurely attached in childhood to parents who are psychologically abusive but later demonstrate more secure attachment in adult romantic relationships. Perhaps the person had a very secure attachment to another significant person, such as an extended family member or another trusted adult. Research on resilience indicates that resilient individuals often report a close relationship with a significant adult in their childhood (Masten, Best, & Garmezy as cited in Cicchetti & Toth, 1995). It is also possible that an individual had previous romantic relationships that helped them become more secure in their adult attachment (Hazan & Hutt as cited in Kirkpatrick & K. E. Davis, 1994). Because this study was done predominantly with young adults, they may have had fewer romantic relationships and fewer opportunities for their adult attachment to become more secure or less secure.

Young adults who have experienced higher levels of child psychological maltreatment seem to be more likely to exhibit greater avoidance and anxiety than young adults with lower levels of child psychological maltreatment. This tendency makes sense because if these individuals have experienced their parent-child relationships to be conflictual or hurtful, they would be more likely to be anxious about or to avoid close relationships. Avoidance, anxiety, secure attachment, fearful attachment, and preoccupied attachment, but not dismissing attachment, were found to be significantly related to child psychological maltreatment. This pattern of results may reflect how adult attachment was measured in this study. For example, secure attachment is conceptualized as low avoidance and low anxiety, whereas fearful attachment is considered to be high avoidance
and high anxiety. Preoccupied and dismissing attachment reflects high levels of one dimension and low levels of the other. Therefore, the attachment categories that reflect either a relative absence or a strong presence of both insecure dimensions would show greater relationships to child psychological maltreatment. I believe this pattern of results, combined with avoidance and anxiety being the most related to the romantic relationship variables, indicates that a dimensional approach to adult attachment is better than a prototype approach, particularly in regard to measurement. A prototype approach in attachment research is one that combines the use of attachment categories and continuous ratings of the categories (Griffin & Bartholomew, 1994). Yet, because the two dimensions of avoidant attachment and anxious attachment do not measure secure attachment directly, the Relationship Questionnaire was useful in providing ratings of secure attachment.

However, preoccupied attachment was also related to child psychological maltreatment perhaps because child psychological maltreatment is likely to lead to this overly dependent attachment style. It makes sense that child psychological maltreatment would contribute to feeling worried about one’s relationships and to desiring a high level of closeness in adulthood that may have been lacking in childhood. It is interesting that avoidant attachment was related to child psychological maltreatment, but dismissing attachment was not. In the attachment literature, they are conceptualized as basically the same construct or attachment style, which is characterized by extreme independence, distance from others, and discomfort with closeness. On closer inspection of the items, it appears the item on dismissing attachment in the Relationship Questionnaire may have emphasized independence more than it emphasized discomfort with closeness. This
aspect of dismissing attachment may be less related to child psychological maltreatment than other aspects, such as an avoidance of close relationships or a fear of intimacy.

Adult Attachment and Romantic Relationships

The link found between adult attachment and romantic relationships is consistent with previous research and it appears to be quite robust. Moreover, the strength of the association appears to be stronger between adult attachment and romantic relationships than between child psychological maltreatment and romantic relationships. This finding is not surprising given that, in this study, adult attachment and current romantic relationship quality and satisfaction occur in the same time period, whereas child psychological maltreatment occurred in the past. It is likely that child psychological maltreatment would show a stronger relationship with child attachment than with adult attachment. In addition, it would be expected that young adults’ patterns of relating to others would be more connected to their romantic relationship quality and satisfaction than to their experiences of child psychological maltreatment.

Individuals who are highly avoidant in their attachment styles may experience lower relationship quality and satisfaction than individuals who are highly anxious in their attachment styles. This finding makes intuitive sense because people who are highly avoidant are probably less likely to foster closeness or to invest as much effort in romantic relationships than people who are highly anxious. Recall that individuals who are highly anxious in their adult attachment tend to seek or demand more time and care from their partners. However, the results suggest that young adults who have highly anxious attachment styles are less likely to feel acceptance, respect, intimacy, care, trust, satisfaction, and commitment towards their partners. They are also less likely to put effort
into maintaining their relationships, and they are more likely to experience conflict and a sense of inequality with their partners. Highly anxious individuals may have less confidence in themselves and their romantic relationships, and therefore be less trusting, close, and satisfied with their partners than less anxiously attached individuals. As might be expected, participants in this study who rated themselves as higher on secure attachment were more likely to report higher relationship quality and satisfaction than participants who rated themselves lower on secure attachment. Moreover, regardless of young adults’ attachment styles, there were four aspects of romantic relationships that were associated with all of the attachment styles: intimacy, satisfaction, maintenance, and trust. These four areas may be more central aspects of the link between adult attachment and romantic relationship quality and satisfaction than other areas, such as passion, coercion, and equality with one’s partner.

**Romantic Relationship Quality and Satisfaction as Mediators between Child Psychological Maltreatment and Adult Attachment**

Because support was found for both the proposed and alternative models, it is possible that child psychological maltreatment affects both adult attachment and romantic relationships, which could influence each other reciprocally (see Figure 3). In other words, one’s adult attachment patterns could affect the quality and satisfaction experienced in one’s romantic relationships, which could then also influence one’s adult attachment patterns. Even with structural equation modelling, this model would be difficult to test because there would be more arrows than variables, which is beyond the limits of structural equation modelling. However, it is interesting to speculate that this model might best represent what is actually occurring in young adults’ romantic
relationships and adult attachment patterns when they have experienced child psychological maltreatment.

Although there is abundant research on the effects of adult attachment on romantic relationships, I know of few studies that examine the effects of romantic relationships on adult attachment. One reason for this lack of research may be that adult attachment has been thought to be relatively stable, although currently there is more debate and research on the discontinuity of attachment. An exception is Hazan and Hutt’s study (as cited in Kirkpatrick & K. E. Davis, 1994), which demonstrated that people’s attachment pattern could shift during a long-term relationship, mostly towards more secure attachment. Being with a highly secure partner in a healthy romantic relationship could help an individual become more securely attached. Alternatively, the highly secure person could become less secure in a relationship with a partner who is highly avoidant or highly anxious in her or his attachment. In addition, some researchers are investigating the concept of earned-secure attachment, which means possessing high levels of secure adult attachment despite having described negative childhood experiences (Roisman, Padrón, Sroufe, & Egeland, 2002). More research is needed to determine how romantic relationships can influence adult attachment.

**Differences in Demographics**

Participants in this study who reported that their parent had divorced or separated were also more likely to report experiences of child psychological maltreatment. It is probable that the participants who experienced child psychological maltreatment lived in a family environment that was more conflictual and tense, and there could have been more marital discord. This situation is more likely to lead to divorce (Baris & Garrity, 1997) than a
Figure 3. Proposed and alternative models combined. In this model, child psychological maltreatment influences both adult attachment and romantic relationship quality and satisfaction. The double-headed arrow on pathway “c” indicates that adult attachment affects romantic relationship quality and satisfaction, which also influences adult attachment. In other words, this association is reciprocal.
family environment characterized by high warmth, cohesion, and marital harmony.

Higgins and McCabe (2003) found that divorce and other negative family background variables, such as sexual punitiveness, were related to child maltreatment (i.e. psychological maltreatment, physical abuse, witnessing family violence, and neglect). Sexual punitiveness is the act of parents punishing children for demonstrating curiosity about sexuality or for engaging in sexual behaviour.

In the current study, participants who were older were more likely to endorse psychological maltreatment items. It is not as clear why older individuals would be more likely to report child psychological maltreatment. Perhaps this finding was affected by research procedures. For ethical reasons, participants were warned that if they were under 19 years of age and personally disclosed information that led the researchers to feel that they were at risk of harm, the researchers would have to report it to the proper authorities. Although it was explained that this procedure did not apply to anonymous disclosure on the questionnaires, participants under the age of 19 may have been more reluctant to endorse child maltreatment items out of the fear that they would be reported. However, Roche’s (1999) study found that women who reported child sexual abuse tended to be older than women who did not report child sexual abuse, although this trend was not significant. Older individuals may be more likely to reflect on their childhood experiences, be less likely to be influenced by social desirability, and be more willing to acknowledge their experiences of child maltreatment.

Although the correlation between reporting both child psychological maltreatment and an Asian racial background was significant, it was small ($r = .16$). Individuals who reported an Asian racial background were also more likely to be classified as physically
abused as children (Cramer’s V = .24). Assuming that these small correlations represent real demographic differences, it may reflect differences between Asian and Western parenting practices that are more likely to involve child maltreatment. For example, parents from Asian backgrounds may use higher levels of control, more criticism, and more physical punishment than parents from other racial backgrounds. Chen et al. (1998) found that Chinese parents tended to emphasize child compliance, which may include the use of physical discipline. One participant remarked that physical punishment was common in this person’s culture, which was Asian (see Appendix U). Alternatively, it is possible that Asian participants were influenced by how parenting in their cultures is perceived by North American society. These perceptions may have influenced them to report more child psychological maltreatment and child physical abuse than they would have otherwise. Moreover, discussing parenting practices as “Asian” involves making the assumption that all Asian cultures are homogenous, which is not the case. It is difficult to be certain for which cultures are individuals more likely to report child psychological maltreatment. When asked for their ethnic background, most participants of Asian descent reported their ethnic background as Asian. In regard to primary languages, Chinese and Korean were the most common Asian languages reported, but the primary language may not reflect the ethnic background because individuals of an Asian ethnic background may have another primary language, such as English. For reviews of cultural issues related to child maltreatment, see Abney (2002) and Korbin (2002).

*The Constructs of Psychological Maltreatment, Relationship Quality, and Adult Attachment*

The factor analysis of the Psychological Maltreatment Questionnaire suggests that
degrading, denying emotional responsiveness, and rejecting are highly related to each other. They may be more important and more common than some of the other forms of child psychological maltreatment, such as corrupting, exploitation, and physical neglect. Isolating and controlling behaviours were closely related and formed the second factor. The forms of child psychological maltreatment that involved witnessing violence or being threatened with physical harm were related to each other and formed the third factor. It is not clear whether witnessing violence should be considered as part of child psychological maltreatment or if it should be considered as a separate form of child maltreatment, in addition to child physical abuse, child sexual abuse, and child neglect. Some researchers, such as Demaré (1993) and Glaser (2002), conceptualize witnessing violence as part of child psychological maltreatment, and other researchers, such as Higgins and McCabe (2001), conceptualize it as a separate form of child maltreatment. Physical neglect seemed to be a discrete form, which I believe should be conceptualized as child neglect and hence, may be somewhat distinct from child psychological maltreatment. Corrupting also appeared to be a distinct form of child maltreatment. However the sample size \( n = 255 \) was small for a factor analysis of 72 items, and ideally, it should have been at least 400 participants. The small sample size does not make the factor analysis less reliable, but it does make it less generalizable to other samples. Therefore, the results of the factor analysis are limited to this sample and the participants' patterns of responses to the questionnaire in this study.

The principal components analysis (PCA) of the Relationship Rating Form (RRF) suggests that there are two underlying factors: one for general relationship quality and satisfaction and one for low conflict and tension in the relationship (see Appendix O).
This interpretation is discrepant with K. E. Davis' (1996) conceptualization of his measure into seven global scales and three subscales. Moreover, he asserts that it is not appropriate to collapse the subscales into one overall score. Even when more factors are specified into the principal components analysis, the way that the items load onto the factors do not reflect how they are grouped into the global scales. For example, the items on satisfaction tend to load onto different factors when more than two factors are specified in the analyses, and the items on passion load onto different factors when more than three factors are specified. However, the sample size ($n = 252$) is quite small for a factor analysis of 68 items and may not generalize to other samples.

In the factor analysis of the RRF subscales, ECR-R scales, and RQ ratings of each attachment paragraph, the attachment variables and the relationship variables loaded onto separate factors. This pattern indicates that adult attachment and romantic relationship quality and satisfaction are two separate constructs. The relationship variables loaded onto two factors, which again appeared to be a general relationship quality factor and a low conflict or tension factor. The attachment variables loaded onto two separate factors or components, which seemed to be fearful attachment and preoccupied attachment. I was expecting that one component would be avoidance and the other component would be anxiety. Instead, one component (i.e. fearful attachment) reflects high levels of both avoidance and anxiety and the other component (i.e. preoccupied attachment) reflects high levels of anxiety. Perhaps there is something qualitatively different from having high levels of both avoidance and anxiety than only having high levels of one of the dimensions. Also, avoidance and anxiety seem to be moderately related to each other instead of being independent or orthogonal constructs.
Generally, the pattern of intercorrelations on the ECR-R and RQ reflects what would be predicted from current attachment theories, although it is somewhat surprising that the avoidance dimension was not more highly related with dismissing attachment. As mentioned previously, the avoidance items appear to reflect a discomfort with closeness and with dependence on romantic partners, whereas the dismissing items appear to emphasize self-sufficiency and independence. Therefore, the avoidance and dismissing items may be measuring related, but slightly different aspects of adult attachment. Overall, the ECR-R and RQ correspond in some expected ways and do not correspond in other unexpected ways.

Limitations

One limitation of the study is that it is based on self-reports of current romantic relationships and attachment patterns and retrospective self-reports of possible experiences of child maltreatment. Inaccurate memory recall and social desirability may have affected participants’ responses to the questionnaire. As a result, this study is actually about young adults’ perceptions of their possible maltreatment experiences, attachment patterns, and current romantic relationships. We do not know if these perceptions actually reflect the reality of their childhoods and their romantic relationships. On the other hand, perceptions are likely to play an important role in how young adults behave and feel about their past experiences and current relationships.

Moreover, we do not know if the participants’ current romantic relationships were indeed attachment relationships or not. Current research on adult attachment suggests that it may take up to two years before an attachment relationship can develop (see Fraley & Shaver, 2000), and although some of the romantic relationships in this study were of this
duration, other relationships were not. However, it was not necessary that the romantic relationships be attachment relationships in order to test the hypotheses.

Another limitation of the study is that it is correlational, and therefore, causality and directionality has not been established. The directions of the arrows in the models are based on chronological order, theory, and previous research. For instance, it is believed that child psychological maltreatment influences adult attachment and romantic relationship quality and satisfaction because one occurs earlier than the others. Additionally, more research has been done on how adult attachment affects people’s relationships instead of how people’s relationships influence their attachment patterns. However, more research on one direction in an association does not necessarily mean that the other direction is weaker or not possible.

Due to the correlational nature of the research, the findings could be explained by a third variable. Furthermore, other variables that might have affected the model, such as partner abuse, were not controlled for. For example, it is possible that past child psychological maltreatment puts individuals at greater risk for experiencing partner abuse, particularly psychological abuse, which would likely decrease romantic relationship quality and satisfaction.

In addition, it is questionable whether controlling for child physical abuse and child sexual abuse by statistically removing them is an effective way of controlling for the influences of these maltreatment experiences (see Briere, 1992; Briere & Elliot, 1993). When statistically removing or partialling out variables, one assumption is that the partialled variables do not interact with the other variables (Briere & Elliot, 1993). However, it is likely that child psychological maltreatment does interact with child...
physical abuse and child sexual abuse. Therefore, statistically removing the latter two variables may be somewhat artificial. A more ecologically sound way of controlling for other forms of child maltreatment may be to investigate only those individuals who have experienced child psychological maltreatment but not child physical or sexual abuse. The problem with this method is that one may be studying only less severe forms of child psychological maltreatment that may be qualitatively different from the kind of child psychological maltreatment that is experienced by individuals who also experience child physical abuse and/or child sexual abuse.

A final limitation of the study is that it is based on a university sample that consists primarily of heterosexual, Caucasian, and middle to upper-middle class young adults. Therefore, the findings may only generalize to other similar university samples in North America. However, an advantage of using a university sample is that it consists primarily of young adults, which may be a critical stage for the formation of long-term romantic relationships. In addition, it may be easier to intervene at this stage to try to modify an people’s attachment styles or romantic relationship patterns.

Future Directions

Future research could investigate other possible mediators of the association between child psychological maltreatment and romantic relationship quality and satisfaction. Possible mediators could be interpersonal competence and partner psychological maltreatment. Furthermore, it may be valuable to examine general interpersonal problems and romantic relationships when studying child psychological maltreatment. General interpersonal problems, such as social anxiety or a lack of assertiveness, would affect many social relationships rather than being specific to
romantic relationships. In addition, future studies could measure both child maltreatment and family environment to tease apart the contributions of these two areas to romantic relationship quality and satisfaction. For example, Higgins and McCabe (2003) found that both childhood family variables and child maltreatment, particularly child psychological maltreatment, were related to adult adjustment. Furthermore, child psychological maltreatment predicted later psychopathology and adaptive functioning in adulthood. Because this area is relatively new, interviews and qualitative research could provide some insight on which variables would be the most important to study.

It would also be interesting to study individuals who have experienced child psychological maltreatment and who have fairly secure attachment patterns and healthy relationships. In particular, what makes these people resilient to the effects of child psychological maltreatment, particularly the interpersonal effects? Are social support and coping strategies possible mediators of their resilience? Runtz and Schallow (1997) found that social support and coping strategies mediated the relationships between child physical and sexual maltreatment and current psychological adjustment in a large university sample. It is possible that social support and coping mediate the association between child psychological maltreatment and adult romantic relationship quality.

Research on couples could also provide insight into how individuals with different attachment patterns pair up and how this affects the link between child psychological maltreatment and adult romantic relationships. Moreover, the perceptions of each person could be compared to their partners’ perceptions of the relationship or observed interactions between members of a couple. Further research is needed on same-sex couples in particular and on people of various sexual orientations and gender identities.
Future studies could be conducted on larger samples of men, community samples, and clinical samples. In addition, child psychological maltreatment could be studied in different cultures to determine if its effects on romantic relationships are similar or different in other contexts. Prospective longitudinal studies would allow us to monitor how child psychological maltreatment influences attachment and romantic relationships over time. They may provide insight into how attachment changes over time and across relationships. In addition, there is a need for research on how romantic relationship quality affects young adults' attachment patterns. Moreover, cross-referencing with child protective service reports and reports from partners may help reduce some of the biases and inaccuracies from self-reports. There are ethical concerns with accessing records from child protective services related to the privacy and protection of individuals and their families. Researchers may need to target families that are already involved in the child protection system and to obtain written permission from parents, children, and child protection workers to access records. Furthermore, Behl et al. (2003) point to a need for more theoretical articles on child psychological maltreatment, such as Glaser's (2002) paper, which consolidate a definition and framework for studying child psychological maltreatment. Finally, more research should be conducted on child neglect (Behl et al.) and its relationship to child psychological maltreatment in order to more clearly distinguish between these overlapping forms of child maltreatment.

Clinical Implications

When working with clients who present with relationship problems, this study suggests that it would be helpful for clinicians to consider whether their clients have experienced child psychological maltreatment and to what degree. A history of child
psychological maltreatment could be playing a role in the person's adult attachment patterns and the quality of their romantic relationships. There are three possible points of intervention because there are several pathways through which a person's past experiences of child psychological maltreatment can be related to the current quality and satisfaction of their romantic relationships (see Figure 3). One way to intervene is to assist people who have experienced child psychological maltreatment to enhance the quality of their current or future romantic relationships. Psychoeducational workshops on healthy relationship dynamics, good communication, assertiveness skills, and effective conflict resolution could be offered at university counselling centres to all students, regardless of whether they have experienced child psychological maltreatment. In addition, these workshops could educate individuals about adult attachment patterns and how these patterns influence their romantic relationships.

Another method of intervention is to attempt to change people's attachment patterns after they have experienced child psychological maltreatment. This approach may be more difficult and may require long-term individual or group therapy. However, this process may provide many benefits beyond improving relationship quality because adult attachment affects people's model of self as well as their models of others. There are several frameworks for treating children who have been maltreated, some of which incorporate attachment theory (see Berlin, 2001; Freidrich, 2002; Levy & Orlans, 1998; Pearce & Pezzot-Pearce, 1994). These models of psychotherapy could be revised for adult survivors of child maltreatment, including adults who have experienced child psychological maltreatment.

Briere (2002) presents a model for treating adult survivors of child maltreatment
that is based on the self-trauma model, which indicates that early and severe child maltreatment disrupts affect regulation, the formation of self-capacities, and other aspects of child development. This model appears to be designed for adult survivors of child sexual abuse or child physical abuse and it is not yet clear whether therapeutic frameworks based on trauma models are applicable to individuals who have only experienced child psychological maltreatment. In addition, attachment theory could be better incorporated into this model to improve the relational capacities of individuals with histories of child psychological maltreatment. For example, Saunders and Edelson (1999) discussed their model of group therapy for women who have experienced child abuse. Their model integrates attachment theory and traumatic bonding, which is the intense relationship that can form between victims and victimizers.

In considering the most appropriate form of intervention, it could be useful to assess the client’s adult attachment style. Saunders and Edelson (1999) suggest that individuals who are highly dismissing or avoidant would fare better in very structured psychoeducational workshops or cognitive behavioural groups, whereas preoccupied individuals may benefit more from process-oriented therapy groups. Dismissing individuals may feel uncomfortable or very vulnerable in a process-oriented group, in which facilitators or other participants may expect a high level of intimacy and self-disclosure. These feelings of discomfort may lead to early termination from the therapy group. In contrast, highly structured psychoeducational or cognitive-behavioural groups may not sufficiently meet the strong need for closeness of individuals who have preoccupied attachment. Similarly, highly dismissing people may prefer more structured or directive forms of individual therapy, and highly preoccupied people may prefer more
process-oriented or interpersonally oriented forms of individual therapy.

Ideally, it would be best to prevent child psychological maltreatment before it occurs. There is some evidence that home visitation programs, support group programs, and multi-component community-based programs can prevent child maltreatment (Nelson, Laurendeau, & Chamberland, 2001). In addition, Constantino et al. (2001) conducted a study in which they educated groups of parents about child attachment. Parents in this intervention group displayed a trend for an improved ability to interpret infants’ emotional signals. More importantly, their interventions were successful in encouraging families to enroll in home visitation programs. Constantino et al. argued that often disadvantaged families are reluctant to participate in home visits, and a non-threatening parent education group may be an effective way to reach these families and recruit them into home visitation programs. Home visitations have been effective in reducing rates of child maltreatment (Gomby, Culcross, & Behrman, 1999; Olds et al., 1997; Nelson et al., 2001). Other programs that support parents and families, such as support groups and parenting workshops, may be helpful in reducing child psychological maltreatment. In such programs, it may be more effective to emphasize positive parenting practices that foster healthy child development and competence rather than the prevention of child maltreatment.

Summary and Conclusions

This study calls attention to the role of child psychological maltreatment in affecting young adults’ ability to relate with others and form intimate and satisfying relationships. Specifically, individuals who report higher levels child psychological maltreatment may be at risk for developing adult attachments that are high on insecurity
and for forming romantic relationships that are less satisfying and lower in quality that individuals who report less child psychological maltreatment. This appears to be especially true of women. Furthermore, the level of satisfaction and quality in young adults’ romantic relationships is linked to the security of their adult attachments. Future research is needed that would study attachment and relationship variables within actual couples, and that would use observational methods to determine whether these findings would hold true for both members of a couple. Moreover, future studies would need to include a sufficiently large enough sample of men in order to determine the ways in which child psychological maltreatment, adult attachment, and romantic relationship quality and satisfaction might be related in men. Finally, more research is needed on how romantic relationships affect adult attachment patterns.

This research suggests that clinicians consider the possibility and impact of child psychological maltreatment on their clients’ romantic relationships when clients or couples seek assistance with relationship problems. In addition, it may be worth considering whether past experiences of child psychological maltreatment may play a role in the dissolution of romantic relationships, including separation and divorce. Educational workshops and interventions on forming healthy relationships, enhancing relationship quality, and promoting security in adult attachments may reduce the effects of child psychological maltreatment on adult romantic relationships. Furthermore, it is important to attempt to prevent child psychological maltreatment through community resources, home visitation programs, and support groups that strengthen parents and families.
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promote family wellness and prevent the maltreatment of children. *Canadian Journal of Behavioural Science, 33*, 1-13


Footnotes

1 The clinical/community sample consisted of families with a child who was receiving mental health services and “normative” families, in which none of the children were receiving mental health services.

2 Infantilizing means treating children as if they are younger, which can limit them from reaching their full potential.

3 Gender presentation refers to the gender that the person appears to be. For example, a person may look like one gender but identify as another gender or as transgendered.

4 Transgendered is an “umbrella” term that refers to “the lives and experiences of diverse groups of people who live outside of normative sex/gender relations” (Namaste, 1994, p. 228). For example, transgendered individuals can include cross dressers, individuals who are transitioning from one gender to another, and individuals who identify as a third gender.

5 Individuals who are intersexed are born with female and male biological characteristics, and as a result, their gender may appear ambiguous.

6 Two Spirited is a term that originated from First Nations people and refers to having female and male aspects within one person.

7 Item response theory refers to a number of models that attempt to represent the relationship between a person’s response to an item and an underlying trait.

8 The Cronbach’s alphas in this paragraph represent an average across two or three studies (see K.E. Davies, 1996).

9 The RRF trust subscale is part of the larger global scale Viability, which has
good internal consistency ($\alpha = .80$ to $.90$) and adequate test-retest reliability ($r = .74$).

10Being “in a relationship but not living together” and “dating” were given as two separate options in the questionnaire to distinguish between committed relationships and casual dating relationships. However, we do not know how participants interpreted these categories.

11Garthoeffner et al. (1993) only reported the mean per item on the Trust subscale of the IRS. The total of 69 was derived from multiplying the average per mean (4.059) by 17, which is the number of items on the IRS-Trust used in this study. Note that Garthoeffner et al. only reported standard deviations for each item and did not report a standard deviation for the entire IRS-Trust.
Appendix A

**Introductory Statement**

(Introduce yourself by name and role with regard to the study and introduce the research assistant.)

1. You will be asked to respond to a series of questions in this study about your childhood histories and romantic relationships. **Your participation is voluntary. You can choose not to answer any questions that you don’t want to answer. You can leave at any time during the study** and students who signed up for credit will still receive credit for their participation.

2. **If you decide to withdraw part way through the study**, the information that you provided will not be used in the final analysis. If you decide that you don’t want your data used in this study, please write “do not use” on the reverse side of the cover page of the questionnaire, and your questionnaire will be shredded.

3. **All responses are confidential and anonymous.** That is, you can not be identified by answering any of the questions in this study. Please do **NOT** write your name anywhere on the questionnaire.

4. **To be eligible to participate in this study, you must currently be in a romantic relationship (e.g. dating relationship, living together, married) that has lasted at least three months and that is monogamous.** If you do not meet these criteria but would still like to participate in the study, it is very important that you answer the screening questions in the demographics part of the questionnaire honestly. You can still participate if you like and receive bonus point(s) if you signed up for credit in the study. [It may be difficult to answer some of the questions if you are not currently in a relationship, but you could answer those types of questions for your last three-month romantic relationship (if applicable).]

5. After you hand in the questionnaire, you will be given a copy of the consent form and a debriefing form, which will give you more information about the purpose of the study. **Please do not share this information with students who have not yet participated in this study.**

6. **If you have any questions or concerns, you can talk to me at any time during the study.** I will remain here after the study for about 15 minutes, and then I will be available in my office in Cornett B326 if you have any questions or concerns. Also, the consent form has contact information for me and my supervisor, Dr. Marsha Runtz. Please feel free to call or e-mail us if you have any questions.

7. **If you are under 19 years of age** and you personally disclose information to me that leads me to believe that you are at risk of being harmed, I am required to report it to the
appropriate authorities. This does not apply to you if you only provide information anonymously on the questionnaire and if you do not write any identifying information on the questionnaire.

8. Please carefully read and sign the informed consent form before beginning the questionnaire.

9. Finally, the questionnaire is double-sided. When answering questions, please remember to answer both the front and back of each page.

(Ask if they have any questions.)

Thank you very much for your interest in the study.
Appendix B

Romantic Relationships and Early Childhood Experiences - Consent Form

**Introduction:** You are being invited to participate in a study entitled *Romantic Relationships and Early Childhood Experiences*, which is being conducted by Vilayvanh Sengsouvanh and Dr. Marsha Runtz. Ms. Sengsouvanh is a graduate student in the Department of Psychology at the University of Victoria. You may contact her if you have further questions at 472-4177 or sengsouv@uvic.ca. As a graduate student, Ms. Sengsouvanh is required to conduct research as part of the requirements for a Masters degree in Psychology. It is being conducted under the supervision of Dr. Marsha Runtz, who can be contacted at 721-7546 or runtz@uvic.ca.

**Purpose & Importance:** The purpose of this research is to explore the links between early childhood experiences, relationship patterns, and people's romantic relationships. This study is important because there is a lack of research in this area. Also, understanding how early childhood experiences might affect later romantic relationships could inform counselling and therapy services for people who experience difficulties in their romantic relationships.

**Voluntary Participation:** Your participation in this research must be completely voluntary. You may withdraw from the study at any time, and you may refuse to answer any (or all) question(s) without having to explain your reasons for doing so and without consequences. You will still receive your Psychology 100 bonus points for this study whether you complete the questionnaire or if you return a blank or incomplete questionnaire. Whether or not you participate will have no effect on your grades or academic standing (aside from the bonus points) and your instructor will not have access to any of the information collected in this study. If you change your mind about having your responses used in this research, please indicate this by writing "Please do not use" on the reverse side of the cover page of your questionnaire and it will be shredded immediately following the research session.

**Anonymous:** All of the responses that you give in this study are completely anonymous and confidential; your name will not be linked to your responses in any way. Your questionnaire will be identified by code number only and this code cannot identify you. All of the information collected will be used for group analysis; that is, questionnaires will not be analyzed individually but will be pooled together with a large number of questionnaires from other participants. Please do not write your name on the questionnaire and please do not provide the names of any other individuals that may have been involved in any of the events you disclose in this questionnaire. If we had identifying information that let us to believe that you or any individual (under 19 years of age) is at risk of harm, we would be obliged to inform the proper authorities. If, however, you want to report an incident of child maltreatment, please see the list of numbers at the bottom of this form.

**Confidential:** Your confidentiality will be protected by keeping the questionnaires, data files, and other research records secure (e.g. in locked filing cabinets, locked offices). Only the researcher, supervisor, and research assistants will have access to the records.

**Sensitive Topics:** If you decide to participate, you will be asked to fill out a questionnaire that addresses sensitive topics such as early childhood experiences (which may include experiences of child psychological maltreatment, physical abuse, sexual abuse, and neglect), relationship
Eligible: You are eligible to participate in the research if you meet these three criteria:
1. You are currently in a romantic relationship that
2. has lasted at least three months, and
3. the relationship is monogamous.
A monogamous romantic relationship is defined as an exclusive relationship between two people that includes romantic involvement, emotional involvement, and/or sexual involvement. If you are not eligible or you are unsure if you are eligible, but you would still like to fill out the questionnaire, you are free to do so. However, the information you provide may not be used in the study. You will still receive bonus points for participating if you are in Psychology 100.

Inconvenience & Risks: Participation in this study may cause some inconveniences to you, including the time it will take to fill out the questionnaire (about 1 hour). A potential risk to you by participating in this research is that you may feel some emotional discomfort as a result of answering questions of a sensitive nature. To deal with these risks, we want you to know that you don’t have to answer any questions that make you feel uncomfortable, that you can withdraw your participation at any time, and that you can talk to the researcher (Ms. Sengsouvanh) or her supervisor (Dr. Runtz) about any concerns you might have that have arisen as a result of participating in this research. In addition, phone numbers for university and community resources will be provided at the end of this letter, should these services be desired.

Benefits: In addition to the bonus points that you receive in Psychology 100, the potential benefits of your participation include 1) experiencing psychological research methods first hand, and 2) you will be helping us understand how childhood histories might affect people’s romantic relationships.

Compensation: To compensate you for your participation, you will receive bonus points towards your course grade in Psychology 100 at the University of Victoria. It is important for you to know that it is unethical to provide undue compensation to research participants, and if you agree to participate in this study, this form of compensation should not be coercive. If you would not participate if the compensation were not offered, then you should decline.

Questionnaire Disposal: The questionnaires used in this study will be disposed of in about five years time, and then the questionnaires will be shredded.

Sharing Results: You will receive a debriefing form that outlines the purpose of the research in more detail. If you would like a summary of the findings after the study is completed, you can contact Dr. Runtz. It is anticipated that the results of this study will be shared with others in the following ways: in the researcher’s Masters thesis, in presentations to other graduate students and faculty, in conference presentations, and possibly in a published article.

Ethical Approval: In addition to being able to contact the researchers, you may verify the ethical approval of this study, or raise any concerns you might have by contacting the Associate Vice President, Research at the University of Victoria at (250) 472-4362.

Signature: Your signature below indicates that you understand the above conditions of

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1 This demographic item is to be used primarily for sample description purposes.
participation and that you have had the opportunity to have your questions answered by the researcher(s).

Name of Participant ___________________________ Signature ___________________________ Date __________

A copy of this consent will be left with you, and a copy will be taken by the researcher.

THANK YOU FOR YOUR INTEREST AND PARTICIPATION IN THIS STUDY.

If any of the questions in this study made you uncomfortable in any way, or if participating in this study brought up any issues that are distressing for you, some resources that might be of assistance are provided below:

- **University of Victoria Counselling Services** (campus), 721-8341 -in same building as the Bookstore, entrance faces Ring Road
- **NEED Crisis and Information Line** (community agency), 386-6323
- **British Columbia Psychological Association (BCPA) Referral Service**, 1-800-730-0522
- **Directory of counselling professionals** (links to mental health services in BC), [www.counsellingbc.com](http://www.counsellingbc.com)
Appendix C

Romantic Relationships and Early Childhood Experiences - Debriefing Form

Thank you for your interest and your participation in the study. Your responses are greatly appreciated because we realize that many of these questions were personal and perhaps not easy to answer. Please be assured that your responses will remain anonymous and confidential.

As mentioned in the consent form that you signed, one of the main purposes of this research project is to explore the links between early childhood experiences, relationship patterns (i.e. styles of relating to others), and people’s romantic relationships. In particular, we are interested in whether certain interactions between children and parental figures (which may include childhood maltreatment) influence the quality and satisfaction that people experience in their later romantic relationships. There is some evidence to suggest that psychological or emotional forms of childhood maltreatment affect adult relationship patterns and romantic relationship quality and satisfaction.

Specifically, it is expected that people who have experienced greater amounts of psychological maltreatment in childhood will be less content on average with the quality of their romantic relationships. However, it is important to note that this refers to an average tendency and there is likely to be substantial variability across individuals. (That is, even if an individual has experienced some child psychological maltreatment, it is possible that the person may be as content or more content as another person who has experienced less child psychological maltreatment.) In addition, it is expected that the connection between child psychological maltreatment and current romantic relationship quality and satisfaction will be influenced by differences in attachment styles (e.g., the people who, in general, feel more secure in relation to others are expected to be more likely to report satisfaction with their current romantic relationships and to be less likely to have experienced psychological maltreatment in childhood). While not every question about childhood maltreatment and later romantic relationship experiences can be answered in this study, we hope to begin addressing some of the issues that may be of greatest interest to adults.

Please do not share this information with other students who have not yet participated in the study because it could influence how they answer the questionnaire and affect the validity of the study. Results from studies such as this one will be of benefit to psychologists and others in similar professions who work to assist those who experience the various life experiences included in this study. If any of the questions in this study made you uncomfortable in any way, or if participating in this study brought up any issues that are distressing for you, some resources that might be of assistance are provided below:

- University of Victoria Counselling Services (campus), 721-8341, in same building as Bookstore, entrance faces Ring Road
- NEED Crisis and Information Line (community agency), 386-6323
• **Victoria Ministry of Children and Family Development**, 387-4499, [www.gov.bc.ca/mcf/](http://www.gov.bc.ca/mcf/) (information on reporting child maltreatment)

• **British Columbia Psychological Association (BCPA) Referral Service**, 1-800-730-0522

• **Directory of counselling professionals** (links to mental health services in BC), [www.counsellingbc.com](http://www.counsellingbc.com)

We appreciate your participation in this study, and hope that it has been an educational experience for you. If you have any questions about this study, please contact Vilayvanh Sengsouvanh (472-4177 or sengsouv@uvic.ca) or Dr. Marsha Runtz (721-7546 or runtz@uvic.ca). We will be happy to respond to any questions that you may have about this research.
Appendix D

Demographic Questions

Please tell us about yourself by answering the following demographic questions:

1. What is your gender? (check all that apply)
   - Woman
   - Man
   - Transgendered
   - Two Spirit
   - Intersex
   - Other: ____________
   - Unsure

2. How old were you on your last birthday? (age in years) _____

3. Which of the below best describes your racial affiliation/background? (check all that apply)
   - First Nations/Aboriginal/Native
   - Black
   - Asian
   - Hispanic/Latino
   - Caucasian/White
   - Mixed (Specify): ______________________________
   - Other (Specify): ______________________________

4. Which of the below best describes your ethnic or cultural affiliation/background? (check all that apply)
   - First Nations/Aboriginal/Native
   - African
   - Caribbean
   - East Indian/South Asian
   - South East Asian
   - Asian (other than South Asian or South East Asian)
   - Hispanic/Latino
   - Jewish
   - French-Canadian
   - European
   - Other (Specify): ______________________________

5. Are you an immigrant?  ☐ Yes  ☐ No  If yes, from what country: ____________________________

6. Are you an international or exchange student?  ☐ Yes  ☐ No
   If yes, from what country: ____________________________

7. What is your primary language (i.e. the language that you use the most or with which you feel the most comfortable)?  ☐ English  ☐ French  ☐ Other (Specify): ______________________________

8. Which of the below best describes the people who raised you?
   - Mother and Father
   - Mother and Step-Father
   - Father and Step-Mother
   - Same-sex couple (two mothers)
   - Same-sex couple (two fathers)
   - Adopted Parent(s)
   - Foster Parent(s)
   - Grandparent(s)
   - Other (Specify): ______________________________

9. Did your parents get separated or divorced?  ☐ Yes  ☐ No
   If yes, how old were you at the time? _____ years
10. What is the current occupation of the person/people who raised you?  
   _________________________________ (parent/parental figure #1)  
   _________________________________ (parent/parental figure #2 – if applicable)

11. What is the highest level of education obtained by parent or parental figure #1?  
   □ some primary school (kindergarten to grade 7, but no secondary school)  
   □ some secondary school (high school, grades 8 to 12)  
   □ completed secondary school (or high school equivalent)  
   □ technical school or trade diploma  
   □ college/university: some undergraduate courses completed  
   □ college/university: completed undergraduate degree (e.g., B.A.)  
   □ college/university: some graduate level courses  
   □ college/university: completed graduate degree (e.g., MA or Ph.D.)  
   □ college/university: other professional degree (e.g., M.D., LLB)

12. What is the highest level of education obtained by parent or parental figure #2 (if applicable)?  
   □ some primary school (kindergarten to grade 7, but no secondary school)  
   □ some secondary school (high school, grades 8 to 12)  
   □ completed secondary school (or high school equivalent)  
   □ technical school or trade diploma  
   □ college/university: some undergraduate courses completed  
   □ college/university: completed undergraduate degree (e.g., B.A.)  
   □ college/university: some graduate level courses  
   □ college/university: completed graduate degree (e.g., MA or Ph.D.)  
   □ college/university: other professional degree (e.g., M.D., LLB)

13. Were you the only child in your family?  
   □ Yes  □ No  (If yes, go to question 16.)  
   If no: Were you the oldest child in your family?  
   □ Yes  □ No  
   Were you the youngest child in your family?  
   □ Yes  □ No

14. If you are not an only child, please indicate the following:  
   Number of younger brothers _______;  Number of older brothers _______  
   Number of younger sisters _______;  Number of older sisters _______

15. Are you a twin?  
   □ Yes  □ No  □ Don’t know  
   If yes, are you identical twins?  
   □ Yes  □ No  □ Don’t know  
   If not identical twins, is your twin:  
   □ Female  □ Male  □ Other: ___________________________  □ Don’t know

16. What is your personal income before you pay taxes?  
   □ Less than $10,000  
   □ $10,000-$19,999  
   □ $20,000-$29,999  
   □ $30,000-$39,999  
   □ $40,000-$49,999  
   □ $50,000-$59,999  
   □ $60,000-$69,999  
   □ $70,000-$79,999  
   □ $80,000 or more  
   □ $90,000-$99,999  
   □ $100,000 or more

   Do you support any dependants (e.g. children) on this income?  
   □ Yes  □ No  
   If yes, how many? _______ dependants
17. If you were living with your family when you were 17, how much money did your family members
make (combined) at that time, before taxes?  □ Not applicable
□ Less than $10,000  □ $10,000-$19,999  □ $20,000-$29,999
□ $30,000-$39,999  □ $40,000-$49,999  □ $50,000-$59,999
□ $60,000-$69,999  □ $70,000-$79,999  □ $80,000-$89,999
□ $90,000-$99,999  □ $100,000 or more

The following questions ask about you, your romantic relationship, and your current partner in this
relationship.

18. Are you currently in a romantic relationship? [For the purposes of this study, a romantic relationship is
defined as a relationship that includes romantic involvement, emotional involvement, and/or sexual
involvement with another person (e.g. dating relationship, living together, marriage).]
□ Yes □ No □ Unsure (If no, go to question 21.)

19. Is your relationship monogamous? (For the purposes of this study, monogamous means that you are
not romantically or sexually involved with anyone else outside of the relationship, and that you believe
that your partner is not romantically or sexually involved with anyone else outside of the relationship.)
□ Yes □ No □ Unsure

20. How long have you been in this romantic relationship? _____ months (Or _____ years, if 2 yrs or
more)

21. What is your current relationship status?
□ Single with no partner  □ Dating
□ In relationship but not living together  □ Living with partner
□ Married (legal or common-law marriage, including same-sex marriage)
□ Separated □ Divorced □ Widowed

22. If you are living with your partner (but not married), how long have you been living together? _____
months (Or _____ years, if 2 yrs or more)

23. If you are married, how long have you been married? _____ months (Or _____ years, if 2 yrs or
more)

24. What is your sexual orientation?
□ Heterosexual □ Two Spirit
□ Bisexual □ Other: __________________________
□ Lesbian □ Don’t know
□ Gay

25. What is your partner’s gender?
□ Woman □ Man □ Transgendered □ Two Spirit
□ Transgendered □ Other: __________________________ □ Intersex
□ Other: __________________________ □ Unsex
□ Intersex □ Unsure
26. What is your partner’s sexual orientation?
   - Heterosexual
   - Bisexual
   - Lesbian
   - Gay
   - Two Spirit
   - Other: ____________________________
   - Don’t know

27. Which of the following best describes your partner’s racial background? (check all that apply)
   - First Nations/Aboriginal/Native
   - Black
   - Asian
   - Hispanic/Latino
   - Caucasian/White
   - Mixed (Specify): ____________________________
   - Other (Specify): ____________________________
   - Don’t know

28. Which of the following best describes your partner’s ethnic or cultural background? (check all that apply)
   - First Nations/Aboriginal/Native
   - African
   - Caribbean
   - East Indian/South Asian
   - South East Asian
   - Asian (other than South Asian or South East Asian)
   - Hispanic/Latino
   - Jewish
   - French-Canadian
   - European
   - Other (Specify): ____________________________
   - Don’t know

29. Is your partner an immigrant?  □ Yes  □ No  If yes, from what country: ______________________

30. Is your partner an international or exchange student?  □ Yes  □ No  If yes, from what country: ______________________

31. What is your partner’s primary language (i.e. the language that s/he uses the most or feels the most comfortable with)?
   - English
   - French
   - Other (Specify): ____________________________
### Psychological Maltreatment Questionnaire (PMQ) - Sample Items

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td></td>
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<td>3</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Criticize, belittle, or shame you in front of other people
- Refuse to allow you contact with other people
- Act in a way that implied they did not like you or value you
Appendix F

Physical Abuse Questionnaire (PAQ) - Sample Items

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
</tr>
</tbody>
</table>

- Spank you hard enough to cause bruising, swelling, or bleeding
- Break your bone(s) or teeth when they were being rough with you
Appendix G

Child Sexual Experiences (CSE) Questionnaire - Sample Items

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>never</td>
<td>once or twice</td>
<td>3 to 5 times</td>
<td>6 to 10 times</td>
<td>11 to 20 times</td>
<td>more than 20 times</td>
</tr>
</tbody>
</table>

**Sexual activities before you were 14 years old**

- Touched the sexual or private parts of their body (e.g. breasts, genitals, buttocks)
- Engaged in sexual intercourse with you (vaginal or anal)

**Characteristics of the other person and the situation**

- Did you feel coerced or pressured to participate?
- Do you feel this event was sexual abuse?
Appendix H

Experiences in Close Relationships - Revised (ECR-R) – Sample Items

<table>
<thead>
<tr>
<th>Avoidance Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I prefer not to show a partner how I feel deep down.</td>
</tr>
<tr>
<td>• I am nervous when partners get too close to me.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anxiety Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I’m afraid that I will lose my partner’s love.</td>
</tr>
<tr>
<td>• My desire to be very close sometimes scares people away.</td>
</tr>
</tbody>
</table>
Appendix I

Relationship Questionnaire (RQ) – Attachment Style Descriptions

Secure
It is easy for me to become emotionally close to others. I am comfortable depending on others and having them depend on me. I don’t worry about being alone or having others not accept me.

Fearful
I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

Preoccupied
I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.

Dismissing
I am comfortable without close relationships. It is important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.
Appendix J

Relationship Rating Form (RRF) – Sample Items

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very little</th>
<th>Slightly (not often)</th>
<th>Somewhat</th>
<th>A fair amount</th>
<th>Very much</th>
<th>A great deal (almost always)</th>
<th>Strongly</th>
<th>Completely or extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

- Do you accept this person as s/he is?
- Has your relationship with this person been a success?
- Do you fight and argue with this person?
Appendix K

Interpersonal Relationship Scale (IRS) - Trust Subscale Sample Items

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Mildly Disagree</th>
<th>Neutral</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

- There are times when my partner can not be trusted.
- My partner can be relied on to keep his/her promises.
Appendix L

Inter correlations among Psychological Maltreatment Questionnaire (PMQ) Subscales

<table>
<thead>
<tr>
<th>Subscale</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>1. Controlling</td>
<td>---</td>
<td>.186*</td>
<td>.593*</td>
<td>.582*</td>
<td>.560*</td>
<td>.544*</td>
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<tr>
<td>2. Corrupting</td>
<td>---</td>
<td>.287*</td>
<td>.231*</td>
<td>.349*</td>
<td>.219*</td>
<td></td>
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<tr>
<td>3. Degrading</td>
<td>---</td>
<td>.749*</td>
<td>.589*</td>
<td>.417*</td>
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<td></td>
</tr>
<tr>
<td>4. Denying E.R.</td>
<td>---</td>
<td>.489*</td>
<td>.359*</td>
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<td></td>
<td></td>
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<tr>
<td>5. Exploiting</td>
<td>---</td>
<td>.522*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. Isolating</td>
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<td></td>
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<tr>
<td>7. P. Neglect</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. P. Terrorism</td>
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<tr>
<td>9. Rejecting</td>
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Intercorrelations among Psychological Maltreatment Questionnaire (PMQ) Subscales

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*Note. PCA = Principal Components Analysis (with varimax rotation). Loadings of .400 or higher are in bold. An item required a loading of at least .400 to be considered as loading on a factor.*
**Appendix N**

*Intercorrelations among Relationship Rating Form (RRF) and IRS-Trust Subscales*

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*Note. N = 256. IRS = Interpersonal Relationship Scale. Amb. = Ambivalence.*

*p < .01.
Appendix O

Rotated Components Matrix for PCA of Relationship Rating Form (RRF) Items

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Note. Table continued on next page.
Rotated Components Matrix for PCA of Relationship Rating Form (RRF) Items

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Note. PCA = Principal Components analysis with varimax rotation. Loadings of .400 or higher are in bold. An item required a loading of at least .400 to be considered as loading on a factor.
### Intercorrelations among Adult Attachment (ECR-R and RQ) Subscales

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*Note. N = 252.

*p < .01.*
### Rotated Components Matrix for PCA of Relationship and Attachment Subscales

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*Note. PCA = Principal Components Analysis (with varimax rotation). Loadings of .400 or higher are in bold. An item required a loading of at least .400 to be considered as loading on a factor.*
### Correlations between Psychological Maltreatment and Relationship Subscales

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Correlations between Psychological Maltreatment and Relationship Subscales

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*p < .01.
Appendix S

Correlations between Psychological Maltreatment and Adult Attachment Subscales

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*p < .01.
Appendix T

Correlations between Adult Attachment and Romantic Relationship Subscales

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Avoidance</th>
<th>Anxiety</th>
<th>Secure</th>
<th>Fearful</th>
<th>Preoccupied</th>
<th>Dismissing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viability</td>
<td>-.573*</td>
<td>-.368*</td>
<td>.299*</td>
<td>-.269*</td>
<td>-.142</td>
<td>-.188*</td>
</tr>
<tr>
<td>Intimacy</td>
<td>-.628*</td>
<td>-.344*</td>
<td>.317*</td>
<td>-.254*</td>
<td>-.182*</td>
<td>-.280*</td>
</tr>
<tr>
<td>Passion</td>
<td>-.493*</td>
<td>-.144*</td>
<td>.246*</td>
<td>-.104</td>
<td>-.074</td>
<td>-.282*</td>
</tr>
<tr>
<td>Care</td>
<td>-.493*</td>
<td>-.368*</td>
<td>.247*</td>
<td>-.150</td>
<td>-.175*</td>
<td>-.210*</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>-.580*</td>
<td>-.371*</td>
<td>.326*</td>
<td>-.212*</td>
<td>-.189*</td>
<td>-.202*</td>
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<tr>
<td>Conflict</td>
<td>.445*</td>
<td>.239*</td>
<td>-.166*</td>
<td>.140</td>
<td>.074</td>
<td>.241*</td>
</tr>
<tr>
<td>Maintenance</td>
<td>-.508*</td>
<td>-.276*</td>
<td>.268*</td>
<td>-.236*</td>
<td>-.181*</td>
<td>-.204*</td>
</tr>
<tr>
<td>Commitment</td>
<td>-.596*</td>
<td>-.283*</td>
<td>.244*</td>
<td>-.173*</td>
<td>-.091</td>
<td>-.270*</td>
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<tr>
<td>Coercion</td>
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<td>.088</td>
<td>-.035</td>
<td>-.025</td>
<td>.056</td>
<td>.068</td>
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<tr>
<td>Equality</td>
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<td>-.236*</td>
<td>.125</td>
<td>-.140</td>
<td>-.118</td>
<td>-.139</td>
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<tr>
<td>IRS-Trust</td>
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<td>-.607*</td>
<td>.288*</td>
<td>-.360*</td>
<td>-.269*</td>
<td>-.161*</td>
</tr>
</tbody>
</table>

*Note. N = 252. IRS = Interpersonal Relationship Scale.

*p < .01.
Thirty participants (11.3%) responded to the open-ended question at the end of the questionnaire: “Please feel free to provide feedback (e.g. comments, concerns) about the study here or you can take this opportunity to speak to me (the principal researcher, Vilayvanh).” Some participants made more than one comment and therefore fit into more than one of the below themes. Seven participants commented that the study was good, interesting, fun, or enjoyable. Five individuals made comments about certain items or parts of the questionnaire being unclear or repetitive. Furthermore, three participants indicated that the study focused more on negative experiences than positive ones. Three other participants made suggestions about other types of questions or topics that could have been included in the study. These suggested topics include the current relationship between the participants and their parents and whether they discuss romantic relationships, the context of physical beatings (i.e. if they were motivated by discipline or anger and frustration), and the likelihood of unfaithfulness in the romantic relationship.

Eight participants disclosed information about their current romantic relationship or relationship history. Five people disclosed information about their parents or childhood histories, and two of these five individuals remarked that their fathers were frequently absent because of out-of-town work. One person indicated that some of the sexual questions made them feel very uncomfortable. Another person indicated that the study was not a good use of their time because they thought it was only for people who had been physically or sexually abused. One participant highlighted cultural issues in child
maltreatment by indicating that physical beatings were common in their culture, which was Asian. One individual emphasized the importance of family context and warned that an absence of child abuse did not necessarily mean that one had positive, caring relationships with parents. No one commented specifically on child psychological maltreatment.