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The Impact of Childhood Experiences on Intrapersonal and Interpersonal Functioning: Does the
Past Dictate the Future?

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Abstract

Childhood experiences of maltreatment are related to interpersonal difficulties in childhood (Pettit, Dodge, & Brown, 1988) and adulthood (Messman-Moore & Coates, 2007; Varia & Abidin, 1999; Busby, Walker, & Holman, 2011). However, most studies have examined the effects of maltreatment on interpersonal functioning (Messman-Moore & Coates, 2007; Busby, Walker, & Holman, 2011) within the context of romantic relationships (Hazan & Shaver, 1987; Feeney & Noller, 1990). Thus, the present study examined the impact childhood maltreatment and neglect has on later intrapersonal functioning and interpersonal interactions and whether gender differences emerge therein. Results indicated maltreated individuals initiate relationships less often and assert lower levels of autonomy within those relationships. Further, men with a history of maltreatment reported lower levels of emotional support, suggesting gender may moderate the relationship between experiences of maltreatment and interpersonal outcomes. Finally, individuals with a history of maltreatment reported lower levels of self-esteem than their non-maltreated counterparts.

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Introduction

Childhood experiences, both positive and negative, can influence an individual's life in many ways, in the short and long term. These "childhood experiences" may include an instance or instances of maltreatment including physical abuse, emotional abuse, or neglect. Definitions of these categories of maltreatment have varied throughout the literature. Friedman, Sandler, Hernandez, and Wolfe (1981; as cited in Kelly, 1983) describe child abuse as involving acts of commission by the parent that are characterized by overt physical violence, beatings, or excessive punishments that are typically accompanied by frustration or anger that is directed towards the child. Child neglect is described as involving maltreatment that is due to acts of omission in that the parent fails to meet a child's physical, nutritional, medical, or emotional needs (Friedman, et al., 1981; as cited in Kelly, 1983). Schechter and Roberge (1976; as cited in Kelly, 1983) define child sexual abuse as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not comprehend. Glaser (2002) describes emotional abuse and neglect as a relationship between a parent and child in which interactions of concern or potential harm to the child pervade the relationship. While emotional abuse and neglect require no physical contact to be considered a type of abuse, they could potentially cause impairment to a child's psychological and emotional health and development. Glaser (1993, as cited in Glaser, 2000) lists the following categories of emotional abuse and neglect: emotional unavailability, unresponsiveness and neglect; negative attributions and misattributions to a child; developmentally inappropriate or inconsistent interactions with a child,

failure to recognize or acknowledge a child's individuality and psychological bond; and the failure to promote a child's social adaptation. These detrimental interactions between parent and child can have lasting consequences that endure throughout an individual's lifetime.

According to the Child Welfare Information Gateway, in the fiscal year of 2011, approximately 3.4 million referrals were made to Child Protection Service agencies concerning an estimated 6.2 children. Of these reports, 78.5 percent of the victims suffered neglect, 17.6 percent suffered physical abuse, 9.1 percent of victims suffered sexual abuse, and 9 percent suffered psychological maltreatment. Based on the information gathered for this fiscal year, it was found that 80.8 percent of the abuse perpetrators were parents, 5.9 percent were other relatives, and 4.4 percent were unmarried partners a parent. Women were reported to comprise a larger percentage of perpetrators with a percentage of 53.6 compared to 45.1 percent for men (Child Welfare Information Gateway, 2013). While these statistics give an idea of how commonly various types of maltreatment occur, they do not indicate whether or not these experiences tend to occur in isolation or accompany one another. According to Kelly (1983),

There is undoubtedly a large population of parents who physically harm their children, but do not leave such dramatic evidence of injury. Other parents may cause physical harm to their children, but fail to seek out medical care for it (p. 4).

This information highlights the importance of recognizing that instances of child abuse do not always result in serious injuries that require emergency medical attention. However, more research is needed to address instances of maltreatment and their later outcomes.

Researchers have found evidence for the co-occurrence of multiple types of abuse. In one such study, Claussen and Crittenden (1991) investigated the relationship among the types and severities of maltreatment as well as the relationship between developmental and

demographic factors to psychological maltreatment. Specifically, the researchers collected data from two samples: a “reported” family sample which consisted of families who had been reported to state mandated child protection services and a “community” sample that consisted of normative and “disordered” families who had a child in psychological treatment (Claussen & Crittenden, 1991). These families were interviewed to obtain information concerning the effect of maltreatment on their child’s development and wellbeing. Results indicated that physical and psychological maltreatment were both present in cases referred to child protective services, while psychological maltreatment appeared to occur in the absence of physical maltreatment within the community sample. Additionally, within both samples, the severity of physical injury was uncorrelated with the severity of other types of maltreatment, while the severity of physical neglect was correlated with psychological maltreatment. Given these results, the researchers speculated that the relationship between a child’s age, size, and the severity of injury may account for the lack of a relationship between the severity of physical injury and other types of maltreatment. Furthermore, Claussen and Crittenden (1991) concluded that while the maltreatment data reported for the community sample was not severe enough to warrant the involvement of child protective services, these experiences are still able to contribute to the genesis of developmental disorders in maltreated children.

In a similar study, Higgins and McCabe (2000) examined the inter-relationships among various forms of child maltreatment, specifically: sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence. The researchers predicted a high degree of overlap between the five types of maltreatment considered. Adults were recruited from the community to complete measures of their family characteristics including the traditionality of family values, sexual punitiveness of one’s parents, family functioning, and adaptability and

cohesion as well as measures of childhood experiences of maltreatment. Results indicated a high degree of overlap exists between the five categories of maltreatment examined, such that these types of experiences tend to occur together. The strongest relationship between any two types of maltreatment was found for psychological and physical abuse. Based on these findings, the researchers concluded that if an adult reports experiencing one type of maltreatment during his or her childhood, it is likely he or she experienced multiple types of maltreatment, rather than just one.

In addition to examining the inter-relationships between different types of child maltreatment, Higgins and McCabe (2000) explored how a history of maltreatment would be related to one's adjustment as an adult. The researchers hypothesized that after controlling for one's family characteristics and background, maltreatment scores would contribute significantly to an individual's reported adjustment problems. Results indicated that individuals with a history of childhood maltreatment experienced trauma symptoms as well as self-depreciation in adulthood. Reportedly, sexual abuse and psychological maltreatment were most strongly associated with trauma symptoms and an individual's self-depreciation. The strongest relationship between type of maltreatment and adult adjustment problems was found for psychological maltreatment, although sexual abuse also was found to be related to adjustment problems in adulthood (Higgins & McCabe, 2000). Given these findings, it appears that experiencing maltreatment during one's childhood can contribute to difficulties in adjusting successfully to stressful situations in one's adult life.

The consequences of childhood experiences of maltreatment may manifest as increased perceptual-motor deficits, lower scores of general intellectual functioning and academic achievement, as well as negative social behaviors in the form of aggression with peers and adults

and internalizing psychological problems such as hopelessness and low self-worth during the short-term (Conaway & Hansen, 1989; Fantuzzo, DePaola, Lambert, & Martino, 1991).

However, they also may have much more pervasive effects that persist into adulthood. In fact, further understanding of the long term consequences of childhood maltreatment has been gained from the work of Bifulco, Moran, Baines, Bunn, and Stanford (2000). Specifically, Bifulco et al. (2002) explored the relationship between experiences of childhood psychological abuse and reported depression and suicidality across one's life course. The researchers hypothesized psychological abuse would be related to other forms of adverse childhood experiences such that more severe abuse would be associated with a greater risk for depression and suicide and a history of multiple abuses in childhood would be related to higher levels of disorder in adulthood. Women were recruited from the community and were interviewed about their childhood and adult experiences. These individuals also were assessed for symptoms of depression.

The results of Bifulco et al.'s (2002) study supported the hypothesis that childhood psychological abuse was associated with other forms of maltreatment. According to Bifulco et al. (2000), this type of maltreatment should be considered as a marker for the presence of other types of maltreatment. Psychological abuse also was found to be related to chronic and/or recurrent depression within the adult lifetime. Additionally, multiple abusive experiences were found to be related to chronic or recurrent depression as well as suicidal behaviors (Bifulco et al., 2000). Taken together, the findings of Bifulco and colleagues (2000) indicate that multiple experiences of abuse may contribute a greater risk for depression and suicidal behaviors as an adult.

Similarly, Loos and Alexander (1997) sought to gain a better understanding of how a history of childhood abuse impacts individuals during their adult life. The researchers hypothesized that childhood physical abuse would be associated with greater levels of aggression and anger levels observed for individuals who experienced verbal abuse or emotional neglect. It also was hypothesized that individuals who were emotionally neglected would self-report feelings of loneliness and social isolation that were greater than the reports of individuals who experienced physical or verbal abuse. Finally, the researchers hypothesized that accounts of verbal aggression would be more strongly affiliated with negative self-esteem than childhood experiences of physical abuse or emotional neglect (Loos & Alexander, 1997).

To test their hypotheses, Loos and Alexander (1997) asked undergraduate students to complete measures of childhood experiences of maltreatment as well as measures of self-esteem, anger and aggression, loneliness, and social status. Results indicated that experiences of parental physical abuse were significantly related to one's self-reported levels of anger and aggression in excess of levels reported by individuals who experienced verbal abuse or emotional neglect. Thus, the researchers speculated that even the occasional exposure to physical abuse during childhood can lead to a generalized response in separate situations such that an individual assumes at a young age that aggression is an appropriate way to act when distressed or angry. Results also indicated parental verbal aggression was predictive of participants' anger and aggression scores, suggesting a relationship between the two. Moreover, parental emotional neglect was found to be related to self-reported social isolation, loneliness, and low self-esteem. These findings were interpreted as an indication that emotional neglect may lead to an impaired sense of self-worth in individuals who were maltreated during childhood in that their confidence and competence are likely to be reduced in social settings. Finally, one's history of physical

abuse was affiliated with current feelings of loneliness and social isolation (Loos & Alexander, 1997).

In addition to the preliminary analyses discussed above, Loos and Alexander (1997) conducted an exploratory analysis of the data to examine relationships between the type of maltreatment experienced, the gender of the parent engaging in the abusive behaviors, and resulting levels of anger and aggression, loneliness, social isolation, and level of self-esteem. For male participants, it was found that paternal verbal and physical abuse was related to greater levels of self-reported anger and aggression in maltreated individuals. Paternal emotional neglect also predicted higher levels of loneliness and lower self-esteem. For female participants, maternal verbal abuse was related to elevated anger and aggression scores; maternal emotional neglect and physical abuse were related to self-reported loneliness scores. Maternal and paternal emotional neglect were related to low self-esteem scores as reported by females who were maltreated during childhood (Loos & Alexander, 1997).

Overall, the findings of Loos and Alexander (1997) suggest different types of childhood maltreatment may have specific long-term consequences, such as anger, aggression, loneliness, social isolation, and low self-esteem. It also appears that the gender of the abusive parent and child interact in some degree based on the findings of exploratory analyses conducted by Loos and Alexander (1997). As such, these findings coupled with those reported by Bifulco et al. (2000) and Higgins and McCabe (2000) highlight the degree to which childhood maltreatment can continue to impact the life of a victim, even in adulthood. Yet, these findings do not give insight into how the long-term consequences of childhood maltreatment affect one's adult interpersonal functioning. Thus, further research is needed to address this empirical limitation and whether gender differences are present in long-term outcomes.

In a similar study, Malinosky-Rummell and Hansen (1993) reviewed the literature regarding the long-term consequences of childhood physical abuse and identified seven topic areas within the extant literature: aggressive and violent behavior, nonviolent criminal behavior, substance abuse, self-injurious behavior and suicidal behavior, emotional problems, interpersonal problems, and academic and vocational difficulties. The researchers concluded that there is a strong relationship between childhood experiences of physical abuse and future perpetration of non-familial and familial violence. However, no relationship was found between childhood physical abuse and nonviolent criminal behavior based on the literature reviewed by Malinosky-Rummell and Hansen (1993). Instead, the literature review revealed that groups of substance abusers report higher rates of childhood physical abuse than members of the general population. Additionally, physical abuse was noted to be associated with self-injurious and suicidal behaviors as well as emotional difficulties.

Despite this general patterns of findings, Malinosky-Rummell and Hansen (1993) noted that much of the extant research has been conducted with female participants. Moreover, the majority of work done with male participants has utilized alcoholic, male inpatients, thus limiting the ability to generalize any significant findings related to childhood experiences of abuse. Thus, further research is needed to address outcomes for equal representations of men and women from the “normal” population. Moreover, Malinosky-Rummell and Hansen (1993) noted that little research has investigated the existence of interpersonal or vocational and academic problems in members of the abused population. Thus, given this area of limited knowledge about interpersonal difficulties of individuals with a history of abuse, one of the goals of the present study is to gain a greater understanding of this outcome.

Attachment

According to John Bowlby (1969), “attachment behavior has been defined as seeking and maintaining proximity to another individual” (p. 194). “In a given child the complex behavioral systems mediating attachment comes into being in the ordinary family environment in which the vast majority of children are raised” (p. 265). Bowlby (1969) suggested that specific conditions influence whether or not a child will develop an attachment relationship to any particular individual. These conditions were noted to be the sensitivity of the parent or caretaker in responding to a child’s “signals” (p. 332) and the amount and nature of interaction between the child and the parent. Accordingly, Bowlby (1969) proposed an evaluation procedure purported to describe the nature and quality of an attachment relationship. His goal was to gain a working idea of how a child interacts with a potential attachment figure while in his or her presence, in his or her absence, and in the presence of strangers. Behaviors that were to be noted during these interactions included the child’s behavior when initiating a greeting with his or her attachment figure, the child’s behavior when responding to and maintaining interaction with an attachment figure, the child’s efforts or lack-there-of to avoid separation from his or her attachment figure, any exploratory behaviors the child engaged in and whether or not the child structures his exploration around his attachment figure, and, finally, how the child behaves when placed in a frightening situation (Bowlby, 1969). This system of evaluation provided the framework of our current understanding of attachment styles.

To test Bowlby’s theory of attachment, Ainsworth, Blehar, Waters, and Wall (1978) investigated the nature of interactions between a child and mother in various situations, including a separation and reunion condition. Specifically, the researchers were seeking to understand and characterize the degree to which a child utilized his or her mother as a secure base for exploration, how the child responded to separation from the mother, and how the child interacted

with a stranger both in the presence of his or her mother and in her absence. The behaviors observed during this series of events were used to classify children into three descriptive groups: A, B, and C, or avoidant, secure, and anxious. Children in placed in Group A were observed to avoid their mother during the Strange Situation tasks at times when other children sought her proximity. These children also tended to detach from their mother during extended periods of separation and were observed to ignore their mother upon reunion, despite coaxing. Based on observations of the daily interactions of mother and child within the home, Ainsworth and colleagues noted that mothers of Group A or avoidant children, are more rejecting of their children and are averse to close contact with their children. As such, avoidant children were hypothesized to have a lack of confidence in their mother's accessibility and responsiveness to their needs (Ainsworth et al., 1978).

Infants classified as Group B children, or those securely attached, were noted to be more positive in their behavior toward their mother, as well as more harmonious and cooperative. Additionally, these children displayed more positive affect towards the mother and less ambivalence or conflict in their interactions with her. Following separation from their mother, these children were observed to seek proximity and close bodily contact from her as these mother-child interactions soothed Group B children rapidly upon the mother's return. Ainsworth et al. (1978) also noted that Group B children tended to be more readily socialized and were more positively outgoing and cooperative with unfamiliar adult figures. Additionally, these securely attached children were characteristically more explorative than less securely attached children.

Finally, Group C children, or those with an anxious-ambivalent style of attachment, were described as having mothers who were much less responsive to their cries and needs (Ainsworth

et al., 1978). The researchers specify that while mothers of Group C children are less responsive, they are not rejecting or as averted to physical contact as compared to mothers of Group A children. Children in this group were described as anxiously attached to their mother in that they exhibited more separation anxiety than either Group A or B children. Similar to avoidantly attached children, these anxiously attached children did not appear to have confidence in their mother's accessibility or responsiveness to their needs. Additionally, the anxiously attached children behaved in a more ambivalent manner regarding physical contact in that they were soothed more slowly than securely attached children and appeared angry when not picked up by their mother (Ainsworth et al., 1978).

While Ainsworth et al.'s (1978) description of attachment behavior was based on observations of the interactions between mother and child across a variety of situations, these categorizations have since been utilized to describe the attachment behaviors and styles of children and adults in the interest of gaining a greater understanding of how a child's early relationship with his or her caregivers impacts later development and successes. "The great strength of attachment theory in guiding research is that it focuses on a basic system of behavior- the attachment behavioral system- that is biologically rooted and thus species characteristic" (Ainsworth, 1989, p. 709). In addition to her work investigating attachment styles in infants, Mary Ainsworth also speculated on the nature of attachment beyond infancy. Specifically, Ainsworth (1989) proposed the term "affectional bond" (p. 711) as a construct to examine relationships that develop later in life that display characteristics similar to an attachment relationship between an infant and caregiver. Features of affectional bonds described by Ainsworth (1989) include a "long enduring tie in which the partner is important as a unique individual and is interchangeable with none other" (p. 711), as well as a desire to maintain

closeness in that there is pleasure and joy upon reunion following a separation and distress and grief at an “inexplicable separation” (p. 711) or permanent loss of the relationship. Moreover, she noted that an attachment is an affectional bond, such that an attachment figure is never entirely interchangeable or able to be replaced by another.

The distinction between an attachment and an affectional bond is indicated by whether or not an individual experiences security and comfort from their partner while remaining able to engage in activities independently, using their partner as a secure base. As such, Ainsworth (1989) appears to suggest the possibility for attachment relationships to develop within the context of affectional bonds; however, it should be noted that not all affectional bonds are considered attachments under this model. Thus, it appears an individual’s attachment style may not only be relevant during his or her childhood, but it also may influence his or her interaction styles within interpersonal contexts, such as friendships and romantic relationships. It is likely childhood experiences of maltreatment impact an individual’s interpersonal functioning as an adult beyond that found in childhood. However, further research is needed to determine the relationship between experiences of childhood maltreatment and adult interpersonal functioning.

Furthermore, with regard to attachment and interpersonal relationships, Ainsworth (1989) comments that some friendships, which are formed later in life, are likely to be “sufficiently close and enduring” to be described as affectional bonds. These relationships are characterized by feelings that one’s friend or partner is unique and valuable, such that no one else could replace them or fill his or her role within the relationship. According to Ainsworth,

There is reason to believe that some, but not all, friendships have an attachment component and some, but not all, constitute enduring affectional bonds. Many are short lived and entirely context specific, whereas others endure despite circumstances that

make proximity keeping difficult. It is the capacity of humans to form representational models of another and of themselves in relationship to the other that enables them to sustain a bond across time and distance (p.714).

Given Ainsworth's (1989) perspective on the potential for friendships to provide affectional bonds and attachment relationships for individuals, one of the aspirations of the present study is to determine to what extent one's reported attachment style influences social interactions and social competence.

In a continued exploration of attachment and interpersonal relationships and functioning, Bowlby (1969) noted that the more satisfaction an interaction pattern gives to the child and attachment figure, the more likely the interaction pattern will be stable over time and across circumstances. In contrast, the more dissatisfaction an interaction pattern brings to a child and attachment figure, the less likely the interaction pattern is to be stable because at least one member of the dyad will always be seeking to change the interaction pattern. Regardless, Bowlby (1969) maintains that whether the interaction pattern is satisfying or not, the pattern the child and attachment figure set out during the first year tends to persist, at least for the next few years of the child's life. Thus, it would appear that individuals whose early attachment experiences were unstable or somewhat turbulent would be likely to continue in this manner of interaction throughout their life, impairing one's relational development and experience..

The way in which an individual thinks of and views himself or herself has the potential to enhance or hinder one's degree of comfort and competence, within various situations, including social interactions. Mikulincer (1995) examined the relationship between attachment style and aspects of one's mental representation of the self in adolescence. Specifically, he hypothesized that avoidant and anxious/ambivalent individuals would show greater actual-ideal and actual-

ought self-discrepancies compared to secure individuals. Results indicated that securely attached individuals described themselves in positive terms, were able to admit negative self attributes, and exhibited highly differentiated and integrated self-schemas as evidenced by the use of diverse methods of organizing self-relevant information. Additionally, securely attached individuals reported few discrepancies between actual, ideal, and ought domains of the self as evidenced by less discrepant scores for domains of the self-structure in comparison to those reported for less securely attached individuals. Similarly, securely attached individuals' own self-views and beliefs about the view a significant other has of them were more consistent than those of less securely attached individuals.

Given these results, Mikulincer (1995) suggested that the positive view securely attached people have of themselves may enable them to address life problems with optimism and a "sense of mastery" (p. 1212). He also suggested that the ability to create differentiated and integrated concepts of self may allow securely attached individuals to adaptively address stressful experiences and emotions rather than allowing them to dominate the entire "self-structure" (p. 1212), thus creating discrepancies between domains of the self-structure as observed for less securely attached individuals. Furthermore, with regard to less securely attached individuals, Mikulincer's (1995) results indicated anxious-ambivalent individuals exhibited a "negative, simple, and less integrated self-structure" (p. 1213). As such, the self-structures of these individuals appear to be riddled with negative self-attributes and affects, low differentiation and integration of self-representations, and high discrepancies between the actual, ideal, and ought domains of the self and standpoints of the self. Mikulincer (1995) suggests this pattern of results may reflect the basic insecurities of anxious-ambivalent individuals and may capture the difficulties they experience in regulating their distress. It also was postulated that the experience

of rejection or non-acceptance by an attachment figure these individuals may have had is directly manifested in these readily accessible negative self-attributes and limited strategies of organizing self-relevant information.

Interestingly, results of Mikulincer's (1995) study indicated that securely attached individuals and avoidant individuals may describe themselves in similar manners. However, despite their similarities, they engage in descriptively different ways of coping in that avoidant individuals likely deny negative self-attributes in attempt to devalue painful events and suppress negative emotions or memories. For this reason, Mikulincer (1995) speculates that avoidant individuals were able to access a greater number of positive attributes as an attempt to protect a "low and fragile self-esteem" (p. 1213) rather than as a result of a healthy and stable level of self-esteem. Mikulincer (1995) further conjectures that via this inflated report of self, the avoidant individual attempts to repress his or her feelings of rejection and worthlessness by removing those aspects of the self from one's self-concept.

Overall, the findings of Mikulincer (1995) suggest securely attached individuals have the most accurate view of themselves. These individuals also are reportedly the most integrated in terms of self-domains, with little discrepancies between actual, ideal, and ought selves. In contrast, both anxious/ambivalent and avoidant individuals appear to have discrepant views of themselves in terms of actual, ideal, and ought selves, as well as skewed ideas of the opinion others have of them. While Mikulincer (1995) does not delve into the implications of these findings for interpersonal interactions, it is possible that the discrepant views anxious/ambivalent and avoidant individuals hold of themselves interfere with the success and satisfaction obtained from social interactions. Thus, further research is needed to address these possibilities.

Bowlby (1973) observed that an individual's representational model of the self is influenced by how accepted he or she feels by an attachment figure. Following this observation, Cassidy (1988) proposed that children who experience their parent as available, responsive, and accepting tend to develop a secure attachment and a sense that they are worthy of such treatment. When Cassidy (1988) examined this hypothesis through a series of interviews and self-reports with young children, results indicated that securely attached children were able to tolerate imperfections in themselves. In fact, the working models of self and attachment figure described by these children indicated they expected to be accepted in spite of their flaws. Avoidant children, on the other hand, were found to have difficulty imagining what a relationship with a hypothetical mother would be like; their responses to various components of the interview suggested that these children had been frequently rejected by their attachment figures. Avoidant children also tended to report greater levels of perfection within one portion of the interview, which Cassidy (1988) interpreted as a defense mechanism to avoid further rejection. Finally, children classified as ambivalent were found to describe violent or hostile behavior during portions of the interview. These children also tended to describe themselves negatively and indicated feelings of a lack of worth.

Given these results, Cassidy (1998) speculated that ambivalent children have experienced inconsistent caregiving in which their parent has been unable to help the child gain a clear understanding of the world. While the typical conceptualization of the type of care received by ambivalent children is inconsistent, Cassidy (1988) hypothesized that, at times, it may be the case that the child has had to care for their parent rather than being cared for themselves. Thus, Cassidy (1988) speculated that the burden of caring for a parent may leave a child feeling resentful, which can be expressed through anger and hostility that is contrary to the behavior of

avoidant children. Moreover, she suggested that ambivalent children may be less concerned about being rejected and may also be unable to find relief from ignoring processes that may activate attachment behavior.

While Cassidy (1988)'s work was conducted with children, the implications of the reported findings may continue through adulthood. Given that securely attached children appear able to accept imperfections in themselves and expect to be accepted by others, it is likely that these individuals will experience relatively few difficulties in social interaction, compared to the successes of avoidant and anxious/ambivalent individuals. Furthermore, based on the findings reported by Cassidy (1988), it is likely that avoidant individuals will anticipate rejection as adults frequently than securely attached individuals. Ambivalent individuals may find social relationships difficult if the anger and hostility that characterized their behavior as children persists into adulthood. Thus further research is needed to determine to what extent an individual's attachment style influences his or her social relationships and interactions.

Attachment and Relationships

Past research has explored the relationship between individual's attachment style and the nature and quality of his or her romantic relationships. In fact, one of the first studies to examine this relationship between attachment and romantic love was carried out by Hazan and Shaver (1987), who were interested in examining the idea of romantic love as an attachment process with the goal of describing the experiences of individuals with various attachment histories. Specifically, they hypothesized that securely attached individuals would characterize their most important love relationship as trusting, based in friendship, and positive while avoidant individuals were expected to characterize their most important love relationship as lacking in trust and low amounts of closeness. Anxious/ambivalent individuals were expected to describe

their most important love relationship as characterized by a preoccupying urge to become one with their partner. Furthermore, Hazan and Shaver (1987) proposed that participants' working model of self and relationships would differ due to attachment style such that secure individuals would believe in enduring love, trustworthy others, and the idea that they were likable. In contrast, avoidant individuals were expected to be doubtful of enduring love and believe that a love partner was not necessary for their happiness, while anxious/ ambivalent individuals were expected to fall in love easily and frequently, but experience difficulty finding true love. Lastly, Hazan and Shaver (1987) hypothesized that both anxious/ambivalent and avoidant respondents would be vulnerable to loneliness due to the lack of their attachment needs being met. However, they suspected that avoidant individuals would attempt to hide their experience of loneliness and, as a result, these individuals were expected to report less loneliness than anxious/ambivalent individuals.

Results indicated that secure individuals described their most important love experience as happy, friendly, and trusting. Moreover, these individuals emphasized their ability to accept and support their partner despite his/her faults (Hazan & Shaver, 1987). Securely attached participants also reported longer relationships lengths than their anxious/ambivalent or avoidant counterparts. In contrast, avoidant individuals characterized their most important love relationship with a fear of intimacy and reported emotional highs and lows and jealousy. Similarly, anxious/ambivalent individuals reportedly experienced love as an obsession and reported a desire for reciprocation and union as well as the presence of emotional highs and lows and jealousy. Hazan and Shaver (1987) interpreted their findings as indicating that each attachment style has its own unique way of experiencing love. The researchers also concluded that each of the attachment styles hold different opinions about the course of romantic love, the

availability and trustworthiness of romantic partners, and their own worthiness of love as individuals. Results further denoted that insecurely attached individuals experienced greater loneliness than the securely attached participants with anxious/ambivalent participants reporting the greatest degree of loneliness overall. However, while avoidant individuals admitted being distant from others, they did not report feeling lonely. Given their results, Hazan and Shaver (1987) conclude that attachment provides a good basis for a theoretical perspective of romantic love, allowing for empirical assessments therein.

Continuing the investigation of the relationship between attachment style and romantic relationships, Feeney and Noller (1990) sought to evaluate the efficacy of attachment styles in predicting adult romantic relationships in terms of the degree of loving, love style, limerence (i.e., the emotional high associated with falling in love; Reynolds, 1983), and love addiction. The researchers also investigated the relationship between attachment style and reported self-esteem level. It was hypothesized that securely attached individuals would have higher self-esteem scores than the two nonsecure attachment styles; individuals with an avoidant attachment style were predicted to generate low scores on measures of loving. Due to the excessive need and possessiveness that characterize individuals with an anxious-ambivalent attachment style, these individuals were expected to generate the highest scores on mania, limerence, and love addiction (Feeney & Noller, 1990).

Feeney and Noller's (1990) results were consistent with previous findings in that secure individuals reported more positive early family relationships and expressed higher feelings of trust towards others. Consistent with the findings of Hazan and Shaver (1987), anxious-ambivalent individuals perceived a lack of paternal support and tended to express dependence and a desire for commitment in relationships. Similar to the findings reported by Hazan and

Shaver (1987), avoidant individuals were found to be most likely to endorse indicators of mistrust and distance from others. Given their results, Feeney and Noller (1990) noted that beliefs about the self and human relationships were more predictive of attachment style than statements dealing with one's beliefs about romantic love. Thus, they suggest their research illustrates the very likely and pervasive influence attachment style may have on one's relationships with others.

With regard to the relationship between one's attachment style and romantic love, Feeney and Noller (1990) found that individuals with an avoidant attachment style were more likely to state they had never been in love or were not in love at the time of the study. Additionally, these individuals were noted to report a low intensity of love experiences. The romantic relationships of securely attached individual were reported to last the longest, while those of anxious-ambivalent individuals lasted the least amount of time. Finally, in terms of self-esteem, findings suggested that a significant difference in levels of reported self-esteem across various attachment styles. Securely attached subjects typically reported high levels of self-esteem compared to anxious-ambivalent and avoidant individuals. The researchers speculate that securely attached individuals have the potential to be more "successful" (p.289) in their romantic relationships as suggested by greater reported relationship lengths and low reports of unfulfilled hopes (Feeney & Noller, 1990). These findings suggest that an individual's attachment style can impact the success and duration of adult relationships. However, further research is needed to determine how an individual's attachment style influences the success he or she has within other interpersonal relationships, such as friendships.

In light of the findings presented by Hazan and Shaver (1987) and similar studies that followed, Brennan, Clark, and Shaver (1998; as cited in Simpson & Rholes 1998) sought to

condense the way in which attachment was conceptualized and understood. The researchers conducted a literature review and identified 482 items designed to assess 60 attachment-related constructs and subsequently evaluated the degree of redundancy among similar items in order to reduce them to a smaller subset of prototypical items. Following this process, Brennan et al. (1998; as cited in Simpson & Rholes, 1998) conducted a factor analysis of the 60 attachment-related subscale scores and identified two independent factors that corresponded to dimensions of avoidance and anxiety. Given these findings, the researchers argue that avoidance and anxiety underlie virtually all self-reports of adult romantic attachment measures and are crucial in determining individual differences in adult romantic attachment.

Additionally, Brennan et al. (1998; as cited in Simpson & Rholes, 1998) report that individuals who report high levels of attachment-related anxiety tend to worry whether or not their romantic partners are available, responsive, or attentive, while those who report low levels of attachment-related anxiety are more secure in their perceived responsiveness of their partner. The researchers also reported that individuals who report high levels of attachment-related avoidance typically prefer not to rely on others or disclose personal information to others, while individuals who report low levels endorse more comfort in being intimate with others and more security in depending on others around them and having others rely on them (Brennan et al., 1998; as cited in Simpson & Rholes, 1998). Thus, it appears that one's experiences of attachment-related anxiety and avoidance could potentially impact the success he or she has within an interpersonal relationship, such as a friendship or an acquaintanceship.

Taken together, the findings of Hazan and Shaver (1987) and Feeney and Noller (1990) suggest that one's attachment style influences one's success in and enjoyment of romantic relationships. Both Hazan and Shaver (1987) and Feeney and Noller (1990) report securely

attached individual's romantic relationships endure the longest amount of time compared to those of anxious/ambivalent and avoidant individuals. However, while these findings give insight into how one's attachment style operates within the context of a romantic relationship, they do not give a clear understanding of how attachment operates within a broader range of interpersonal relationships. Similarly, the findings presented by Brennan et al. (1998; as cited in Simpson & Rholes, 1998) suggest that attachment-related experiences of anxiety or avoidance can also impact outcomes within romantic relationships, but do not lend themselves to generalization to a larger diversity of interpersonal relationships. In fact, little research has been conducted to examine whether or not interpersonal problems exist within the abused population. Similarly, there is limited research aimed at understanding how one's attachment style and history of maltreatment influence interpersonal interaction and relationships throughout an individual's life.

Childhood Trauma and Interpersonal Functioning in Adulthood

As previously noted, childhood experiences of maltreatment are typically accompanied by long-term consequences that can endure into an individual's adult life, influencing the way in which an individual views and interacts with his or her world. Correspondingly, Pettit, Dodge, and Brown (1988) investigated the influence of early family experiences, such as maltreatment, on the quality of a child's social relationships. Specifically, they hypothesized that children's social acceptance and sociometric status would be predicted by their early family experience and social information processing patterns. Additionally, it was hypothesized that a child's early family experiences and classroom peer relationships would be mediated by the child's information processing patterns. Pettit et al. (1988) utilized four and five year olds recruited from the preschool classrooms of a medium-sized Midwestern community. Ratings were provided by

peers and teachers on measures of social preference, social status, classroom social skills, and classroom aggression for each child. Individual interviews also were conducted with each child to gauge his or her social problem solving skills and weaknesses and to collect information regarding each child's family and social experiences. Additionally, home visits were conducted for each child to interview his or her mother concerning the child's family and social experiences (Pettit et al., 1988).

The results of Pettit et al.'s (1988) study indicated that children who were accepted socially in the classroom were rated by their teachers and peers to be more socially skilled and less aggressive. Information obtained from the home visit interviews revealed that children who were exposed to aggression tended to endorse aggression and display aggression in observations as compared to those who were not exposed. Additionally, it was found that mothers who endorse aggression as an acceptable means of resolving conflict were more likely to report modeling aggression for their children (Pettit et al., 1988). These mothers also were less likely to report that their child had much direct experience or contact with his or her peers. With regard to social skills, children's degree of social skill was found to be directly related to the mother's report of direct peer exposure, mother's biased expectations for a child's behavior, mother's endorsement of aggression, and a restrictive discipline style. Additionally, a child's social preference was related to his or her direct peer exposure, reported mother's biased expectations, and mother's endorsement of aggression. Finally, the number of solutions to a social problem and the proportion of prosocial and relevant solutions a child was able to generate were related to his or her early experiences (Pettit et al., 1988).

Taken together, these results indicate that a child's early family experiences, such as exposure to aggression and biased maternal expectations, has a strong influence upon peer and

teacher ratings of social skills and status. Moreover, as these ratings were found to be mediated by children's social problem solving skills, Pettit et al. (1988) proposed that a child's gradual exposure to "deviant maternal values" facilitated his/her social learning to process social information in deviant ways (p. 116). As a result, these children are thought to be unable to produce socially appropriate or competent responses and are perceived and described by peers and teachers as socially incompetent. Additionally, prior opportunities to interact with peers, as reported by mothers, appeared to have a direct link to whether or not a child was described as being socially competent by his/her peers and teachers.

The results of Pettit et al.'s (1988) study suggest a strong interrelationship among a child's early experiences, the way in which he or she acts in a social setting, and the way his or her peers and teachers perceive him or her. Thus, overall, the findings of this study suggest that one's social competence, social problem solving, and social experience are interrelated (Pettit et al., 1988). However, while these findings illustrate the consequences of childhood maltreatment in the interpersonal realm, they do not give indication as to how individuals who have been maltreated will interact and be perceived by their peers as adults. While it is likely that these behavioral patterns and evaluations by others persist into adulthood, further research is needed to determine the long term nature of this interrelationship.

In a related study, Messman-Moore and Coates (2007) sought to gain a better understanding of the relationship between childhood psychological abuse and adult interpersonal conflict. The researchers proposed that the relationship between childhood psychological abuse and adult interpersonal conflict would be mediated by thought patterns characterized by themes of disconnection and rejection. Additionally, Messman-Moore and Coates (2007) proposed that interpersonal behavior patterns such as overly accommodating behavior, socially inhibited

behavior, or domineering or controlling behaviors would mediate the relationship between an individual's maladaptive thought patterns and his or her reported level of interpersonal conflict. Given the aims of their study, they recruited college aged women and asked them to complete measures of maltreatment history, parental bonding, and interpersonal problems.

The results of Messman-Moore and Coates' (2007) study indicated that higher levels of reported interpersonal conflict were associated with higher levels of psychological abuse, lower levels of parental warmth, and higher levels of parental control. Additionally, results suggest that these conflicts occurred across several settings, including romantic relationships, friendships, and occupational relationships. Psychological abuse also was found to be associated with thought patterns characterized by themes of mistrust, abandonment, and defectiveness; these thought patterns were found to predict interpersonal conflict. Themes of mistrust within these thought patterns appeared to have the strongest relationship to reported conflict (Messman-Moore & Coates, 2007). Specific interpersonal behavior patterns, such as domineering and controlling behaviors, accounted for a modest amount of variance in reported interpersonal conflict, suggesting that this type of behavioral pattern may be more indicative of an individual who has experienced psychological abuse.

The findings reported by Messman-Moore and Coates (2007) also suggest that childhood experiences of abuse can contribute to interpersonal difficulties in one's adult life, such as interpersonal conflict. However, as Messman-Moore and Coates (2007) solely examined the relationship of psychological abuse with later interpersonal difficulties, it is uncertain how other experiences of maltreatment, such as physical abuse or neglect would interact with an individual's interpersonal functioning in adulthood. Moreover, based on the findings presented by Pettit, Dodge, and Brown (1988), it could be assumed the impact of parental aggression

persists into adulthood. Thus, as the impact of neglect on an individual's interpersonal functioning remains vaguely understood, further research is warranted.

While knowledge of an individual's history of abuse can give insight into the genesis of interpersonal difficulties, it is also informative to consider how someone with a history of abuse perceives these experiences in order to better understand how his/her future behavior is affected. Given the idea that individuals may have a different concept of what constitutes abuse in comparison to the definition used by clinicians or legal counsel, Varia and Abidin (1999) explored the influence of parenting factors an individual was exposed to as a child, such as maternal warmth or affection, has on his or her perception of experiences of maltreatment. Additionally, the researchers evaluated the relationship between one's perception of abuse and his/her adult relationship satisfaction. Varia and Abidin (1999) specifically sought to understand how a tendency to minimize the impact of childhood experiences of abuse influenced adult relationships, such as marital and parenting relationships. Participants were recruited from the Relationship Research Project and consisted of a nonclinical sample of adults. Each participant was asked to complete measures of maltreatment, perception of maltreatment, parental bonding, relationship quality, attachment, and parenting alliance (Varia & Abidin, 1999).

Varia and Abidin's (1999) results revealed that individuals who did not report a history of abuse reported a significantly greater satisfaction in their adult relationships than those who reported abusive experiences in childhood. However, among the individuals who reported a history of abuse or maltreatment, a subgroup of these individuals did not label themselves as abused when completing measures concerning their perception of their maltreatment experiences. Correspondingly, the researchers assessed for potential differences with results showing that individuals who acknowledged their maltreatment reported less spousal support and

more spousal conflict than individuals who minimized their abuse or those who did not have a history of childhood maltreatment. With regard to measures of attachment, a significantly larger number of individuals who acknowledged their abuse classified themselves as insecure in comparison to individuals who minimized their abuse or those who had never been abused (Varia & Abidin, 1999).

Given the pattern of their results, Varia and Abidin (1999) suggest that a lack of parental warmth in addition to parental rejection may contribute to the relationship difficulties and insecure attachment styles reported by individuals who acknowledged their abuse. As a result of these experiences, these individuals are thought to have maladaptive internal working models of the nature of relationships because they fail to test alternative strategies for perceiving and dealing with the world. Furthermore, Varia and Abidin (1999) propose that the negative feelings concerning the individual and others may carry over from one's parental relationship to future adult relationships, specifically marital relationships. This suspicion is supported by the finding that individuals who acknowledge their abuse reported the most challenges with their partners in terms of not feeling supported and experiencing conflict. With regard to those who report abusive experiences, but did not explicitly acknowledge it, these individuals report less relationship difficulties in their adult life and most often reported a secure attachment style. As such, Varia and Abidin (1999) suggest that individuals who minimize their experiences of abuse may have a more positive and flexible internal working model as a result of more positive maternal care and a secure attachment style. Thus, it appears that abusive experiences may be buffered by the presence of consistent, reliable maternal care (Varia & Abidin, 1999).

The findings of Varia and Abidin (1999) indicate that the way in which an individual perceives or conceptualizes his or her experiences of abuse influences the way in which he or she

views the world and those around them. Additionally, based on the findings reported by Varia and Abidin (1999), it appears that a consistent or reliable maternal relationship may moderate the influences of abusive experiences to the extent that an individual who reports experiences that meet criteria to be considered abuse may not perceive such experiences as abusive. Given the information provided by these findings, it is important to determine how an individual perceives experiences that may be construed as abusive when examining the potential impact such experiences may have had on his or her future relationships.

Busby, Walker, and Holman (2011) explored the patterns of perception of self and other that develop as a result of family of origin physical trauma. Adult survivors of physical trauma were predicted to view themselves and their partners as having less functional personalities in addition to more difficulty with communication. The researchers utilized couples to examine the effects of abuse on perception of others within the context of a romantic relationship. Couples varied from neither partner having an experience of abuse, to one partner having an experience of abuse, to both partners having an experience of abuse. Both partners within a couple completed measures of relationship quality, family of origin violence, personality scales of self and partner, communication, and relationship satisfaction.

Findings of Busby et al.'s (2011) study indicated that one's experience of abuse was significantly related to measures of neuroticism and negative communication. Additionally, couples with at least one partner who had been physically abused were more likely to report negative views of self and other, in comparison to couples in which neither partner had experienced abuse. Partners who had been abused were more likely to view themselves and their partner, who had not been abused, as more neurotic and conflictual, even when controlling for relationship satisfaction. Interestingly, this was only their perception as their partners did not see

themselves in the same manner. Given these findings, it appears that abused partners within a relationship are more susceptible to negative evaluations of self and other than nonabused partners (Busby, et al., 2011).

As with the findings reported by Messman-Moore and Coates (2007), the findings reported by Busby, Walker, and Holman (2011) suggest that childhood maltreatment can influence adult relationships, such that individuals with a history of abuse report more conflict and more negative evaluations of self and other within the context of a romantic relationship. However, these results are based on the reports of physical abuse only and do not give much insight into how other forms of abuse such as psychological maltreatment or neglect influence adult interpersonal relationships or one's evaluation of self and other. Additionally, the data from both studies was collected from partners within a romantic relationship and may not capture the processes that characterize the general nature of an individual's interpersonal interactions on a daily basis. Given these empirical limitations, further research is needed in order to gain a clearer understanding of the way in which various types of childhood maltreatment affect adult interpersonal relationships.

Present Study

In light of the previous empirical findings, the present study examined the effects of childhood experiences of maltreatment upon adult interpersonal functioning. Specifically, this study aimed to supplement the findings discussed above with the hopes of obtaining a more cohesive understanding of the effects of childhood maltreatment upon general interpersonal functioning rather than interpersonal functioning within the context of a romantic relationship. Additionally, this study sought to obtain a good representation of men in the sample as the majority of the literature reviewed has utilized primarily female samples, yielding difficulty in

generalizing significant effects to men who have suffered childhood maltreatment. Finally, this study attempted to determine whether individuals who report a history of maltreatment differ in subjective ratings of self-esteem and satisfaction with life compared to individuals who do not report a history of maltreatment. To these ends, four hypotheses were proposed:

Hypothesis 1. Individuals who reported a history of maltreatment would report lower levels of interpersonal competence, dependence, and trust as compared to those who do not report a history of maltreatment. Additionally, gender was explored as a potential moderator between history of maltreatment and interpersonal outcomes.

Hypothesis 2. Individuals who reported a history of maltreatment would report lower levels of self-esteem and satisfaction with life than those who did not report a history of maltreatment. Additionally, gender was explored as a potential moderator between history of maltreatment and intrapersonal outcomes.

Hypothesis 3. Individuals who reported a history of maltreatment would report higher levels of attachment-related anxiety and avoidance than those with no history of maltreatment. Additionally, gender was explored as a potential moderator between history of maltreatment and intrapersonal outcomes.

Hypothesis 4. Individuals who reported a history of maltreatment would report higher levels of interpersonal conflict at the present day in terms of physical and verbal conflicts than those who do not report a history of maltreatment. Additionally, gender was explored as a potential moderator between history of maltreatment and interpersonal outcomes.

Method

Participants and Procedure

The sample consisted of 120 University of South Carolina-Aiken undergraduate students currently enrolled in Introductory Psychology. Participants received nominal course credit in return for their voluntary participation. Participants were asked to complete an informed consent document in which they were informed of the purpose of the study and its potential long-term effects. Participants were made aware of the availability of on-campus psychological services in the form of the Counseling Center should any of the items within the measures prompt distress or discomfort during their participation. Participation was entirely voluntary with participants being allowed to discontinue participation at any point during the experimental session.

Upon giving their consent, participants were provided with a battery of questionnaires from a research assistant to be completed in pencil and paper format. The questionnaire packet included the following self-report measures: a demographics questionnaire, the Child Abuse and Trauma Scale (CATS; Sanders & Becker-Lausen, 1995), the Interpersonal Competence Questionnaire (ICQ; Buhrmester, Furman, Wittenberg, & Reis, 1998), the Interpersonal Dependency Questionnaire (IDQ; Hirshfeld, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977), the Trust Inventory (TI; Couch, Adams, & Jones, 1996), the Experiences in Close Relationships Inventory (ECRQ; Brennan, Clark, & Shaver, 1998; in Simpson & Rholes, 1998), the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), and the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). Upon completion of the questionnaire, participants were thanked for their participation and appropriate credit will be awarded.

Substantive Measures

Demographics Questionnaire (see Appendix A). A specific, research-goal oriented questionnaire was developed to obtain demographic information about participants (i.e., age, gender, and race), the nature of their familial relationships, history of childhood maltreatment, and substance use behaviors.

Child Abuse and Trauma Scale (Sanders & Becker-Laussen, 1995; see Appendix B). The CATS is a 38-item measure created to assess experiences of childhood maltreatment, including sexual mistreatment, physical or emotional neglect, and negative home environment. The scale produces scores for negative home environment/neglect, sexual abuse, neglect, and total abuse. The CATS has good internal consistency as a whole ($\alpha = 0.90$) and within its subscales: negative home atmosphere/neglect ($\alpha = 0.86$); sexual abuse ($\alpha = 0.76$); and punishment ($\alpha = 0.63$). The CATS also has good general test-retest reliability over the course of 6-8 weeks ($r = 0.89$, $p < 0.001$) and within its subscales: negative home atmosphere/neglect ($r = 0.91$); sexual abuse ($r = 0.85$); and punishment ($r = 0.71$; all p 's < 0.001).

Interpersonal Competence Questionnaire (ICQ); Buhrmester, Furman, Wittenberg, & Reis, 1988; see Appendix C). The ICQ is a 40-item measure designed to assess five domains of interpersonal competence, including initiating relationships, disclosing personal information, asserting displeasure with others, providing emotional support and advice, and managing interpersonal conflict. Each of the 40 items within this scale briefly describes a common interpersonal situation and asks respondents to indicate their competence and comfort in addressing each of the situations using a 5-point Likert scale (1= I'm poor at this; 2= I'm only fair at this; 3= I'm OK at this; 4= I'm good at this; 5= I'm extremely good at this). This measure has obtained good internal reliabilities ranging from Cronbach alpha values of 0.77-0.87.

Moreover, domain scores are moderately inter-correlated, ranging from $r= 0.26$ to $r= 0.54$. The ICQ has high four-week test-retest reliability for each of the domains: Initiation $r= 0.89$; Negative assertion $r= 0.79$; Disclosure $r= 0.75$; Emotional support $r= 0.76$; and Conflict management $r=0.69$ (all p 's $<.001$).

Interpersonal Dependency Questionnaire (IDQ; Hirschfeld, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977; see Appendix D). The IDQ is a 48-item self-report measure designed to assess interpersonal dependency in adults. This measure contains three subscales, including emotional reliance on others, lack of social self-confidence, and assertion of autonomy. The emotional reliance on others subscale captures information related to attachment and dependency; the lack of social self-confidence subscale specifically measures an individual's degree of dependence; lastly the assertion of autonomy subscale measures an individual's tendency to deny or avoid dependence and attachment to others. This measure was normed on members of the general population as well as members of a clinical population. Within the general population, the subscales produced the following split half reliabilities: emotional reliance on others ($\alpha= 0.86$), lack of social self-confidence ($\alpha= 0.76$), and assertion of autonomy ($\alpha= 0.84$). Among members of a clinical population, the subscales produced the following split half reliabilities: emotional reliance on others ($r= 0.85$), lack of social self-confidence ($r= 0.84$), and assertion of autonomy ($r= 0.91$).

The Trust Inventory (TI; Couch, Adams, & Jones, 1996; see Appendix E) The TI is a 50 item self-report measure that yields three scores pertaining to specific domains of trust: partner, network, and global trust. Partner trust is described as the degree to which one trusts in their romantic partner and romantic relationship. Measures of partner trust have been found to be related to degree of commitment to one's partner, relationship satisfaction, and passionate love.

Network trust is described as the trust an individual places in his or her relationships with friends and family. Network trust has been found to be correlated with one's friendship potential as well as global ratings of one's friend and family relationship satisfaction. Generalized trust is described as one's positive assumptions about human nature as a general construct. Generalized trust has been found to be related to one's social support, liking of others, and one's trust in human nature. Coefficient alphas for each of the subscales ranged from 0.87 to 0.92. The mean correlations among subscale ranged from 0.33 to 0.40. Test-retest reliability over the course of nine weeks for each scale was as follows: partner ($r = .82, p < .001$), network ($r = .74, p < .001$), and generalized ($r = .80, p < .001$).

The Experiences in Close Relationships Inventory (ECRI; Brennan, Clark, & Shaver, 1998; in Simpson & Rholes, 1998; see Appendix F) The ECR scale is a 36-item measure that assesses individual differences in attachment-related anxiety and avoidance. Participants are asked to respond on a 7-point Likert scale with regard to the extent to which they agree with each statement. This 36-item questionnaire has been shown to have high internal consistency for both anxiety ($\alpha = .91$) and avoidance ($\alpha = .94$).

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985; see Appendix G) The SWLS is a five item measure that assesses an individual's current satisfaction with life. Possible scores range from 5 (low satisfaction) to 35 (high satisfaction). This measure has established acceptable reliability, ($\alpha = 0.87$). Test-retest reliability over a two month period provided an acceptable reliability ($\alpha = 0.82$).

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965; see Appendix H) The RSES is a 10-item self-report measure of trait self-esteem. Responses are rated on a 5-point Likert scale (1= Strongly Disagree, 5= Strongly Agree). The RSES has achieved high internal consistency

with coefficient alphas ranging from 0.77-0.88 across empirical findings. Additionally, the RSES shows strong test-retest reliabilities, ranging from 0.82 for a one-week interval and 0.85 for a two-week interval.

Results

For the purpose of comparison analyses, participants were categorized according to their reported recollection of childhood maltreatment as measured on the demographics questionnaire (Items 7a-7j). Total maltreatment scores comprised the sum of the percentages of the negative experiences and the sum of the positive experiences after they were reverse-scored to allow for all items to be totaled in the direction of maltreatment. Accordingly, participants whose cumulative maltreatment recollection score was greater than 290, or those who reported experiencing maltreatment at least one third of a month during their childhood and teenage years, were classified as maltreated.

Hypothesis 1 predicted that reported history of maltreatment would be associated with lower levels of interpersonal competence, dependence, and trust as compared to those who did not report a history of maltreatment. Additionally, gender was expected to moderate the relationship between reported history of maltreatment and level of interpersonal competence, dependence, and trust. To test this hypothesis, a two-way Multivariate Analysis of Variance (MANOVA) was utilized with history of maltreatment and gender as the independent variables and levels of interpersonal competence (e.g., initiation, negative assertion, disclosure, emotional support, and conflict management), levels of interpersonal dependence (e.g., emotional reliance on others, lack of social self-confidence, and assertion of autonomy), and levels of trust (e.g., partner, network, and generalized) as the dependent variables.

In support of the hypothesis, results indicated a marginally significant difference in the initiation of relationships between maltreated and non-maltreated individuals, $F(1,119) = 3.73, p = .06$. Specifically, those with no history of maltreatment ($M = 25.48$) reported higher levels of initiation than those with a history of maltreatment ($M = 20.16$, see Figure 1). Moreover, results indicated that assertion of autonomy in relationships differed significantly between maltreated and non-maltreated individuals, $F(1, 119) = 4.00, p < .05$. Specifically, individuals with a history of maltreatment reported lower levels of assertion of autonomy ($M = 29.96$) than those without a history of maltreatment ($M = 35.32$, see Figure 1). Additionally, gender was found to have a marginally significant impact on reported emotional reliance on others, $F = 3.36, p = 0.07$, with men reporting lower levels of emotional reliance on others ($M = 29.14$) than women ($M = 33.04$, see Figure 2). No significant relationship was found between history of maltreatment and measures of negative assertion, $F(1, 119) = .03, n.s.$; disclosure, $F(1, 119) = 1.27, n.s.$; emotional support, $F(1, 119) = .33, n.s.$; conflict management, $F(1, 119) = .42, n.s.$; emotional reliance, $F(1, 119) = .00, n.s.$; lack of social support, $F(1, 119) = .38, n.s.$; general trust, $F(1, 119) = 1.10, n.s.$; network trust, $F(1, 119) = 1.64, n.s.$; and partner trust, $F(1, 119) = .06, n.s.$ Additionally, gender was not found to influence the relationship between history of maltreatment and measures of interpersonal dependence (initiation $F(1,119) = 1.19, n.s.$; negative assertion $F(1,119) = .77, n.s.$; disclosure $F(1,119) = .29, n.s.$; emotional support $F(1, 119) = .93, n.s.$; and conflict management $F(1, 119) = .10, n.s.$), interpersonal dependence (emotional reliance on others $F(1, 119) = .42, n.s.$; lack of social self-confidence $F(1,119) = .01, n.s.$; and assertion of autonomy $F(1,119) = 1.65, n.s.$) and trust (general trust $F(1, 119) = .00, n.s.$; network trust $F(1,119) = .13, n.s.$; and partner trust $F(1, 119) = .07, n.s.$).

Hypothesis 2 predicted that individuals who reported a history of maltreatment would report lower levels of self-esteem and satisfaction with life than those who did not report a history of maltreatment. Additionally, gender was expected to be a moderator between history of maltreatment and intrapersonal outcomes. This hypothesis was tested using a two-way MANOVA with history of maltreatment and gender as the independent variables and self-esteem and satisfaction with life scores as the dependent variables. In support of the hypothesis, results indicated a significant relationship between history of maltreatment and self-esteem, $F(1, 119) = 4.12, p = .05$. Specifically, individuals with no history of maltreatment ($M = 37.42$) reported higher levels of self-esteem than those with a history of maltreatment ($M = 32.50$, see Figure 3). However, no significant relationship was found between history of maltreatment and satisfaction with life, $F(1, 119) = 1.37, n.s.$ Additionally, gender was not found to impact the relationship between history of maltreatment and self-esteem, $F(1, 119) = .01, n.s.$; or the relationship between history of maltreatment and satisfaction with life, $F(1, 119) = .03, n.s.$

Given the lack of significant impact of maltreatment history on satisfaction with life, it is possible that participants minimized their reported experiences of maltreatment as a way of coping with the impact these experiences have on their overall perspective and outlook on life. In this regard, these findings could be considered consistent with those presented by Varia and Abidin (1999), who reported that individuals who minimized experiences of maltreatment reported more spousal support and less spousal conflict than those who acknowledged their experiences of maltreatment. Similarly, the lack of significant impact on reported satisfaction with life may suggest that the way in which one perceives or conceptualizes his or her experiences of maltreatment can influence the way in which he or she perceives the world and adult relationships.

Hypothesis 3 predicted individuals who reported a history of maltreatment also would report higher levels of attachment-related anxiety and avoidance than those with no history of maltreatment. Additionally, gender was expected to moderate between history of maltreatment and intrapersonal outcomes. This hypothesis was tested using a two-way MANOVA with history of maltreatment and gender as the independent variables and scores of attachment-anxiety and avoidance as the dependent variables. Results indicated no significant relationship between history of maltreatment and attachment-related avoidance, $F(1, 119) = .06, n.s.$ Findings also suggested no significant relationship between history of maltreatment and attachment-related anxiety, $F(1, 119) = .01, n.s.$ Additionally, gender was not found to affect the relationship between history of maltreatment and attachment-related avoidance, $F(1, 119) = .49; n.s.$ or history of maltreatment and attachment-related anxiety, $F(1, 119) = .71, n.s.$ This lack of significant finding is inconsistent with previous research, specifically results presented by Feeney and Noller (1990), who reported that within the context of a romantic relationship, maltreated individuals displayed more attachment-related anxiety and avoidance than nonmaltreated individuals. It is possible that these results reflect the less threatening or anxiety provoking nature of friendships or acquaintanceships, as compared to the intimacy and vulnerability that is characteristic of romantic relationships.

Hypothesis 4 predicted that individuals who reported a history of maltreatment would report higher levels of interpersonal conflict at the present day in terms of physical and verbal conflicts than those who do not report a history of maltreatment. Additionally, gender was explored as a potential moderator between history of maltreatment and interpersonal outcomes. A two-way MANOVA was used to test this hypothesis with history of maltreatment and gender as the independent variables and frequency of physical and verbal conflicts as the dependent

variables. Results indicate no significant relationship between history of maltreatment and current verbal conflict, $F(1, 119) = 2.27, n.s.$ or history of maltreatment and current physical conflict, $F(1, 119) = .07, n.s.$ Additionally, gender was not found to moderate the relationship between history of maltreatment and current verbal conflict, $F(1, 119) = .04, n.s.$ or history of maltreatment and current physical conflict, $F(1, 119) = .04, n.s.$ This lack of finding are inconsistent with those presented by Malinosky-Rummell and Hansen (1993) who reported prior physical abuse was related to future perpetration of familial and nonfamilial violence. Additionally, the present lack of finding is inconsistent with reports provided by Messman-Moore and Coates (2007) who cited that higher levels of interpersonal conflict were associated with increased levels of psychological abuse and parental control, as well as lower levels of parental warmth. Finally, this lack of finding is contrary to results reported by Petit et al. (1988), who found that children with exposure to aggression within the home tended to display and endorse aggression more often than children who had not been exposed. It is possible that this lack of finding was influenced by the small sample size of maltreated individuals ($n= 13$), as previous studies have reported obtaining samples comprised of approximately 43.75% maltreated individuals, while the present sample was comprised of only 10.8% maltreated individuals.

An exploratory analysis was conducted to investigate the relationship between responses provided on the abuse related items found in the demographic scale and the sexual abuse, punishment, and neglect subscales of the *Child Abuse and Trauma Scale* (CATS, Sanders & Becker-Lausen, 1995). Results indicated that the total abuse score produced by summing responses on the demographic items was positively related to reported the CATS sexual abuse scale, $r = .35, p < .01$. It also was found that the demographic total abuse score was positively

related to the CATS punishment scale, $r = .35$, $p < .01$ and the CATS neglect scale, $r = .71$, $p < .01$ (see results of the correlation depicted in Table 3). Therefore, the scale created to assess maltreatment for the specific aims of this study appears to be a more valid indicator of neglect than the other two forms of maltreatment.

Discussion

The purpose of the current study was to explore the relationship among history of maltreatment, interpersonal variables, such as interpersonal competence and dependence, as well as trust and interpersonal conflicts, and intrapersonal variables, such as self-esteem and satisfaction with life. As expected, individuals with a history of maltreatment differed from those who did not report a history of maltreatment in regard to some of these factors, suggesting that a history of maltreatment exerts a significant influence on an individual's interpersonal and psychological and emotional functioning as an adult. Additionally, gender differences were noted among some of these variables, adding greater complexity to the current findings.

The first hypothesis predicted that individuals who reported a history of maltreatment would endorse lower levels of interpersonal competence, dependence, and trust than those who did not report a history of maltreatment. This hypothesis also expected gender to moderate the relationship between history of maltreatment and interpersonal outcomes. Correspondingly, it was found that individuals with a history of maltreatment endorsed significantly lower levels of relationship initiation and assertion of autonomy within a relationship than those who did not report a history of maltreatment. These findings are consistent with those presented by Loos and Alexander (1997), who reported that an individual's history of physical maltreatment was associated with current feelings of loneliness and social isolation. Based on the findings of the current study, it is likely that one's current feelings of loneliness or social isolation are related to

one's degree of relationship initiation and assertion of autonomy within a relationship. However, further research is needed to determine the exact relationship between variables of interpersonal competence and one's experience of social isolation or loneliness.

Additionally, gender was found to have a marginally significant impact on reported emotional reliance on others. As such, these findings provide a new insight into the ways in which men and women cope with experiences of maltreatment, as previous research has focused almost exclusively on women who have experienced maltreatment. Interestingly, the results indicated that men ($n = 42$) reported lower levels of emotional reliance on others than women ($n = 78$). As these results may reflect different coping styles among men and women, it is important to study how and in what way women are able to find more solace. Is it that they actively pursue emotional support from others or simply receive more without even asking? Additional research is needed to determine the exact nature of how and why perceived emotional support differs among men and women. Future research should strive to obtain equal numbers of men and women with maltreatment histories to allow for a good representation of coping styles across genders.

However, in contrast to expectations outlined in the first hypothesis, no significant differences were found between the groups in terms of negative assertion, disclosure, emotional support, conflict management, emotional reliance, lack of social support, general trust, network trust, or partner trust. Interestingly, these results are inconsistent with the findings presented by Feeney and Noller (1990) and Busby et al. (2011). Specifically, Feeney and Noller (1990) reported that individuals who had positive early family relationships reported higher feelings of trust for others in the context of a romantic relationship, as compared to those who reported negative early family relationships. Similarly, Busby et al.'s (2011) findings revealed that

partners within a romantic relationship who reported histories of maltreatment endorsed significantly more negative views of their partner. Thus, it is possible that the lack of significant differences in the interpersonal success and nature of individuals with and without histories of maltreatment found in the present study could be due to the less intimate and anxiety provoking nature of friendships and acquaintance relationships. Additionally, these general interpersonal relationships do not require nor yield nearly as much vulnerability and self-disclosure as more intimate familiar and/or romantic relationships. For this reason, the findings reported by previous research may not be found within the context of a friendship or acquaintance relationship. Therefore, additional research is needed to examine the different outcomes based upon relationship type in order to clarify in what way, if any, experiences of maltreatment influence interpersonal interactions and relationships in adulthood.

The second hypothesis predicted that individuals who reported a history of maltreatment would endorse lower levels of self-esteem and satisfaction with life than those without a history of maltreatment. Correspondingly, it was found that individuals who did not report a history of maltreatment endorsed higher levels of self-esteem than those who did report experiences of maltreatment. As such, these findings are consistent with those presented by the findings of the research conducted by both Loos and Alexander (1997) and Busby et al. (2011), suggesting that a history of maltreatment may adversely affect one's self-esteem as an adult. However, there was no significant difference between maltreatment versus no-maltreatment groups in regard to satisfaction with life. Thus, it is possible that individuals who endorsed experiences characteristic of maltreatment might minimize thoughts or behaviors related to the memory or recall of their experiences, disallowing their negative experiences to negatively impact their overall outlook on life. In this light, these findings could be considered to be

consistent with those presented by Varia and Abidin (1999). Specifically, Varia and Abidin (1999) found that individuals who minimized experiences of maltreatment reported more spousal support and less spousal conflict than those who acknowledged their experiences of maltreatment. These findings suggest that the way in which an individual perceives or conceptualizes his or her experiences of maltreatment can influence the way he or she perceives adult relationships.

However, based on the nature of the information collected during this study, it is unclear if that is the mechanism at work, as no objective measures of minimization were employed. It is also possible that these findings may reflect the coping abilities of the participants in making meaning of their experiences of maltreatment, through therapy, religion, etc. Based on the findings of the present study, it is clear that experiences of maltreatment significantly impact one's appraisal of their own worth and importance. Yet, it is unclear if individuals who report a history of maltreatment are equally satisfied with life as those who do not report a history of maltreatment, or if a process of minimization allows maltreated individuals to more successfully cope with the impact of these experiences. Thus, further research is needed to determine whether or not a process of minimization is operating in order to enhance the reported satisfaction with life of maltreated individuals.

The third hypothesis predicted that individuals who reported a history of maltreatment would also report higher levels of attachment-related anxiety and avoidance than those without a history of maltreatment. However, no significant differences in either attachment-related anxiety or avoidance were found between those with maltreatment histories versus those without such histories. As such, these findings are inconsistent with the suppositions of Feeney and Noller (1990), who suggested that, within the context of an intimate relationship, individuals who have

a history of maltreatment ought to display more anxiety and avoidance as compared to those who do not report a history of maltreatment. Thus, it is possible that more general interpersonal relationships, such as friendships or acquaintances, provide an interpersonal atmosphere that is less anxiety-provoking or susceptible to vulnerability than the atmosphere of an intimate relationship. However, further research is needed to determine exactly how individuals with and without a history of maltreatment differ in their interactions across interpersonal realms.

The fourth hypothesis predicted that individuals who reported a history of maltreatment also would report higher levels of current interpersonal physical and verbal conflicts than those who did not report a history of maltreatment. Once again, no significant differences in either current physical or verbal conflicts were found between those with maltreatment histories and those without. As such, these findings are inconsistent with those presented by Malinosky-Rummell and Hansen (1993), who found that prior physical abuse was related to the future perpetration of familial and nonfamilial violence. Additionally, they are inconsistent with the research of Messman-Moore and Coates (2007), which revealed that higher levels of interpersonal conflict were associated with increased levels of psychological abuse and parental control, as well as lower levels of parental warmth. Finally, Petit et al. (1988) reported that children who had been exposed to aggression within their home environment tended to endorse and display aggression more often than children who had not been exposed to aggression within the home environment.

Given the preponderance of evidence from previous research, this particular lack of finding was the most unexpected of all. Thus, the best way in which to explain the inability to find consistent evidence lies in the fact that only a small proportion of the participants in the present study met the necessary criteria to be considered maltreated ($N = 13$). This, too, is very

different from the studies noted above which only used samples of maltreated individuals or who had access to larger pools of maltreated individuals; for instance, Varia and Abidin explicitly state that 42 of their 96 participants, or 43.75 percent of their participants met criteria to be considered maltreated. Therefore, it is difficult to draw substantial conclusions as to whether there are increased levels of verbal and physical conflict among individuals who have been maltreated from the current findings. Further research is needed in order to give closer examination to these outcomes among maltreated individuals.

Limitations

While several significant results were found in the present study, there are several limitations that ought to be noted. One limitation includes the nature of the sample employed in the study. Participants exclusively comprised undergraduate students recruited from Introductory Psychology classes at a small southeastern college campus (University of South Carolina Aiken), and thus may not be fully representative of the full range of maltreatment experiences of individuals differing in educational level or geographic location. Moreover, there were nearly nine times as many nonmaltreated individuals as maltreated individuals, with nonmaltreated individuals ($n = 106$) accounting for 87.6% of the sample and maltreated individuals ($n = 13$) comprising a mere 10.7% of the sample. Additionally, there were nearly six times as many maltreated females ($n = 11$) as there were maltreated males ($n = 2$). Thus, this college sample seems to be psychologically healthier overall with very few individuals adversely affected by the trauma of abuse or neglect. As such, further research is needed to be conducted wherein equal samples of individuals with maltreatment and no maltreatment histories are assessed as to their intrapersonal and interpersonal outcomes.

Additionally, gender was not equally represented within the sample, despite attempts to obtain similar numbers of male and female participants by using separate signup sheets for males and females. Specifically, there were nearly twice as many women as men, with women ($n = 78$) accounting for 64.5% of the sample and men ($n = 42$) comprising 34.7% of the sample. As such, further studies need to ensure relatively equal gender representation to ensure a fair comparison in outcomes differences based on gender. Moreover, the sample overall was very young; specifically, participants ranged in age from 18 to 27 years with a mean age of 19.01 years. Similarly, while attempts were made to create a sample that was ethnically diverse, Hispanic ($n = 5$), Asian ($n = 3$), and “Other” ($n = 1$) ethnicities only constituted approximately 10% of the sample with most of the participants roughly divided across White/Caucasian ($n = 59$) and Black/African-American ($n = 52$) racial ethnicities. As these factors limit the ability to generalize findings to the general population, future research should attempt to recruit participants, both with and without maltreatment histories, from different regions of the country with racially and ethnically diverse backgrounds as well as diverse educational and occupational backgrounds.

An additional limitation of the present study is the use of self-report measures. It is possible that participants responded to items in a manner that minimized any adverse childhood experiences, perhaps reflecting social desirability or lack of willingness to share such intimate details. Specifically, the retrospective nature of reporting one’s experiences of maltreatment may have led participants to either minimize their prior experiences, as discussed by Varia and Abidin (1999), or not recall them at all. Thus, future research should include measures of one’s tendency to minimize experiences of maltreatment in the hopes of gaining a more accurate reporting of one’s history of maltreatment. However, with that being said, it should be noted that it was not uncommon for participants in the present study to disclose experiences of maltreatment on the

demographic questionnaire and on the Child Abuse and Trauma Scale (Sanders & Becker-Lausen, 1995), and 13 individuals met criteria to be considered maltreated. Thus, the self-report method appeared to be a practical method for this study.

Conclusion and Future Directions

Despite these limitations, the findings of the current study support its overall goal to assess differences between maltreated and non-maltreated individuals on a number of measures of general interpersonal and intrapersonal functioning, including relationship initiation, assertion of autonomy, and self-esteem. Specifically, results of the present study support the idea that experiences of maltreatment during childhood impair one's interpersonal functioning later in life as findings revealed those with maltreatment histories reported lower levels of relationship initiation and assertion a sense of autonomy. Consistent with previous research, findings also revealed that childhood maltreatment negatively affects the way in which an individual evaluates himself or herself, as participants with maltreatment histories reported significantly lower levels of self-esteem than those without such histories. Additionally, a marginally significant impact of gender on reported emotional reliance on others was found. Specifically, men were found to report less emotional reliance on others than women. It is possible these findings reflect a difference in general coping styles between genders; however further research is needed to better understand the nature of emotional reliance on other between genders. On a more positive note, the present research did not show a significant difference in satisfaction with life, suggesting maltreated individuals still have a positive outlook on their life in general.

As previous research only has explored the way in which maltreatment history influences interpersonal outcomes in the context of romantic relationships, more research is needed to confirm the findings of the present study, particularly the results relating to an individual's interpersonal functioning within the context of friendship and acquaintance relationships.

Additionally, future research should seek to obtain a clearer understanding of different interpersonal outcomes following maltreatment between the genders as results of the present study clearly indicated men suffer from a lack of emotional support. Thus, it is possible that men with a maltreatment history may fare worse than their female counterparts due to the lack of nurturance and validation communicated by the emotional support from others. Finally, seeking to understand the degree to which an individual minimizes his or her experience of maltreatment and the way in which this behavior influences interpersonal and intrapersonal outcomes could provide useful information in understanding how experiences of maltreatment manifest and impact future social relationships. In this regard, potential gender differences ought to be examined as men may minimize more than women due to their apparent lack of sufficient emotional support.

Moreover, understanding the pathways through which experiences of maltreatment influence interpersonal relationships will allow clinicians a greater understanding of client concerns related to social relationships and interactions, enhancing the therapeutic experience. Correspondingly, therapists who have a greater understanding of their client's interpersonal and intrapersonal functioning will be better able to create unique treatment plans to assist clients in interacting with others, improving their competence in interpersonal interactions and enhancing their social relationships. Thus, more research is needed to assess the later life impact of childhood maltreatment and neglect and how to eradicate their harmful aftereffects as such happenings have the potential to adversely affect one's intrapersonal well-being and interpersonal functioning.

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Appendix A. Demographic Questionnaire

Instructions: Please complete the following questions to the best of your ability. Please **DO NOT** write your name on this form. Your answers will be kept confidential and the forms will be destroyed at the conclusion of this study. If you have any questions about a specific question, please ask the researcher. Thank you for your participation!

1. Age (in years): _____
2. Gender (please check one): Male _____ or Female _____
3. Ethnicity/Race (please check one):
 _____Caucasian/White _____African-American/Black _____Asian/Pacific Islander
 _____Hispanic _____Native American _____Other (_____)
4. Do you have siblings? Yes _____ No _____
 If so, how many? _____
 If so, then are you the: _____Oldest _____ Middle _____ or Youngest?
5. While growing up, with whom did you live primarily?
 _____Birth parents _____Grandparents _____Other relative (e.g., aunt, uncle, etc.)
 _____Adoptive parents _____Foster parents _____Group home
6. As a child and teenager, how often were you abused (physically, psychologically, emotionally)? Please indicate your response on the percentage of the time per month, based upon your best recollection.
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
7. As a child and teenager, how often did your parents or guardians:
(Please indicate your response on the percentage of the time per month, based upon your best recollection.)
 - A. Make supportive or encouraging comments to you?
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
 - B. Make hurtful or discouraging comments to you?
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
 - C. Physically show you affection through hugs, pats on the back, kisses, high fives, etc.?
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
 - D. Physically show you anger through pinching, hitting, burning, stabbing, etc.?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

E. Threaten to leave you and not return?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

F. Insult you or call you offensive names?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

G. Fail to provide you with food, clothing, or shelter?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

H. Make you feel special, important, and loved?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

I. Fail to make you feel special, important, and loved?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

J. Engage in inappropriate touching or other forms of sexual abuse?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8. What is your current relationship status?

_____ Single _____ In a committed relationship (dating exclusively/3 months or longer)
 _____ Dating multiple partners _____ Engaged _____ Married _____ Divorced
 _____ Widowed

9. How many romantic relationships have you had over the course of your life? _____

10. How satisfied are you with your most recent romantic relationship?

0 1 2 3 4 5 6 7 8 9 10
 Not at all Moderately Extremely

11. How many friends do you currently have? _____

12. How satisfied are you with your current friendships?

0 1 2 3 4 5 6 7 8 9 10
 Not at all Moderately Extremely

13. How frequently are you involved in verbal conflicts in an average/typical month? Please indicate your response on percentage of the time per month, based on your best recollection.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

14. How frequently are you involved in physical conflicts in an average/typical month? Please indicate your response on percentage of the time per month, based on your best recollection.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Appendix B. The Child Abuse and Trauma Scale (Sanders & Becker-Lausen, 1995).

This questionnaire seeks to determine the general atmosphere of your home when you were a child or teenager and how you felt you were treated by your parents or guardian. Where a question inquires about the behavior of both of your parents and your parents differed in their behavior, please respond in terms of the parent whose behavior was the more severe or worse.

In responding to these questions, simply circle the appropriate number according to the following definitions:

0= never 1=rarely 2=sometimes 3=very often 4=often

1. Did your parents ever ridicule you?

0 1 2 3 4

2. Did you ever seek outside help or guidance because of problems in your home?

0 1 2 3 4

3. Did your parents verbally abuse each other?

0 1 2 3 4

4. Were you expected to follow a strict code of behavior in your home?

0 1 2 3 4

5. When you were punished as a child or teenager, did you understand the reason you were punished?

0 1 2 3 4

6. When you didn't follow the rules of the house, how often were you severely punished?

0 1 2 3 4

7. As a child, did you feel unwanted or emotionally neglected?

0 1 2 3 4

8. Did you parents insult you or call you names?

0 1 2 3 4

9. Before you were 14, did you engage in any sexual activity with an adult?

0 1 2 3 4

10. Were your parents unhappy with each other?

- | | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 11. Were your parents unwilling to attend any of your school related activities? | 0 | 1 | 2 | 3 | 4 |
| 12. As a child, were you punished in unusual ways (e.g., being locked in a closet for a long time or being tied up)? | 0 | 1 | 2 | 3 | 4 |
| 13. Were there traumatic or upsetting sexual experiences when you were a child or teenager that you couldn't speak to adults about? | 0 | 1 | 2 | 3 | 4 |
| 14. Did you ever think you wanted to leave your family and live with another family? | 0 | 1 | 2 | 3 | 4 |
| 15. Did you ever witness the sexual mistreatment of another family member? | 0 | 1 | 2 | 3 | 4 |
| 16. Did you ever think seriously about running away from home? | 0 | 1 | 2 | 3 | 4 |
| 17. Did you witness the physical maltreatment of another family member? | 0 | 1 | 2 | 3 | 4 |
| 18. When you were punished as a child or teenager, did you feel the punishment was deserved? | 0 | 1 | 2 | 3 | 4 |
| 19. As a child or teenager, did you feel disliked by either of your parents? | 0 | 1 | 2 | 3 | 4 |
| 20. How often did your parents get really angry with you? | 0 | 1 | 2 | 3 | 4 |
| 21. As a child, did you feel that your home was charged with the possibility of unpredictable physical violence? | 0 | 1 | 2 | 3 | 4 |
| 22. Did you feel comfortable bringing friends home to visit? | 0 | 1 | 2 | 3 | 4 |

23. Did you feel safe living at home?

0 1 2 3 4

24. When you were punished as a child or teenager, did you feel “the punishment fit the crime”?

0 1 2 3 4

25. Did your parents ever verbally lash out at you when you did not expect it?

0 1 2 3 4

26. Did you have traumatic sexual experiences as a child or teenager?

0 1 2 3 4

27. Were you lonely as a child?

0 1 2 3 4

28. Did your parents yell at you?

0 1 2 3 4

29. When either of your parents was intoxicated, were you ever afraid of being sexually mistreated?

0 1 2 3 4

30. Did you ever wish for a friend to share your life?

0 1 2 3 4

31. How often were you left at home alone as a child?

0 1 2 3 4

32. Did your parents blame you for things you didn't do?

0 1 2 3 4

33. To what extent did either of your parents drink heavily or abuse drugs?

0 1 2 3 4

34. Did your parents ever hit or beat you when you did not expect it?

0 1 2 3 4

35. Did your relationship with your parents ever involve a sexual experience?

0 1 2 3 4

36. As a child, did you have to take care of yourself before you were old enough?

0 1 2 3 4

37. Were you physically mistreated as a child or teenager?

0 1 2 3 4

38. Was your childhood stressful?

0 1 2 3 4

Appendix C. Interpersonal Competence Questionnaire (Buhrmester et al., 1988).

Please rate the following statements based on how you feel about each one.

1= I'm poor at this 2= I'm only fair at this 3= I'm OK at this
4= I'm good at this 5= I'm extremely good at this

- ___ 1. Asking or suggesting to someone new that you get together and do something, e.g., go out together.
- ___ 2. Telling a companion you don't like a certain way he or she has been treating you.
- ___ 3. Revealing something intimate about yourself while talking with someone you're just getting to know.
- ___ 4. Helping a close companion work through his or her thoughts and feelings about a major life decision, e. g., a career choice.
- ___ 5. Being able to admit that you might be wrong when a disagreement with a close companion begins to build into a serious fight.
- ___ 6. Finding and suggesting things to do with new people whom you find interesting and attractive.
- ___ 7. Saying "no" when a date/acquaintance asks you to do something you don't want to do.
- ___ 8. Confiding in a new friend/date and letting him or her see your softer, more sensitive side.
- ___ 9. Being able to patiently and sensitively listen to a companion "let off steam" about outside problems s/he is having.
- ___ 10. Being able to put begrudging (resentful) feelings aside when having a fight with a close companion.
- ___ 11. Carrying on conversations with someone new whom you think you might like to get to know.
- ___ 12. Turning down a request by a companion that is unreasonable.
- ___ 13. Telling a close companion things about yourself that you're ashamed of.
- ___ 14. Helping a close companion get to the heart of a problem s/he is experiencing.
- ___ 15. When having a conflict with a close companion, really listening to his or her point of view.
- ___ 16. Being an interesting and enjoyable person to be with when first getting to know people.

- ___17. Standing up for your rights when a companion is neglecting you or being inconsiderate.
- ___18. Letting a new companion get to know the “real you.”
- ___19. Helping a close companion cope with family or roommate problems.
- ___20. Being able to take a companion’s perspective in a fight and really understand his or her point of view.
- ___21. Introducing yourself to someone you might like to get to know (or date).
- ___22. Telling a date/acquaintance that he or she is doing something that embarrasses you.
- ___23. Letting down your protective “outer shell” and trusting a close companion.
- ___24. Being a good and sensitive listener for a companion who is upset.
- ___25. Refraining from saying things that might cause a disagreement to build into a big fight.
- ___26. Calling (on the phone) a new date/acquaintance to set up a time to get together and do something.
- ___27. Confronting your close companion when he or she has broken a promise.
- ___28. Telling a close companion about the things that secretly make you feel anxious or afraid.
- ___29. Being able to say and do things to support a close companion when s/he is feeling down.
- ___30. Being able to work through a specific problem with a companion without resorting to global accusations (“you always do that”).
- ___31. Presenting good first impressions to people you might like to become friends with (or date).
- ___32. Telling a companion that he or she has done something to hurt your feelings.
- ___33. Telling a close companion how much you appreciate and care for him or her.
- ___34. Being able to show genuine empathic concern even when a companion’s problem is uninteresting to you.
- ___35. When angry with a companion, being able to accept that s/he has a valid point of view even if you don’t agree with that view.
- ___36. Going to parties or gatherings where you don’t know people well in order to start up new relationships.

- ___37. Telling a date/acquaintance that he or she has done something that made you angry.
- ___38. Knowing how to move a conversation with a date/acquaintance beyond superficial talk to really get to know each other.
- ___39. When a close companion needs help and support, being able to give advice in ways that are well received.
- ___40. Not exploding at a close companion (even when it is justified) in order to avoid a damaging conflict.

Appendix D. Interpersonal Dependence Questionnaire (Hirschfeld et al., 1977).

Please read each statement and decide whether or not it is characteristic of your attitudes, feelings, or behavior. Then assign a rating to every statement, using the values given below:

- 4 = Very characteristic of me
- 3 = Quite characteristic of me
- 2 = Somewhat characteristic of me
- 1 = Not characteristic of me

- ___ 1. I prefer to be by myself.
- ___ 2. When I have a decision to make, I always ask for advice.
- ___ 3. I do my best work when I know it will be appreciated.
- ___ 4. I can't stand being fussed over when I am sick.
- ___ 5. I would rather be a follower than a leader.
- ___ 6. I believe people could do a lot more for me if they wanted to.
- ___ 7. As a child, pleasing my parents was very important to me.
- ___ 8. I don't need other people to make me feel good.
- ___ 9. Disapproval by someone I care about is very painful to me.
- ___ 10. I feel confident of my ability to deal with most of the personal problems I am likely to meet in life.
- ___ 11. I'm the only person I want to please.
- ___ 12. My idea of losing a close friend is terrifying to me.
- ___ 13. I am quick to agree with the opinions expressed by others.
- ___ 14. I rely only on myself.
- ___ 15. I would be completely lost if I didn't have someone special.
- ___ 16. I get upset when someone discovers a mistake I've made.
- ___ 17. It is hard for me to ask someone for a favor.
- ___ 18. I hate it when people offer me sympathy.
- ___ 19. I easily get discouraged when I don't get what I need from others.

- ___ 20. In an argument, I give in easily.
- ___ 21. I don't need much from people.
- ___ 22. I must have one person who is very special to me.
- ___ 23. When I go to a party, I expect that the other people will like me.
- ___ 24. I feel better when I know someone else is in command.
- ___ 25. When I am sick, I prefer that my friends leave me alone.
- ___ 26. I'm never happier than when people say I've done a good job.
- ___ 27. It is hard for me to make up my mind about a TV show or movie until I know what other people think.
- ___ 28. I am willing to disregard other people's feelings in order to accomplish something that's important to me.
- ___ 29. I need to have one person who puts me above all others.
- ___ 30. In social situations I tend to be very self-conscious.
- ___ 31. I don't need anyone.
- ___ 32. I have a lot of trouble making decisions by myself.
- ___ 33. I tend to imagine the worst if a love one doesn't arrive when expected.
- ___ 34. Even when things go wrong I can get along without asking for help from my friends.
- ___ 35. I tend to expect too much from others.
- ___ 36. I don't like to buy clothes by myself.
- ___ 37. I tend to be a loner.
- ___ 38. I feel that I have really got all that I need from people.
- ___ 39. When I meet new people, I'm afraid that I won't do the right thing.
- ___ 40. Even if most people turned against me, I could still go on if someone I love stood by me.
- ___ 41. I would rather stay free of involvements with others than to risk disappointments.
- ___ 42. What people think of me doesn't affect how I feel.

- ___ 43. I think that most people don't realize how easily they can hurt me.
- ___ 44. I am very confident about my own judgment.
- ___ 45. I have always had a terrible fear that I will lose the love and support of people I desperately need.
- ___ 46. I don't have what it takes to be a good leader.
- ___ 47. I would feel helpless if deserted by someone I love.
- ___ 48. What other people say doesn't bother me.

Appendix E. The Trust Inventory (Couch et al. 1996).

Please answer the following items using the scale presented below:

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

- 1. My partner makes me feel safe.
- 2. Close relationships can be dangerous.
- 3. I tend to be accepting of others.
- 4. My partner sometimes makes me uncomfortable.
- 5. My relationships with others are characterized by trust and acceptance.
- 6. I find it difficult to fully trust anyone.
- 7. I do not worry that my partner will leave me.
- 8. Basically I am a trusting person.
- 9. It is better to trust people until they prove otherwise than to be suspicious of others until they prove otherwise.
- 10. I accept others at "face value"
- 11. It is better to be safe than sorry when it comes to the people in one's life.
- 12. I am skeptical that relationships ever work out.
- 13. I worry that the people I trust will get the better of me.
- 14. Most people are trustworthy.
- 15. I believe in my partner.
- 16. In relationships, I tend to be alert for the possibility of rejection or betrayal.
- 17. I often find myself wondering about the motives of others in my life.
- 18. it is better to be suspicious of people you have just met, until you know them better.
- 19. I make friends easily.
- 20. I am sure about how my partner feels about me.
- 21. Only a fool would trust most people.

- ___ 22. I often worry about letting friends and family “get too close to me.”
- ___ 23. I am doubtful that my partner will always be there for me if I need him/her.
- ___ 24. I tell my partner that I trust him/her completely.
- ___ 25. I find it better to accept others for what they say and what they appear to be.
- ___ 26. I would admit to being more than a little paranoid about people I meet.
- ___ 27. Relationships will only lead to heartache.
- ___ 28. I have few difficulties trusting people.
- ___ 29. Frequently, I am suspicious of friends and family.
- ___ 30. I am rarely ever suspicious of people with whom I have a relationship.
- ___ 31. It is fair to say that I am more than a little cynical about people I know.
- ___ 32. Basically, I tend to be distrustful of others.
- ___ 33. I am afraid my partner will hurt me emotionally.
- ___ 34. I am afraid my partner will betray me.
- ___ 35. Experience has taught me to be doubtful of others until I know they can be trusted.
- ___ 36. I generally believe what my partner tells me.
- ___ 37. I never believe my partner when he/she tells me how he/she feels about me.
- ___ 38. I have a lot of faith in the people I know.
- ___ 39. If the truth be known, I am more than a little doubtful of the motives of many of the people in my life.
- ___ 40. Even during the “bad times”, I tend to think that things will work out in the end.
- ___ 41. I feel that I can be myself in the presence of my partner.
- ___ 42. I am uncertain about how my partner feels about me.
- ___ 43. I tend to take others at their word.
- ___ 44. When it comes to people I know, I am believing and accepting.
- ___ 45. It is dangerous to “let your guard down” with your partner.
- ___ 46. I feel I can depend on most people I know.

- ___ 47. I am sometimes doubtful of my partner's intentions.
- ___ 48. When it comes to people I know, I tend to be a skeptic.
- ___ 49. When my partner is with others, I worry that he/she will not be faithful.
- ___ 50. I almost always believe what people tell me.

Appendix F. Experiences in Relationships Inventory (Brennan et al., 1998, in Simpson & Rholes, 1998).

The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following scale:

Disagree strongly	Neutral/Mixed	Agree strongly
1 2	3 4 5	6 7

- ___ 1. I prefer not to show a partner how I feel deep down.
- ___ 2. I worry about being abandoned.
- ___ 3. I am very uncomfortable being close to romantic partners.
- ___ 4. I worry a lot about my relationships.
- ___ 5. Just when my partner starts to get close to me I find myself pulling away.
- ___ 6. I worry that romantic partners won't care about me as much as I care about them.
- ___ 7. I get uncomfortable when a romantic partner wants to be very close.
- ___ 8. I worry a fair amount about losing my partner.
- ___ 9. I don't feel comfortable opening up to romantic partners.
- ___ 10. I often wish that my partner's feelings for me were as strong as my feelings for him/her.
- ___ 11. I want to get close to my partner, but I keep pulling back.
- ___ 12. I am nervous when partners get too close to me.
- ___ 13. I often want to merge completely with romantic partners, and this sometimes scares them away.
- ___ 14. I worry about being alone.
- ___ 15. I feel comfortable sharing my private thoughts and feelings with my partner.
- ___ 16. My desire to be very close sometimes scares people away.
- ___ 17. I try to avoid getting too close to my partner.
- ___ 18. I need a lot of reassurance that I am loved by my partner.

- ___ 19. I find it relatively easy to get close to my partner.
- ___ 20. Sometimes I feel that I force partners to show more feeling, more commitment.
- ___ 21. I find it difficult to allow myself to depend on romantic partners.
- ___ 22. I do not often worry about being abandoned.
- ___ 23. I prefer not to be too close to romantic partners.
- ___ 24. If I can't get my partner to show interest in me, I get upset or angry.
- ___ 25. I tell my partner just about everything.
- ___ 26. I find that my partner(s) don't want to get as close as I would like.
- ___ 27. I usually discuss my problems and concerns with my partner.
- ___ 28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.
- ___ 29. I feel comfortable depending on romantic partners.
- ___ 30. I get frustrated when my partner is not around as much as I would like.
- ___ 31. I get frustrated if romantic partners are not available when I need them.
- ___ 32. I don't mind asking romantic partners for comfort, advice, or help.
- ___ 33. It helps to turn to my romantic partner in times of need.
- ___ 34. When romantic partners disapprove of me, I feel really bad about myself.
- ___ 35. I turn to my partner for many things, including comfort and reassurance.
- ___ 36. I resent it when my partner spends time away from me.

Appendix G. The Satisfaction with Life Scale (Diener et al., 1985).

Instructions: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

1=Strongly Disagree 2=Disagree 3=Slightly Disagree 4=Neither Agree nor Disagree

5=Slightly Agree 6=Agree 7=Strongly Agree

- ____ 1. In most ways, my life is close to idea.
- ____ 2. The conditions of my life are excellent.
- ____ 3. I am satisfied with my life.
- ____ 4. So far, I have gotten the important things in life.
- ____ 5. If I could live my life over, I would change almost nothing.

Appendix H. Rosenberg Self-Esteem Scale (Rosenberg, 1965).

Instructions: This questionnaire contains various questions about your feelings, beliefs, and experiences. There are no right or wrong answers. Please answer each to the best of your ability. Also, be alert for changes in the formatting and/or response key.

For each of the questions in the next section, write in the number from the scale, which best describes how you feel about the statement.

1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

- ___1. I feel that I am a person of worth, at least on an equal basis with others.
- ___2. On the whole, I am satisfied with myself.
- ___3. I wish I could have more respect for myself.
- ___4. I certainly feel useless at times.
- ___5. At times I think I am no good at all.
- ___6. I feel that I have a number of good qualities.
- ___7. All in all, I am inclined to feel that I am a failure.
- ___8. I am able to do things as well as most other people.
- ___9. I feel that I do not have much to be proud of.
- ___10. I take a positive attitude toward myself.

Table 1

Participant Demographics

Variables	<i>N</i>	Percent of Sample
<i>Gender</i>		
Male	42	34.7
Female	78	64.5
<i>Race/Ethnicity</i>		
White	59	48.8
African American	52	43.0
Hispanic	5	4.1
Asian	3	2.5
Other	1	0.8
<i>Relationship Status</i>		
Single	1	0.8
In a committed relationship	77	63.6
Dating multiple partners	4	28.9
Engaged	2	3.3
Married	2	1.7
Divorced	0	1.7
Widowed	0	
<i>History of Maltreatment</i>		
Yes	13	10.7
No	106	87.6
Missing Data	2	1.7

Table 2

Descriptive Statistics of Measures Included in Analyses

Measure	Mean	Std. Deviation	Minimum	Maximum
ICQINITIATION	24.93	7.01	9	40
ICQNEGASSERT	27.97	7.02	9	40
ICQDISCLOSE	23.93	5.97	10	38
ICQEMOSUPP	31.95	5.40	16	40
ICQCONFLMNMGT	26.58	5.58	13	38
IDQEMOREL	43.82	9.2	22	65
IDQLACKOFSOCSC	30.52	7.01	15	48
IDQASSERTAUT	30.20	6.76	17	47
TIGENTRUST	64.22	9.87	35	83
TINETTRUST	28.56	6.53	14	46
TIPARTNERTRUST	65.79	13.14	19	91
SWLTOT	22.79	5.98	6	35
RSESTOT	37.62	7.530	17	50
ECRIAVOID	63.89	19.17	32	144
ECRIANX	68.41	39.57	26	446
CurrVC	26.58	21.28	0	90
CurrPC	4.42	9.41	0	60
AbuseTOT	119.43	113.75	0	580
CATSSEX	.63	1.57	0	10
CATSPUNISH	6.83	3.35	0	18
CATSNEGLECT	14.09	10.24	0	43

Note. ICQINITIATION= ICQ Initiation score, ICGNEGASSERT= ICQ Negative Assertion score, ICQDISCLOSE= ICQ Disclosure score, ICQEMOSUPP= ICQ Emotional Support score, ICQCONFLMNMGT= ICQ Conflict Management score (Buhrmester et al., 1988); IDQEMOREL= IDQ Emotional Reliance on Another Person score, IDQLACKOFSOCSC= IDQ Lack of Social Self-Confidence score, IDQASSERTAUT= IDQ Assertion of Autonomy score (Hirschfeld et al., 1977); TIGENTRUST= TI General Trust score, TINETTRUST= TI Network Trust score, TIPARTNERTRUST= TI Partner Trust score (Couch et al. 1996); SWLTOT= Satisfaction with Life score (Diener et al., 1985); RSESTOT= Self-Esteem score (Rosenberg, 1965), ECRIAVOID= ECRI Avoidance score, ECRIANX= ECRI Anxiety score (Brennan et al., 1998, in Simpson & Rholes, 1998); ABUSETOT= Demographic total abuse recalled score, CATSSEX= CATS Sexual Abuse score, CATSPUNISH= CATS Punishment score, CATSNEGLECT= CATS Neglect score (Sanders & Becker-Lausen, 1995).

Table 3

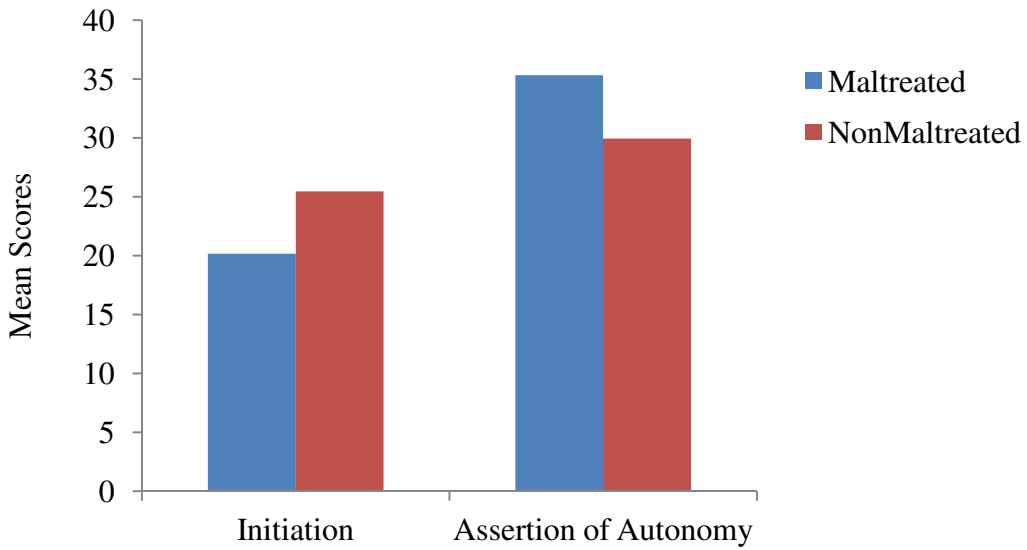
Summary of Exploratory Analysis of Correlation Between CTAS Subscales and Demographic Measure of Maltreatment

Variable	1	2	3	4
1. AbuseTOT	-----			
2. CATSSEX	.35**	-----		
3. CATSPUNISH	.35**	.21*	-----	
4. CATSNEGLECT	.71**	.48**	.51**	-----

Note. *= $<.05$, **= $<.01$, AbuseTOT= Total abuse recollection, CATSSEX= Sexual Abuse subscale of the CATS, CATSPUNISH= Punishment subscale of the CATS, CATSNEGLECT= Neglect/Negative Home Environment of the CATS (Sanders & Becker-Lausen, 1995)

Figure 1

Mean Differences for Interpersonal Competence between Maltreated and Nonmaltreated Individuals

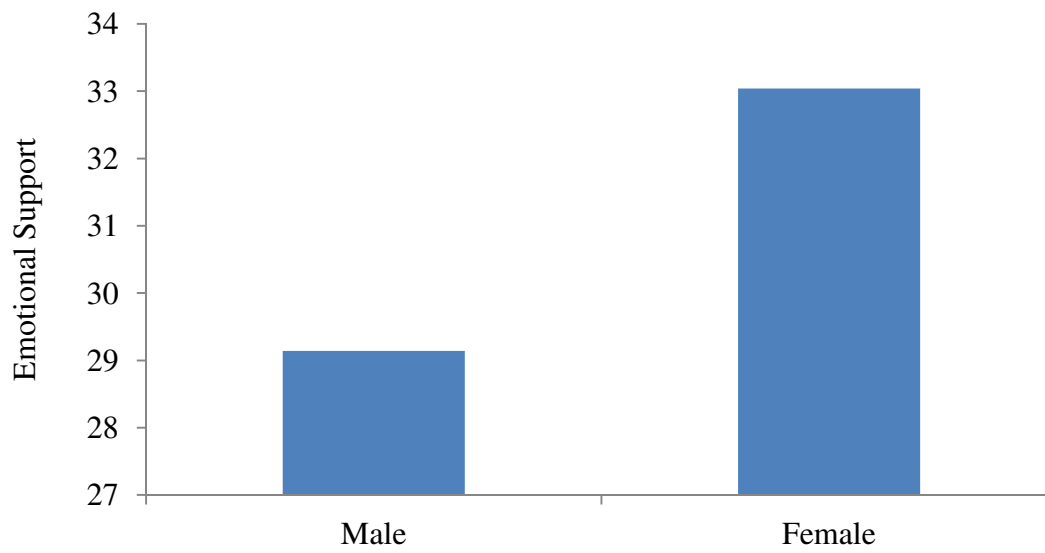


Initiation	Mean
Maltreated	20.16
Nonmaltreated	25.48

Assertion of Autonomy	Mean
Maltreated	35.32
Nonmaltreated	29.96

Figure 2

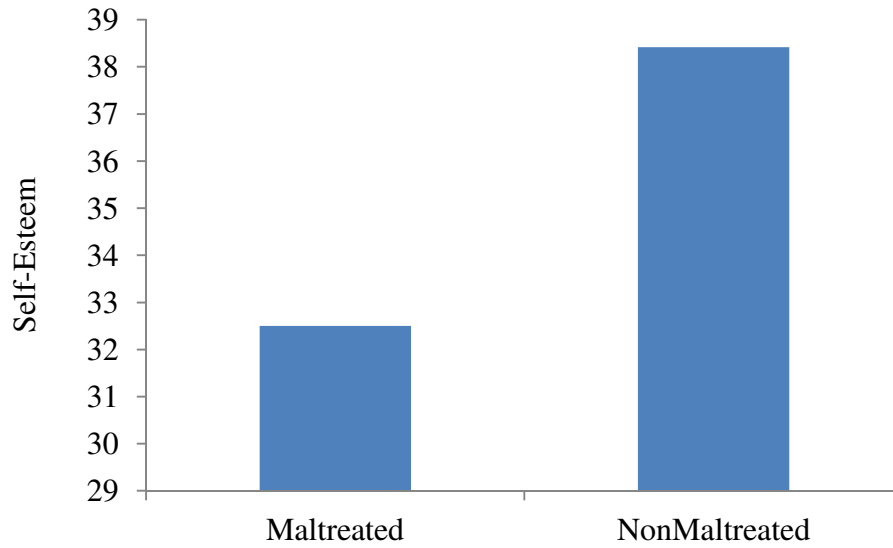
Mean Differences for Emotional Support between Males and Females



Emotional Support	Mean
Male	29.14
Female	33.04

Figure 3

Mean Differences in Self-Esteem Between Maltreated and Nonmaltreated Individuals



Self-Esteem	Mean
Maltreated	32.5
Nonmaltreated	38.42