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The Effects of Childhood Abuse on Relationship Quality: Gender Differences and Clinical Implications

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

The National Incidence Study IV (Sedlak et al., 2010) reported that an estimated 323,000 children were physically abused and 135,300 children were sexually abused between 2005 and 2006. Over the past few decades, numerous studies have been conducted on both the short-term and long-term negative effects that child abuse can have on the victim (Alpher & France, 1993; Braver, Bumberry, Green, & Rawson, 1992; Futa, Nash, Hansen, & Garbin, 2003; Springer, Sheridan, Kuo, & Carnes, 2007). Most studies, however, have focused on the potential that the victim has for becoming a perpetrator as an adult (Wilcox, Richards, & O'Keeffe, 2004), for entering abusive romantic relationships (Griffing et al., 2005; Van Benschoten, 1995), or for abusing their own children (Hall, Sachs, & Rayens, 1998; Lawson, 2001).

Within the existing research, multiple studies examined the relationship between childhood abuse and sexual satisfaction in marriage (Finkelhor, Hotaling, Lewis, & Smith, 1989; Leonard, Iverson, & Follette, 2008; Loeb et al., 2002), but few have examined the relationship between childhood abuse and the overall quality of the adult's committed romantic relationships (Alpert, Brown, & Courtois, 1998; Finkelhor et al., 1989). Additionally, few studies have focused on how gender impacts those long-term effects. The purpose of this study was to examine the relationship between the frequency of childhood physical and sexual abuse and relationship quality, with a focus on possible gender differences and the clinical implications of any gender differences. Age and length of relationship were

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controlled to take into account the developmental stage of the relationship and recognize that a young married couple may be different from an old married couple.

Literature Review

Childhood Physical Abuse and the Psychosocial Consequences in Adulthood

Childhood physical abuse has been found to have negative effects on adult mental and psychological functioning (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005; Springer et al., 2007; Styron & Janoff-Bulman, 1997; Swenson & Kolko, 2000). Individuals who experienced physical abuse in childhood were more likely to report physical illness, depression, anger, and anxiety than nonabused individuals (Springer et al., 2007).

Childhood Sexual Abuse and the Psychosocial Consequences in Adulthood

Childhood sexual abuse has also been associated with psychological and relational impairment in adult life (Alpert et al., 1998; Jesness, 2009; Sypeck, 2005; Wilcox et al., 2004). Research suggested that many adult survivors of sexual abuse had gone on to experience difficulty forming healthy relationships. These victims often blamed themselves for the abuse, which made it difficult to come to terms with the psychological, emotional, and social consequences of that type of violation. These studies did not address the effects that this form of abuse may have had on relationship quality, stability, or problem areas in committed romantic relationships in adulthood. The literature suggested that childhood sexual abuse contributed to a damaged ability to trust people, a sense of isolation from others, and difficulty forming safe attachments (Alpert et al., 1998).

Childhood Physical and Sexual Abuse and the Psychosocial Consequences in Adulthood

Multiple studies examined the combined effects of both childhood physical *and* sexual abuse, because many children are subjected to both kinds of abuse (Alpert et al., 1998; Braver et al., 1992; Divone, 2002). Braver et al. (1992) found that participants who reported abuse reported higher levels of psychological distress and increased difficulty forming secure attachments than those who reported no abuse. Research suggested that individuals who experienced combined forms of abuse in childhood were more likely to self-blame and distance themselves when a stressor occurred and had higher incidences of self-isolation (Futa et al., 2003). In intimate relationships, distancing and self-isolation can inhibit the development of romantic attachment (Johnson, 2002), which contributes to poor relationship quality. A study conducted by van der Kolk and Fisler (1994) also supported that those who suffered childhood abuse had difficulty forming healthy attachments and formed disorganized attachments instead. These disorganized patterns of attachment can lead to an inability to regulate emotions, which is a key aspect in forming and maintaining healthy relationships.

Gender Differences in Experiences of Childhood Physical and Sexual Abuse

The question concerning whether there are gender differences in the long-term effects of child abuse has not been definitively answered. Several studies indicated that women are more negatively affected by experiences of child abuse than men (Thompson, Kingree, & Desai, 2004). For example, women internalize the experience of childhood abuse more often than men and, therefore, have higher incidences of depression and anxiety that can be linked to the previously experienced childhood abuse. Additional research suggests that men and women suffer in different psychological arenas (e.g., men are more affected by sexual abuse than women; Jesness, 2009). Conversely, several studies posit that there are more similarities than differences in the way that men and women experience childhood abuse, suggesting childhood abuse is equally damaging to those that experience it, regardless of gender (Bley, 1996; Dube et al., 2005). Bley (1996) found significant differences between an abused group and a nonabused group in terms of coping skills, level of adjustment, self-esteem, and overall life adjustment, but no significant differences were found between men and women. Additionally, research is mixed concerning whether the same factors influence men's and women's relationship quality or if men and women even experience comparable levels of relationship quality (Spotts, Prescott, & Kendler, 2006). Because of differing results in

previous research, gender was considered in the current study in order to further examine how it influenced experiences of childhood abuse and relationship quality.

Summary: Review of Literature

According to the literature, childhood physical and sexual abuse contributes to interpersonal dysfunction, such as insecure attachments and trust issues. Few studies have discussed the potential correlation between these interpersonal dysfunctions and poor adult relationship quality. Therefore, additional research is needed to identify if childhood physical and sexual abuse negatively impact adult romantic relationship quality. Additionally, few studies have examined whether the *frequency* of childhood abuse, rather than simply the absence or presence of abuse, affects committed adult relationship quality.

Hypotheses

This study examined two hypotheses related to childhood abuse and committed adult romantic relationship quality while controlling for age and length of relationship: (a) It was hypothesized that increased frequency of physical or sexual abuse, or both, in childhood would contribute to decreased adult relationship quality, and (b) it was hypothesized that the relationships between the frequency of childhood physical abuse and sexual abuse and relationship quality would vary by gender.

Method

Sample

The sample consisted of 634 clients from a family therapy center affiliated with a university in the Northeast region of the United States. This sample was utilized because a mental health clinic allows for the collection of information about instances of physical and sexual abuse in childhood and marital quality in a confidential context where people may feel freer to report such information honestly. Of the 634 respondents, 338 were women and 296 were men. To examine committed adult romantic relationships, an inclusion criteria was created to include only respondents who reported being currently married to, living with, or separated from their partner at the time they completed the survey. Separated respondents were included because separated but not divorced indicated *some* level of commitment to a partner.

Procedures

After completing brief phone intake and expressing interest in therapy, all clients that sought services at the clinic completed a computer-based survey as part of the first session of therapy. The information presented in the survey consisted of basic demographic information (age, gender, ethnicity, income, education, and so forth), family of origin information, and current family information. Clients completed the multipage survey individually; this institutional review board (IRB)-approved questionnaire took approximately 30 minutes to complete. Clients completed the survey as part of therapy to help therapists provide better clinical services, not as participants in any specific study. The IRB approval, however, allowed for archival analysis of data for both research dissemination and education of therapists and supervisors. Analysis of the archival data occurred many years after the completion of the surveys.

Measures

The survey filled out by the participants included specific questions related to the frequency of childhood physical and sexual abuse as well as relationship stability and problem areas in the relationship (which together make up the latent variable for relationship quality). Higher scores on the physical and sexual abuse variables indicated more instances of abuse. Higher scores on the relationship quality variable indicated greater instability, more problem areas, and, therefore, more distress in the relationship and poorer relationship quality.

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

Sexual abuse in childhood. The question measuring the frequency of sexual abuse in childhood was, ''How often did sexual abuse [being

touched in inappropriate places, or being forced or coerced into performing sex acts] happen to you while you grew up?'' and was answered according to the same Likert scale as was used in the physical abuse question.

Relationship quality. Relationship quality was measured using two separate variables: stability and problem areas. To determine the reliability of the summed relationship quality score, a reliability analysis was completed using Cronbach's α for both variables. The α for stability was .77 for men and .81 for women, and for problem areas it was .90 for men and .83 for women. *Stability* was assessed using three questions: ''How often have you thought your relationship was in trouble?'' ''How often have you thought seriously of breaking off the relationship?'' and ''How many times have you separated from your partner?'' Each stability question was rated according to a 5-point Likert scale: 1 = *Never*, 2 = *Once*, 3 = *Two or three times*, 4 = *Four to six times*, and 5 = *More than six times*. *Problem areas* were assessed by rating how often 14 different areas have been a problem in the marriage (finances, communication, decision making, emotional intimacy, and so forth). Each potential problem area was rated with the following 5-point Likert scale: 1 = *Never a problem*, 2 = *Very seldom a problem*, 3 = *Sometimes a problem*, 4 = *Often a problem*, and 5 = *Very often a problem*. The questions used for stability and problem areas were closely modeled after the questions used in the RELATE study, which has shown strong test-retest reliability; internal consistency; and content, construct, and concurrent validity (Busby, Holman, & Taniguchi, 2001).

Analysis

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

After the initial analysis, nonsignificant variables (relationship violence, relationship satisfaction, depression, and substance abuse) were eliminated from the model in order to create a better ''fit.'' ''Model fit'' is a term used in structural equation modeling (SEM) to describe how accurately the relationships in the model represent those that exist in the data (Newcomb & Locke, 2001). Common indicators of sufficient model fit include the chi-square statistic for general fit and the Tucker and Lewis Index (TLI) and the Comparative Fit Index (CFI) for incremental fit. Reporting the general fit and the incremental fit indices as well as the root mean square error of approximation (RMSEA) is the preferred method of reporting fit for SEM models (Hoyle & Panter, 1995).

RESULTS

Sample Characteristics (Table 1)

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

Table 1. *Descriptive Statistics: Female (*N = *338), Male (*N = *296)*

Variables	*M*	*SD*	Range	α
Age				
Female	35.48	8.50	18 – 72	
Male	36.90	8.89	20 – 66	
Length of relationship				
Female	8.15	7.87	0 – 50	
Male	8.15	7.98	0 – 45	
Sexual abuse				
Female	4.40	1.15	1 – 5	
Male	4.67	0.86	1 – 5	
Physical abuse				
Female	4.57	0.73	1 – 5	
Male	4.63	0.64	1 – 5	
Relationship quality				
Female	9.57	3.19	3.00 – 16.86	.84
Male	10.58	3.06	3.57 – 17.00	.73

American, 3% Native American, 2% Latino, 1% Asian), 84% were employed, and 59% reported an annual income of $30,000 or less, averaged at least some college education, and reported themselves as ''moderately religious.''

Six percent of women and 5% of men reported at least six incidents of physical violence in childhood (3 = *Sometimes*), 26% of women and 26% of men reported one to five instances of violence (4 = *Hardly ever*), and 68% of women and 69% of men reported no instances of violence in childhood (5 = *Never*), which is consistent with reports in other clinical populations (Braver et al., 1992; Futa et al., 2003; Maker, Shah, & Agha, 2005), with between 30% and 75% reporting at least one instance of childhood abuse. Fourteen percent of women and 6% of men reported at least six incidents of sexual abuse in childhood (3 = *Sometimes*), 14% of women and 11% of men reported one to five instances of sexual abuse (4 = *Hardly ever*), and 72% of women and 83% of men reported no sexual abuse in childhood (5 = *Never*). Holmes and Slap (1998) conducted a review of six studies examining sexual abuse in clinical samples and found a range of 24%–40% of participants reporting instances of sexual abuse, so response rates in this study appear to be representative of previous clinical samples.

A bivariate correlation was run for all study variables in order to rule out any multicollinearity problems in the model (see Table 2). Problem areas in marriage and marital stability were highly correlated, as expected, for men and women (.629, .759) as they measure similar concepts. No other multicollinearity problems were found among the variables, as no other variables were correlated above .70. Although problem areas and stability were highly correlated, factor loadings indicated both were good predictors of the latent variable. The final, simplified SEM model can be found in Figure 1; the model was run separately for men and women.

Female Model

The results indicated that the model was a good fit for the data. CFI and TLI values of above .95 (Byrne, 2001) and an RMSEA value of below .05 (Arbuckle, 2006) indicate good model fit. The CFI for the female model was .99, the TLI was .97, and the RMSEA was .05, with a chi-square of 13.4 ($df = 7$, $p = .062$). Figure 1 contains the regression estimates from the model for both women and men (male results in parentheses). A significant relationship was found between reports of the frequency of childhood physical abuse and relationship quality (ß = .13, $p = .04$), meaning the higher the report of childhood physical abuse, the higher the report of distress in the relationship, even after controlling for age and length of relationship. The relationship between the frequency of childhood sexual abuse and relationship quality was not significant (ß = −.06, $p = .30$).

Male Model

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

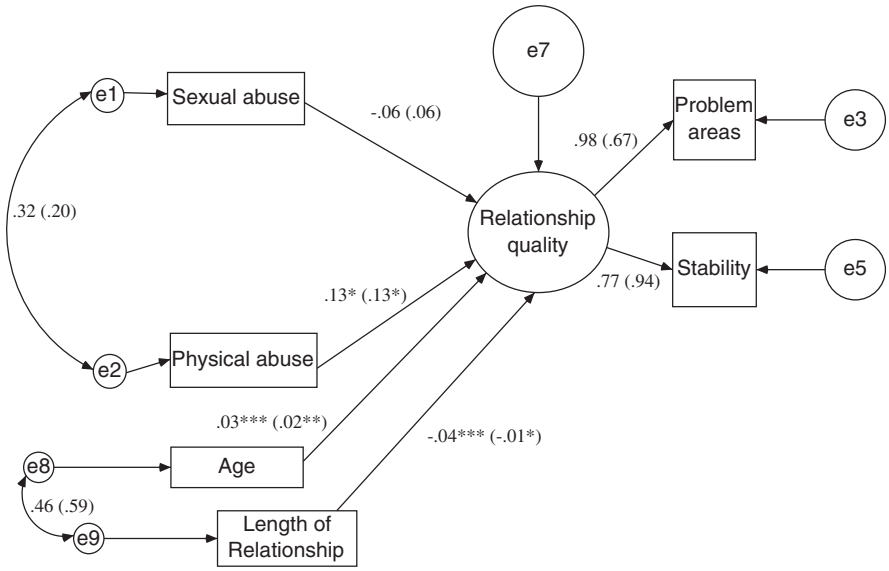
Table 2. *Bivariate Correlations for All Study Variables*

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

Note: Women are above the diagonal, men are below the diagonal.

*$p < .05$. **$p < .01$.

FIGURE 1. STRUCTURAL EQUATION MODEL OF CHILDHOOD PHYSICAL AND SEXUAL ABUSE AND RELATIONSHIP QUALITY: WOMEN ($N = 338$), MEN ($N = 296$).



Note: Women (men in parentheses). *$p < .05$, **$p < .01$, ***$p < .001$.

Gender Differences

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

DISCUSSION

The purpose of this study was to examine the relationship between the frequency of childhood physical and sexual abuse and committed adult romantic relationship quality. The hypotheses posited that higher frequencies of childhood physical or sexual abuse, or both, would contribute to decreased marital quality and that the relationships between the frequency of childhood physical abuse, sexual abuse, and relationship quality would vary by gender. The frequency of childhood physical abuse was found to have a statistically significant impact on relationship quality for both men and women. Two findings were unexpected: First, the frequency of childhood physical abuse had a significant effect whereas frequency of sexual abuse did not, and, second, there appeared to be no gender differences in how frequency of childhood abuse affected relationship quality in the current sample.

Higher frequencies of childhood physical abuse may impact relationship quality for several reasons: (a) childhood physical abuse can negatively impact social skills development, which creates difficulties in relating to one's partner, (b) childhood abuse can dampen a person's ability to form a healthy attachment to his or her

significant other, thus decreasing relationship quality, (c) childhood abuse may have a negative influence on mate selection, with formerly abused children choosing partners that are not a good fit for them, and (d) childhood abuse can increase shame, thereby decreasing trust and intimate sharing between partners.

Poor Skill Development

There is a great deal of research that supports the idea that those who have been victims of childhood physical abuse are impeded in their ability to develop social and emotional skills (Arata et al., 2005; McGuigan, 2002). Instead of learning to relate to others in healthy, socially acceptable ways, abused children are shown dysfunctional patterns of relating that can impede their relationships. With an impaired ability to understand and relate to others, formerly abused adults are at a severe disadvantage in developing the skills necessary to support a healthy, satisfying romantic relationship.

Attachment Issues

The relationship between children and their primary caregiver(s) sets up the internal working models and models of the self. In other words, children see themselves in relation to their caregiver and develop a set of beliefs about how worthy they are and whether they are worthy to receive love and care. The experience of physical abuse in childhood creates a dysfunctional view of the self and impedes childen's ability to accept love in healthy ways because they have been trained to believe that they are not worthy of it (Bowlby, 1973). As childen begin to make sense of the abuse, they may begin to develop the notion that people are not safe, predictable, or trustworthy, thereby making attachment a dangerous risk that they are no longer willing to take (Alexandrov, Cowan, & Cowan, 2005).

Poor Mate Selection

Individuals who have been abused as children may have impeded social skills and difficulty in developing healthy attachments, as discussed in the previous sections. These difficulties may increase the probability that a formerly abused individual will select a mate who also has impeded social abilities and attachment issues (Johnson, 2004). In addition, people who experienced childhood physical abuse often have difficulty in creating and maintaining healthy relationship boundaries (Alpher & France, 1993); therefore, they are more likely to get involved with partners who mistreat them or who have poor relationship boundaries as well. With one or two people in a relationship that have impaired social and emotional abilities, attachment issues, and poor boundaries, relationship quality is likely to be poorer than those with healthy skills, attachments, and boundaries.

The Influence of Shame

People who have suffered childhood abuse experience increased amounts of shame. Shame is a social emotion that develops in relation to others when a piece of one's self is exposed that one wants to keep hidden (Harper & Hoopes, 1990; Loader, 1998). Elevated levels of shame are likely to foster greater amounts of interpersonal conflict (Kim, Talbot, & Cicchetti, 2009). Shame often leads to psychological distress and behavioral problems that have a negative impact on the intimate relationship between formerly abused adults and their partners (Feiring, 2005). In the end, too much shame can make a person feel unworthy of love or regard and can create defensiveness that keeps others from getting too close (Loader, 1998).

Contrast to Previous Research

The results indicated that frequency of physical abuse in childhood had a significant effect and frequency of sexual abuse did not, which is contrary to many findings in the child abuse literature. Several studies discuss the significant impact that childhood sexual abuse has on relationship quality, specifically lower levels of marital satisfaction and high levels of conflict and violence (Testa, VanZile-Tamsen, & Livingston, 2005; Walker, Holman, & Busby, 2009; Wiersma, 2006). There are several possible explanations as to why childhood sexual abuse was nonsignificant. (a) The current study limited the effects of sexual abuse to the *frequency* of sexual abuse, rather than severity or duration, which have been shown to affect later relationship quality. (b) Most studies examine the relationship between previous sexual abuse and current sexual functioning or sexual satisfaction, but sexual satisfaction was not

a component of the latent relationship quality variable in the current study. Additionally, level of conflict and current relationship violence, which are supported in the literature as results of childhood sexual abuse, were not included in the latent relationship quality variable in this study. (c) There is an increased stigma attached to sexual abuse, so fewer participants may have reported instances of sexual abuse. Jesness (2009) suggested that men, especially, underreport occurrences of sexual abuse in order to avoid stigmatization.

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

Clinical Implications

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

This study supports literature that describes how influential trauma history can be in couple functioning (Johnson, 2002). More specifically, the results of this study indicate that resolving trauma caused by experiences of physical abuse during childhood could increase stability and decrease problem areas in adult romantic relationships. One method that has proven effective in treating couples with an individual history of childhood abuse is emotionally focused couple therapy (MacIntosh & Johnson, 2008). Using the tenets of emotionally focused therapy, attachment, and the effects of post-traumatic stress disorder (PTSD), Johnson (2002) provides a framework for the theory and practice of working with couples affected by trauma. This empirically supported approach is one way to create a healthier attachment between partners and create a healing atmosphere to deal with the trauma of childhood abuse, which can increase stability, decrease problem areas, and subsequently improve relationship quality.

Another empirically supported treatment option for working with individuals with a history of childhood abuse is cognitive behavioral therapy (McDonagh et al., 2005; Resick, Nishith, & Griffin, 2003). Studies show that the use of cognitive behavioral therapy is effective in decreasing PTSD symptoms, reducing anxiety, and altering trauma-related cognitive schemas (McDonagh et al., 2005). Research also shows that individuals with a history of abuse also benefit from cognitive behavioral therapy through the reduction of depressive symptoms (Resick et al., 2003). A decrease in trauma symptoms, depressive symptoms, and anxiety and a shift away from trauma-related cognitive schemas has the potential to increase stability in the survivor's romantic relationship and decrease the number of problem areas that contribute to poor reports of relationship quality. The next step for clinicians in this area may be to determine if a specific form of therapy is more appropriate than others when working with clients who have experienced one form of abuse but not another.

Lastly, research has shown that hardiness, the ability to maintain a sense of control, commitment, and challenge in one's life, mediates the negative impact of childhood abuse for adult survivors across a number of domains (Callahan, 2001; Feinauer, Mitchell, Harper, & Dane, 1996; Martin-Neuckermans, 1995). Specifically, clinicians may wish to focus a portion of treatment on fostering hardiness in clients prior to addressing other key issues, as research suggests that hardiness is a strong predictor of overall adult adjustment following childhood abuse (Feinauer et al., 1996). With a heightened sense of hardiness, a partner may be able to better focus on relationship outcomes in therapy.

Limitations and Directions for Future Research

One of the most salient limitations in the current study is the manner in which the data were collected. Although clinical data can provide unique insights, gathering information at one point in time from a sample of individuals presenting for therapy limits the ability to generalize the results to community samples. This study, however, does provide insight on how a subset of individuals experience childhood abuse and current relationship quality, which allows for clinicians to gain a better understanding of how to serve a distressed population. Additionally, the inclusion criteria for the current study may have biased the results because it may not have captured those that were abused and unable to maintain attachments sufficient enough to create and maintain ''committed'' romantic relationships.

Another limitation is the reliability of self-report measures. Because all of the variables in the sample are based on retrospective self-report, we need to consider that participants may not have been honest or able to accurately recall the incidents in their reports, especially in the measures concerning abuse. Because a clinical sample is presenting to receive assistance with distressing life events, however, it may be that participants are more likely to be honest in their self-disclosure about such stigmatizing issues than members of the general population. Additionally, the design of the physical and sexual abuse questions limited the ability to examine the relationship between physical and sexual abuse in childhood to frequency, rather than duration, severity, or the presence or absence of abuse, on which most studies base their findings.

A third limitation, one that may have influenced the association between sexual abuse and relationship quality in this study, was the narrowness of the sexual abuse measure. Because frequency of abuse is only one of a crucial set of factors that determine the impact of sexual abuse on adult functioning (Wilcox et al., 2004), the nonsignificant findings related to the impact of sexual abuse on relationship quality must be interpreted cautiously. And fourth, a relatively small percentage of participants reported experiences of abuse (for men, 17% reported sexual abuse, 31% reported physical abuse; for women, 28% reported sexual abuse, 32% reported physical abuse). With less than one third of the participants reporting abuse, it may have skewed the results toward nonsignificance, particularly the relationship between sexual abuse and relationship quality. A clinical population, however, is more likely to have a higher percentage of participants who have been abused or who are willing to report abuse than the general population.

This study invites further investigation in several realms for future research. Why does the frequency of physical abuse appear to be more detrimental to relationship quality, specifically stability and problem areas in the relationship, than the frequency of sexual abuse? Next, further examination of gender differences and similarities is needed to better understand how men and women are impacted by experiences of childhood abuse and how those experiences influence other aspects of life beyond relationship quality. What can be learned from those who were abused during childhood and are not impaired when considering treatment of those who were abused and are currently impaired?

Conclusion

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

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