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## The Relation Between Childhood Maltreatment and Marriage Quality in Adulthood

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**The Relation Between Childhood Maltreatment and Marriage Quality in Adulthood**

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Honors Senior Thesis

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### **Abstract**

Childhood maltreatment poses the potential for lasting effects on survivors as they enter adulthood. Research lacks investigations into these potential effects, such as the impact on interpersonal relations. This study investigates the correlation between different types of childhood maltreatment and overall quality of marriage, as well as aims to identify which type of childhood maltreatment may be the strongest relative predictor of marital quality. Analyses on a newlywed dataset from Lancaster County, NE yielded results of a strong negative association between measures of childhood maltreatment and marital quality through the application of the *Childhood Trauma Questionnaire* and the *Quality of Marriage Inventory*. Further, maltreatment in the form of emotional neglect was found to be the strongest predictor of marital quality. Gender differences between the couples were also investigated in an exploratory manner. The findings demonstrate the existence of potential lasting, negative effects from childhood maltreatment into adulthood and call for more concrete intervention into each maltreatment type earlier on.

*Keywords:* childhood maltreatment, marriage quality, emotional neglect

### **The Relation Between Childhood Maltreatment and Marriage Quality in Adulthood**

Childhood maltreatment is a prevalent experience, with 3.9 million referral reports of maltreatment received by the Children's Bureau in 2020 alone (U.S. Department of Health & Human Services, 2020). Childhood maltreatment takes many forms, including emotional, physical, and sexual forms of abuse, and emotional and physical forms of neglect. These adverse experiences not only impact children at the time of occurrence, but they can have long-lasting effects into adulthood. Some areas of functioning shown to be impacted by childhood maltreatment involve relationship functioning, problematic behaviors (e.g., poor judgment, agitation, substance abuse), depression, and anxiety (DiLillo & Long, 1999; Zingraff et al., 1993; Committee on Child Abuse and Neglect, 2015).

One area of functioning that has received little attention in the literature, however, is the quality of intimate relationships later in life. While all forms of maltreatment may result in adverse outcomes in future relationships, emotional neglect, physical abuse, and sexual abuse have shown empirical backing into their impacts on future relationship quality (Whisman, 2006) and are therefore the focus of this study. More specifically the goal of this study is to examine the three forms of maltreatment and their individual and relative associations with relationship quality in a sample of recently married couples.

#### **Emotional Neglect**

Childhood emotional neglect is categorized by deficits in meeting a child's basic needs and involves a failure to give a child security, emotional support, and encouragement (Dubowitz et al., 1993). Emotional neglect may appear as a parent being unavailable to a child emotionally, being indifferent toward a child, or entirely rejecting a child. Emotional neglect is the most often reported form of child maltreatment, consisting of about 74.9% of all reported maltreatment

cases, with a national prevalence rate of about 490,000 children reported annually (U.S. Department of Health & Human Services, 2019). Further, birth parents are the primary perpetrators of child neglect, comprising 91% of cases, and mothers are typically the frequent offenders over paternal figures (Sedlak & Broadhurst, 1996).

### **Physical Abuse**

Childhood physical abuse includes a broad range of behaviors, such as corporal punishment (i.e., spanking or paddling), striking, and shoving, with common features such as pain, risk, harm, and injury inflicted upon the child (Committee on Child Abuse and Neglect, 2015). Although it is not as widely reported as child neglect, physical abuse still comprises 17.5% of child maltreatment cases, with a national prevalence rate of about 115,000 children reported per year (U.S. Department of Health & Human Services, 2019). In addition to the physical health risks associated with abuse (e.g. bruising, lacerations), the exposure to violence and aggression at a young age has been associated with increased rates of anxiety, depression, post-traumatic stress disorder (PTSD), and other mental health disorders (Committee on Child Abuse and Neglect, 2015).

### **Sexual Abuse**

Childhood sexual abuse is another common form of child maltreatment. Mathews and Collin-Vézina (2019) offer a definition for childhood sexual abuse with the following criteria: abuse and molestation in a sexual manner to a victim who is both developmentally a child, thus cannot provide true consent, and is below the legal age of adulthood. Sexual abuse may include kissing, fondling, molestation, and rape. Such abuse consists of 9.3% of maltreatment cases, with a national prevalence rate of about 61,000 children reported annually (U.S. Department of Health & Human Services, 2019). Most reported offenses of sexual abuse in children are perpetrated by

other juveniles who are typically acquaintances, and most often occurs in adolescence between the ages of 14 and 17 (Gewirtz-Meydan & Finkelhor, 2020).

### **Theoretical Linkages Between Childhood Maltreatment and Adult Relationship Quality**

Prior literature suggests that maltreatment can hinder survivors' abilities to develop healthy levels of openness, vulnerability, and trust, which may impact interpersonal relationship quality later in life (Morton & Browne, 1998). The framework of social learning theory may be able to shed light on this relation. Proposed by Albert Bandura (1977), social learning theory emphasizes the role of observation, modeling, and imitation of behaviors, attitudes, and emotional reactions in human development of learning and behavior. Therefore, it is possible that social learning processes following maltreatment in childhood are crucial in explaining this pattern of impacted interpersonal relationships later in life. According to Wareham and colleagues (2009), those children who experience maltreatment, especially frequent maltreatment, may start to perceive negative interactions related to emotional neglect, sexual abuse, and physical abuse as normal. For example, a child who experiences frequent physical punishment from their caretaker may understand the pain inflicted on them to be normal and come to believe that all other children must experience this too. Consistent with social learning theory, victims of maltreatment may then maintain an understanding that behaviors, like deception and harm, are appropriate in a close relationship. This normalization of maltreatment may foster fear or mistrust in future partners as physical pain and emotional trauma are associated with maltreatment, but understood as normal (Wareham et al., 2009). Intimate relationships thrive on trust (Van de Rijt & Buskens, 2006), and the elimination of that trust in others from childhood experience may lead to a lack of fulfillment and/or quality in the relationship. Further, survivors of maltreatment may mimic the dynamics of their childhood

abuse and neglect when faced with the intimacies of a relationship (e.g., may be less likely to communicate their thoughts to their partner when arguing, as they were physically punished for such actions in adolescence).

Maltreatment in the form of childhood emotional neglect can hinder the social connections and support of children during critical periods of development, leading to an aversion to integration with peers (Norman et al., 2012). A child depends on adult protection to survive, and optimal attachment depends on a parent's response to the child's needs (Rees, 2008). Without the proper parental response to basic needs, as exemplified in emotional neglect, the child may not learn how to communicate needs, develop security, or experience reliability in their relationships. Rather, they may expand negative interpretations about the value, reliability, and safety of relationships that persist into adulthood (Rees, 2008). It is therefore possible that children who experience emotional neglect maintain a learned, pessimistic view towards their interpersonal relationships as they enter adulthood due to missed safety and reliability during development, compromising perceived relationship quality.

Childhood physical abuse exposes developing children to violence that can also corrupt their sense of safety and security in relationships (Howes & Espinosa, 1985), as well as lead to a pattern of interpersonal difficulties, like difficulty socializing with peers (Lamphear, 1985). Through social learning relating to physical abuse from caretakers, survivors of abuse may start to associate intimacy with violence rather than affection from caregivers. Those who experience physical abuse in childhood may consequently encounter difficulty meeting the demands of intimate relationships as adults due to the development of fear of violence from others, fostering distrust while linking the potential expectation that others will repeat the roles of abusers as experienced in the past.

Similarly, childhood sexual abuse may lead to the socially learned association of distrust in adult relationships through the experience of betrayal (Freyd, 1996). Those who experience sexual abuse may experience a sense of betrayal and powerlessness that lasts through development (Finkelhor & Browne, 1985). Research has shown that this form of childhood maltreatment is also associated with the development of feelings of inferiority, unlovable self-perceptions, helplessness, and a low sense of self-worth (Cascardi, 2016). Romantic relationships can benefit from partners' high self-worth (Erol & Orth, 2017), while low self-worth and fostered betrayal can inhibit vulnerability in the relationship. Those who experienced childhood sexual abuse may not find great quality in romantic relationships as adults as they may have difficulties being fully vulnerable or trusting of their partner.

### **Prior Studies Examining Childhood Maltreatment**

Given these theoretical links between childhood maltreatment and relationship functioning, it is not surprising that findings from recent studies have supported this relation. Research on childhood sexual abuse has shown that adult survivors tend to experience less relationship satisfaction, poorer communication, and lower levels of trust in their partners, when compared to non-survivors of sexual abuse (DiLillo & Long, 1999). Additionally, individuals who experienced physical abuse and sexual abuse in childhood were twice as likely to experience divorce or separation in comparison to those who did not experience such maltreatment (Whisman et al., 2006). Moreover, maltreatment is associated with rejection by peers, which may limit opportunities for survivors to learn from the development of other relationships (Anthonysamy & Zimmer-Gembeck, 2007). That initial learning through relationships with peers during childhood is an important framework for future relations like marriage. Maltreatment in childhood appears to have a trend of leading to disruptions in



relationships, even into adulthood (via dissatisfaction, separation, lack of marriage, or even divorce), yet research further examining these relations is lacking.

Although valuable contributions to understanding this link, much of the literature does not compare the *relative* potential impact of specific forms of childhood maltreatment on marital quality in adulthood. Analyses typically compare victims against non-victims, rather than considering the effects of the different forms of maltreatment against one another. Although the other forms of maltreatment may share similar associations between maltreatment type and its impact on trust, and therefore future relationships, childhood sexual abuse tends to be the most often underrepresented in its detections and long-term effects as it is not usually witnessed (Finkelhor, 1984; Glaser, 2008). Despite the discrepancies in reporting and longitudinal studies, sexual abuse has been the most consistent form of maltreatment found to influence the quality of future intimate relationships (Testa et al., 2005; McClellan et al., 1996; Fromuth, 1986).

The present study aims to address how various forms of maltreatment impact the quality of romantic relationships among married couples in adulthood. Specifically, of childhood emotional neglect, childhood physical abuse, and childhood sexual abuse, which is the greatest indicator of adulthood romantic relationship quality? We predicted that (H1): childhood maltreatment would be negatively associated with quality of marriage satisfaction, and that (H2) sexual abuse would be the strongest relative predictor of marital quality out of the focused three (emotional neglect, physical abuse, and sexual abuse).

## **Method**

### **Participants**

This study used existing data from a dataset consisting of 358 different-gendered newlyweds (in their first year of marriage) ages 19-50 from Lancaster County, Nebraska. The

average participant age was 26 (SD = 4.06); 178 (49.7%) of the participants were men, while 180 (50.3%) of the participants were women. Racial composition included the following: 342 (95.5%) of the participants identified as White, 1 (0.3%) of the participants identified as Black, 6 (1.7%) of the participants identified as Hispanic/ Latino American, 1 (0.3%) of the participants identified as Asian American, 2 (0.6%) of the participants identified as Native American, and 6 (1.7%) of the participants had missing data for ethnicity. Education levels included the following: 1 (0.3%) of the participants completed less than high school education, 12 (3.4%) of the participants finished high school or obtained their GED, 213 (59.5%) of the participants had above a high school education, and 132 (36.9%) of participants did not report data for education levels.

### **Procedure**

Participants were recruited randomly over a 12-month period from a list of all marriage licenses in Lancaster County, Nebraska. Letters were sent inviting the couples to participate in the study, and eligibility followed if both partners were at least 19 years of age and in their first year of their first marriage. Data collection of marital functioning occurred over three waves in a 2-year period, with only the first wave of data utilized for the present analysis.

### **Measures**

*Childhood Trauma Questionnaire* (CTQ; Bernstein & Fink, 1998). The CTQ is a 28 item, self-report questionnaire that aims to provide a reliable and valid assessment of childhood experiences with trauma. It specifically assesses experiences of physical, emotional, and sexual abuse and neglect in childhood. Responses are quantified on a 5-point Likert scale according to frequency of experiences with the form of abuse or neglect, with 1= “never true” and 5= “very often true.” The emotional neglect, physical abuse, and sexual abuse subscales were primarily

used for this study. The CTQ has been previously shown to have high levels of internal consistency and good reliability (Bernstein & Fink, 1998).

*Quality Marriage Index* (QMI; Norton, 1983). The QMI is a six item, self-report questionnaire that aims to measure overall marital and/or relationship quality. It assesses relationship-specific support, happiness, and conflict characteristics that relate to a majority of interpersonal relationships. Participants rate their agreement levels with questions pertaining to satisfaction in their current romantic relationship (e.g., “our romantic relationship is strong”). The questionnaire is comprised of five items rated on a 5-point Likert scale which ranges from 1 to 5 for the first five items (1= Never True, 5= Always True). The sixth item is rated on a 7-point Likert scale, with options ranging from 1 to 7 (1= Very Unhappy, 7= Very Happy). The numerical agreement levels are summed, and total scores range from 6 to 32 with higher scores indicating greater perceived relationship quality. The total summed score was used for this study. For the six items, internal consistency yielded  $\alpha = .94$ , and discriminant validity has been found acceptable for the measure in the past (Heyman et al., 1994).

### **Data Analysis**

All statistical analyses were performed with IBM SPSS Statistics 27. Analyses were run in four parts. The first part analyzed the descriptive statistics of the newlywed participants: age, sex, race, and education. Next, investigating (H1), Pearson correlations were calculated between each subscale of the CTQ and the QMI total. Then, to assess which form of childhood maltreatment was the strongest relative predictor of adult relationship quality (H2), a multiple regression model was run, which included the emotional neglect, physical abuse, and sexual abuse subscales as predictor variables and the QMI total as the outcome variable. Finally, an

exploratory analysis of gender differences was conducted, through assessing the correlations between the CTQ and QMI for men and women.

### Results

Table 1 shows the summary statistics for the continuous scores from the CTQ measure variables and the summary statistics for the QMI measure variables. Following (H1), Pearson's correlation between emotional neglect ( $M = 8.39$ ,  $SD = 3.85$ ) and overall QMI sum ( $M = 29.31$ ,  $SD = 3.72$ ) was  $r(358) = -0.24$ ,  $p < 0.001$ . Further, Pearson's correlation between physical abuse ( $M = 6.76$ ,  $SD = 2.82$ ) and overall QMI sum ( $M = 29.31$ ,  $SD = 3.72$ ) was  $r(358) = -0.16$ ,  $p = 0.003$ . Finally, Pearson's correlation between sexual abuse ( $M = 5.63$ ,  $SD = 2.24$ ), and overall QMI sum ( $M = 29.31$ ,  $SD = 3.72$ ) was  $r(358) = -0.12$ ,  $p = 0.02$ . Results indicate that there is a significant, negative relation between these three subscales of the CTQ and the QMI total at the  $p < 0.05$  level. The result of the correlations of the former three subscales, as well as the other two subscales of the CTQ (emotional abuse and physical neglect), are displayed in Table 2. Figure 1 displays a graph of the focused three CTQ subscales as they correlate to QMI totals.

The second hypothesis (H2) predicted that sexual abuse would be the strongest relative predictor of marital quality. The multiple regression model with the three maltreatment predictors (emotional neglect, physical abuse, and sexual abuse) explained 6.2% of the variance and indicated that the overall model was a significant predictor of QMI score,  $F(3, 354) = 7.849$ ,  $p < 0.001$ . As can be seen in Table 3, emotional neglect was the only significant predictor of QMI in the model, with  $p < 0.001$ ,  $b = -0.20$ ,  $t = -0.159$  (95% CI: -0.291, -0.017). Emotional neglect has a negative weight, indicating that those participants who reported higher levels of this maltreatment type had lower relative marital quality; for each additional point reported on

the CTQ emotional neglect subscale, QMI total was expected to decrease on average by 0.20, after controlling for the physical and sexual abuse subscales.

Due to the nature of the study being conducted on different-gendered couples, we wanted to assess, in an exploratory fashion, whether there were any differences in the men compared to the women in the study. Table 4 displays the descriptive statistics of gender in this sample, which indicates that men had higher averages for the CTQ subscales of physical abuse, emotional neglect, and physical neglect, as well as a higher mean for overall QMI sum. Women had higher averages for the CTQ subscales of emotional abuse and sexual abuse. Table 5 displays the results of Pearson's correlation between each maltreatment subscale from the CTQ and overall QMI sum, separated by gender. Men's data reflected significant negative correlations between overall marital quality and experience of childhood maltreatment for each of the focused three subscales (emotional neglect, physical abuse, and sexual abuse), with all of these correlational  $p$ -values falling below 0.001. Women only displayed significance for the correlation between overall QMI sum ( $M = 29.17$ ,  $SD = 3.88$ ) and emotional neglect ( $M = 7.94$ ,  $SD = 3.64$ ) at  $r(181) = -0.20$ ,  $p = 0.007$ , indicating a negative association between emotional neglect and overall QMI score.

To investigate the possible gender differences related to predictors of marital quality, we ran an ANOVA to assess if there were group differences in the mean scores across the different scales (CTQ and QMI):  $[F(4, 356) = 6.26, p < 0.001]$ . There were significant gender differences, displayed in Table 6, in mean scores for physical abuse, sexual abuse, and emotional neglect. Men tended to have higher mean scores for physical abuse, emotional neglect, and physical neglect, with overall QMI sum mean score being higher in comparison to women's. Women tended to have higher mean scores for emotional abuse and sexual abuse. Between the CTQ and QMI, only emotional neglect was significant for both genders.

### Discussion

The present study aimed to investigate relations between various forms of childhood maltreatment and adulthood relationship satisfaction in married couples. A negative association was found between each CTQ subscale and overall marital quality. Those who indicated higher levels of childhood maltreatment tended to have lower ratings of marital quality, supporting the first hypothesis (H1). These relations differed slightly by gender. Specifically, all three forms of maltreatment had significant negative associations with marriage quality for men, but only emotional neglect revealed a significant negative association with marriage quality for women. The second hypothesis (H2) predicted that sexual abuse would be the strongest relative predictor of marital quality out of the focused three maltreatment subscales (emotional neglect, physical abuse, and sexual abuse). Contrary to hypotheses, emotional neglect was the only significant predictor of marriage quality in adulthood, such that higher levels of emotional neglect predicted poorer reported marriage quality. This relationship maintained even when accounting for gender in the analysis.

The overall negative associations between experiencing childhood maltreatment and marital quality is consistent with prior literature, which have found increased disagreements, feelings of mistrust, and increased separation and divorce rates to occur in relationships of individuals who previously experienced maltreatment during childhood or adolescence (Whisman et al, 2006; DiLillo & Long, 1999; Rees 2008). Development is rapid and risky in children, and any disruptions such as experiencing a loss of trust in others following sexual abuse from a trusted adult can have a lasting impact (Anda et al., 2005), potentially accounting for the discrepancies in marital quality. Survivors of childhood maltreatment may be less likely to expose their vulnerabilities in a relationship, even decades later, possibly because that

vulnerability was compromised at a young age, with associations between maltreatment and close relationships being formed through social learning processes, which are pervasive during development. Sexual abuse, physical abuse, emotional abuse, emotional neglect, and physical neglect may contribute to a concerning pattern of fear and mistrust if instilled into children during their development.

The hypothesis that sexual abuse would be the strongest predictor of marital quality (H2), was not supported. Rather, emotional neglect was the strongest relative predictor, which is contrary to prior literature suggesting that sexual abuse would account for the most impactful effects, like betrayal and powerlessness, on children growing up (Finkelhor & Browne, 1985). If an individual cannot trust their partner through the intimacies of marriage, it seems logical to infer that this would hinder their overall quality. Yet, sexual abuse did not prove to be of great significance in QMI prediction, relative to other forms of maltreatment. Therefore, it is worth exploring how lasting the effects of emotional neglect experienced by developing children may be. Perhaps the social learning of emotional responses are more strongly related to perceived relationship functioning than learned responses from physical or sexual violence. Or perhaps the cognitive associations between acts of emotional neglect, like a lack of effort in care from a close relation being acceptable, are a more powerful learning experience for the child victims, who then carry that expectation into future relationships. If an individual acclimates to insufficient care and attention from others, then they may never reciprocate that level of low effort in marriage, for example. After all, marriage requires mutual effort to be successful (Liu, 2007).

It is particularly interesting that the men of the dataset had stronger associations with measures of marriage quality. Again, no hypotheses were made regarding this association, but these results highlight the need for future investigation (e.g., the possible existence of differences

in the pathways between various forms of childhood maltreatment and relationship quality for men and women). A potential reason for the gender differences may include how women are more likely than men to seek out treatment to address some of their difficulties with distrust and vulnerability (McCusker & Galupo, 2011), therefore buffering the impact of prior maltreatment on their relationships later in life. Prior literature provides insufficient evidence to identify gender differences in the effects of maltreatment, so future investigations could further examine gender differences in the relation between childhood maltreatment and marriage quality later in life.

Certain limitations are present in this study. First, there was a lack of diverse representation among the demographics of the participants. An overwhelming majority of the respondents were White (95.5%) and generally highly educated, with (59.5%) reporting above a high school education. Thus, it is worth noting the results of this study may not generalize to other racial or ethnic minority populations or to those with other education levels. Further, the participants were newlywed couples, who may have been overly optimistic about their new relationship status, which could have skewed results. Newlywed couples have been found to overestimate the durability of their marital satisfaction feelings at the beginning of their marriage (Lavner et al., 2013). Such exaggerated optimistic reporting could produce elevated QMI. Artificially elevated QMI scores could distort findings regarding the strength of association between CTQ and QMI scores. Finally, the retrospective self-reporting of childhood maltreatment via the CTQ could introduce biases through errors in memory recall and reporting. Some authors argue that past abuse can accurately be reported (Brewin et al., 1993), but further strength should be gathered through cross-method approaches to strengthen the validity of this study's findings. Follow up interviews with survivors of childhood maltreatment could help



categorize discrepancies in reporting, and various additional measures could be administered to examine consistency of self-reports.

To better improve the generalizability of findings from the study, researchers could expand the sample to include a greater ratio of racial or ethnic differences between the sample. By expanding the distribution of the questionnaires to counties surrounding Lancaster, or even the entire state of Nebraska, a larger, more diverse sample could yield more generalizability, to account for variability in racial or ethnic influence on differences in self-reports. This expanded research could serve to extend or modify the findings of the current study to better support or stand apart from the current findings, ultimately serving to increase the understanding of how childhood maltreatment affects relationship quality in adulthood.

Despite its limitations present, there are valuable strengths to the study. Results provide further support that childhood maltreatment has lasting effects into adulthood, potentially impacting relationships with intimate partners. Emotional neglect was the strongest predictor of marital quality for both men and women. Clinicians should advocate more on behalf of children at risk for emotional neglect (e.g., identifying warning signs, how to intervene). It seems current care is taken to look out for maltreatment like sexual abuse and physical abuse, but emotional neglect is often overlooked. Further, men had stronger associations with marriage quality than women for all forms of maltreatment, which is worth investigating. Perhaps better mental health resources and access to care need to be promoted for young men during development. Overall, this investigation has illuminated the presence of a relation between childhood maltreatment and marital relationship quality in adulthood. Particularly, experiencing emotional neglect in adolescence tends to be the strongest predictor of relationship quality in adulthood.

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Table 1.

*Summary Statistics for Continuous Scores of CTQ Variables and QMI Overall Sum*

Variable	Univariate Statistic			<i>N</i> = 358
CTQ Emotional Abuse	<i>M</i> = 7.72	<i>SD</i> = 3.40	<i>Min</i> = 5.00	<i>Max</i> = 25.00
CTQ Physical Abuse	<i>M</i> = 6.76	<i>SD</i> = 2.82	<i>Min</i> = 5.00	<i>Max</i> = 23.00
CTQ Sexual Abuse	<i>M</i> = 5.63	<i>SD</i> = 2.24	<i>Min</i> = 5.00	<i>Max</i> = 21.00
CTQ Emotional Neglect	<i>M</i> = 8.39	<i>SD</i> = 3.85	<i>Min</i> = 5.00	<i>Max</i> = 25.00
CTQ Physical Neglect	<i>M</i> = 6.25	<i>SD</i> = 2.15	<i>Min</i> = 5.00	<i>Max</i> = 24.00
QMI Overall sum.	<i>M</i> = 29.31	<i>SD</i> = 3.72	<i>Min</i> = 12.00	<i>Max</i> = 32.00

*CTQ = Childhood Trauma Questionnaire. QMI = Quality Marriage Index.*

Table 2.  
Summary of CTQ Subscales and QMI Total Correlations

Variable	<i>r</i>	<i>p</i> -value	<i>N</i> = 358
Emotional Abuse	-0.20	0.000***	
Physical Abuse	-0.16	0.003**	
Sexual Abuse	-0.12	0.021*	
Emotional Neglect	-0.24	0.000***	
Physical Neglect	-0.18	0.000***	

\**p* < 0.05    \*\* *p* < 0.01    \*\*\* *p* < 0.001    *r* = Pearson's correlation

Figure 1.

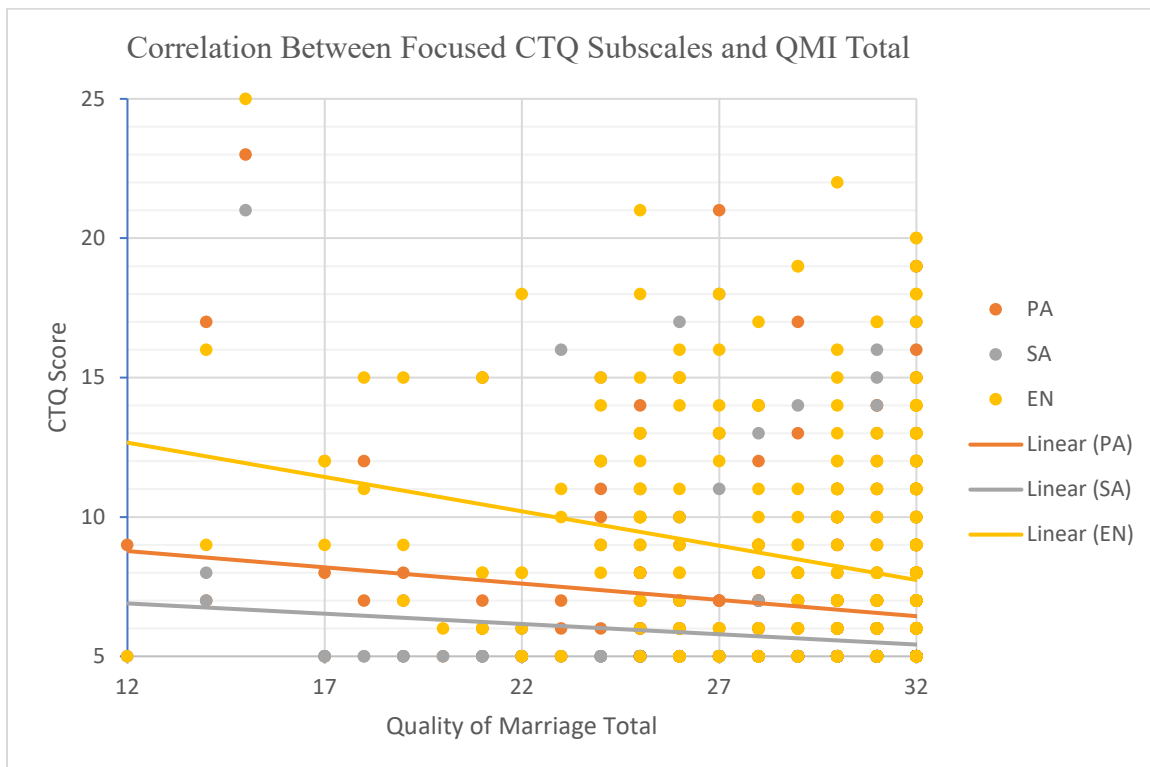




Table 3.  
*Summary of Results from the Regression Analysis*

Variable	b	$\beta$	SE	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Physical Abuse	-0.060	-0.045	0.078	0.446	-0.193	0.153
Sexual Abuse	-0.081	-0.049	0.091	0.373	-0.253	0.106
Emotional Neglect	-0.199	-0.205	0.057	0.001***	-0.291	-0.017

\*p < 0.05 \*\* p < 0.01 \*\*\* p < 0.001

Table 4.

*Summary Statistics for Continuous Scores of CTQ Variables and QMI Overall Sum for Men vs. Women*

Variable	Univariate Statistic			
CTQ Emotional Abuse (M)	$M = 7.48$	$SD = 3.12$	$Min = 5.00$	$Max = 25.00$
CTQ Emotional Abuse (W)	$M = 7.93$	$SD = 3.64$	$Min = 5.00$	$Max = 22.00$
CTQ Physical Abuse (M)	$M = 7.12$	$SD = 2.99$	$Min = 5.00$	$Max = 23.00$
CTQ Physical Abuse (W)	$M = 6.39$	$SD = 2.57$	$Min = 5.00$	$Max = 19.00$
CTQ Sexual Abuse (M)	$M = 5.32$	$SD = 1.77$	$Min = 5.00$	$Max = 21.00$
CTQ Sexual Abuse (W)	$M = 5.92$	$SD = 2.58$	$Min = 5.00$	$Max = 18.00$
CTQ Emotional Neglect (M)	$M = 8.86$	$SD = 4.04$	$Min = 5.00$	$Max = 25.00$
CTQ Emotional Neglect (W)	$M = 7.94$	$SD = 3.58$	$Min = 5.00$	$Max = 22.00$
CTQ Physical Neglect (M)	$M = 6.50$	$SD = 2.50$	$Min = 5.00$	$Max = 24.00$
CTQ Physical Neglect (W)	$M = 6.01$	$SD = 1.72$	$Min = 5.00$	$Max = 13.00$
QMI Overall Sum (M)	$M = 29.47$	$SD = 3.54$	$Min = 12.00$	$Max = 32.00$
	$N = 180$			
QMI Overall Sum (W)	$M = 29.17$	$SD = 3.88$	$Min = 14.00$	$Max = 32.00$
	$N = 181$			

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*CTQ= Childhood Trauma Questionnaire. QMI= Quality Marriage Index. (M)= Men. (F)= Women.*

Table 5.  
*Summary of CTQ Subscales and QMI Total Correlations for Men vs. Women*

Variable	<i>r</i>	<i>p</i> -value
Emotional Abuse (M)	-0.292	0.000***
Emotional Abuse (W)	-0.128	0.085
Physical Abuse (M)	-0.241	0.001**
Physical Abuse (W)	-0.079	0.293
Sexual Abuse (M)	-0.244	0.000***
Sexual Abuse (W)	-0.042	0.575
Emotional Neglect (M)	-0.292	0.000***
Emotional Neglect (W)	-0.200	0.007**
Physical Neglect (M)	-0.264	0.000***
Physical Neglect (W)	-0.094	0.208

\**p* < 0.05    \*\* *p* < 0.01    \*\*\* *p* < 0.001    *r* = Pearson's correlation

Table 6.  
*Summary of One-Way ANOVA Analysis for Gender Differences*

Variable	Men		Women		<i>F</i> (1, 359)
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	7.48	3.12	7.93	3.64	1.63
Physical Abuse	7.12	2.99	6.39	2.57	6.27*
Sexual Abuse	5.32	1.77	5.92	2.58	6.76*
Emotional Neglect	8.86	4.04	7.94	3.58	5.27*
Physical Neglect	6.50	2.50	6.01	1.72	4.80*

\* $p < 0.05$