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Child Maltreatment History and Subsequent Romantic Relationships: Exploring a Psychological Route to Dyadic Difficulties

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ABSTRACT. A sample of 174 college students involved in heterosexual dating relationships was studied to investigate the role of psychological distress in mediating links between child maltreatment (CM) history and current couple functioning. Females, but not males, with a history of CM reported greater levels of psychological and relationship difficulties than did non-maltreated women. Psychological distress among

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females was also found to mediate associations between abuse history and various aspects of couple functioning including intimacy, sexuality, and conflict resolution. No such relationships were found for males. The implications of these results and suggestions for future research are discussed. doi:10.1300/J146v15n01_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2007 by The Haworth Press, Inc. All rights reserved.]

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Research indicates that many of the long-term psychological symptoms associated with child maltreatment (CM) are common across various subtypes of abuse. For example, depression and anxiety have been identified as correlates of physical abuse, sexual abuse, neglect, and psychological maltreatment (Gross & Keller, 1992; Malinosky-Rummell & Hansen, 1993; Ney, Fung, & Wickett, 1994; Polusny & Follette, 1995). Similarly, dissociation and hostility, which are thought to be particularly related to sexual and physical abuse, have also been associated with psychological maltreatment (Briere & Runtz, 1990). Other disturbances in intrapersonal functioning, such as low self-esteem and feelings of helplessness, have likewise been linked to different forms of maltreatment, including physical abuse, sexual abuse, and neglect (Allen & Tarnowski, 1989; Gold, 1986).

Emerging research has also demonstrated links between maltreatment history and difficulties in several aspects of adult romantic relationships, including intimacy, sexual adjustment, and conflict resolution (DiLillo, 2001). It has been proposed, for example, that early physical abuse may engender a generally coercive or aggressive interpersonal style (Briere & Runtz, 1990; Malinosky-Rummell & Hansen, 1993), which may manifest as physical aggression within intimate couple relationships (Wolfe et al., 1998). A history of sexual abuse may produce confusion about normative sexual behavior, negative attitudes regarding the function of sex, fear of sex, and adverse reactions when engaging in sexual activity (Becker et al., 1986; Briere & Runtz, 1990; Noll, Trickett, & Putnam, 2003). Finally, the experience of psychological abuse and emotional neglect as a child has been said to impair a victim's ability to develop intimacy with significant others later in life (Davis, Petretic-Jackson, & Ting, 2001).

Like intrapersonal outcomes, the long-term interpersonal sequelae associated with maltreatment are not specific to individual forms of abuse. For example, although physical abuse has been identified as a precursor to dating violence, other forms of abuse, including psychological maltreatment and sexual abuse, have also been found to predict physical violence in partner relationships (Briere & Runtz, 1990; DiLillo, 2001). Additionally, although survivors of sexual abuse often report negative affect during sex, those with a history of both sexual and physical abuse may respond even more negatively to sex and may be more likely to develop a number of sexual problems (Briere & Runtz, 1990; Schloretdt & Heiman, 2003). Although psychological maltreatment has been associated with intimacy disturbance, a history of sexual abuse has also been linked to difficulties establishing intimacy (Jehu, 1988). Finally, those who have been multiply abused have been found to possess an even greater fear of intimacy than those who have experienced only one type of abuse (Davis, Petretic-Jackson, & Ting, 2001).

As noted, research has identified a variety of individual and interpersonal outcomes associated with a history of CM. Further, rather than being specific to any particular form of abuse, many intra- and interpersonal outcomes are common across various abuse types. Regarding interpersonal functioning, one issue that has yet to be addressed concerns the processes by which early abuse may influence adult relationship functioning. Rather than directly impacting adult relationships, the distal nature of abuse suggests that maltreatment may exert an indirect influence on adult interpersonal functioning; that is, CM may operate through a host of intervening problems that are more proximal to a victim's current functioning. The psychological distress experienced by many survivors represents one route by which CM may impact adult couple functioning. Thus, rather than directly influencing adult relationships, maltreatment may operate through psychological functioning to interfere with later couple interactions. Support for this possibility comes from literature documenting that depression, anxiety, and anger—all common correlates of maltreatment—are also important factors in the development of relationship dysfunction (Beach, Smith, & Fincham, 1994).

The present investigation examines the extent to which psychological distress stemming from abuse is associated with adult couple dysfunction. Consistent with past research, it is expected that individuals with a history of maltreatment will report greater individual distress and increased difficulties in three important domains of couple functioning: intimacy, sexual adjustment, and conflict resolution. Furthermore,

current psychological functioning is hypothesized to mediate this relationship, such that individual distress associated with abuse will account for associations between maltreatment history and adult couple functioning. These hypotheses will be evaluated in a sample of college students involved in committed heterosexual dating relationships.

METHODS

Participants

A total of 301 undergraduate students were recruited from psychology courses at a large Midwestern university. At the time of data collection, all participants were asked to indicate whether they were currently in a committed heterosexual dating relationship, only those who responded affirmatively ($n = 174$; 117 females and 57 males) were retained for analyses. The mean age of the participants was 19.9 ($SD = 1.87$), with a range of 17-33 years; 92% of participants were younger than 22. Of this sample, 67.0% were female and 88% were Caucasian.

Measures

Child Maltreatment history. The Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) is a well-validated self-report measure of five types of CM: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Participants respond to 25 abuse-related items (e.g., "People hit me so hard that it left me with bruises or marks") on a 5-point Likert-type scale ranging from 1 (*Never true*) to 5 (*Very often true*). Reliability and validity of the abuse subscales is strong (Bernstein & Fink, 1998). The CTQ yields continuous severity scores for each abuse type, which can be summed to obtain an overall maltreatment severity score. In addition, individual abuse severity scores can be classified on a scale of 0 (*None or minimal*); 1 (*Low to moderate*); 2 (*Moderate to severe*); or 3 (*Severe*). For the current study, individuals whose severity scores fell into the "low to moderate" range or higher on any form of abuse were classified as victims of maltreatment (0 = Nonvictim; 1 = Victim). The majority of analyses were conducted using this dichotomized score of abuse; however, to compare abuse levels across gender, the continuous overall maltreatment score as well as a score indicating the number of

types of abuse experienced by each victim (ranging from 1 to 5) were used. Coefficient alpha for the current sample was .74.

Current psychological functioning. The Brief Symptom Inventory (BSI; Derogatis, 1993) is a 53-item measure that was used to assess current psychological symptom status. Each item is scored on a 5-point Likert-type scale ranging from 0 (*Not at all*) to 4 (*Extremely*). For the current study, the Global Severity Index (GSI) was used as the primary measure of psychological distress. The BSI has been found to correlate quite well with relevant scales of the MMPI (Derogatis, 1993). Coefficient alpha for the GSI for the current sample was .96.

Intimacy. Past and current intimacy difficulties were assessed with two different measures. First, the Fear of Intimacy Scale-Past (FIS; Descutner & Thelen, 1991), a self-report inventory of anxiety about past relationships, was administered. This portion of the measure included six items rated on a Likert-type scale ranging from 1 (*Not at all characteristic of me*) to 5 (*Extremely characteristic of me*). Items include "I have held back my feelings in previous relationships" and "I have done things in previous relationships to keep from developing closeness." A high score on the FIS is indicative of a greater fear of intimacy. The FIS has been shown to have both high internal consistency ($\alpha = .93$) and high test-retest reliability ($r = .89$; Descutner & Thelen), and has been found to correlate well with other self-report measures of intimacy and clinical impression (Descutner & Thelen, 1991; Doi & Thelen, 1993). Coefficient alpha for the current sample was .84.

The Miller Social Intimacy Scale (MSIS; Miller & Lefcourt, 1982), a 17-item self-report measure evaluating the current level of intimacy experienced in a relationship, was included as an additional measure of intimacy. Items include "How often do you confide very personal information to him/her?" and "How important is it to you to listen to his/her very personal disclosures?" Participants respond to the items on a 10-point Likert-type scale. Six of the items require ratings of frequency from 1 (*Very rarely*) to 10 (*Almost always*), and the remaining items require ratings of intensity from 1 (*Not much*) to 10 (*A great deal*). Higher scores on the MSIS are indicative of greater intimacy within the relationship. Psychometric data suggest that the MSIS is stable over a 1-month test-retest interval ($r = .84$), and convergent validity has been supported by results of studies comparing the MSIS with other measures of intimacy (Miller & Lefcourt, 1982). Coefficient alpha for the current sample was .89.

Sexual functioning. Dysfunctional attitudes about sex and reactions to sexual activity within the context of a current dating relationship

were assessed using items adapted from two sources. First, 67-items said to reflect attitudes about sexuality commonly held among abuse survivors were adapted from Davis (1991). Items included "I feel sex is power to control another person" and "I can be loved only to the extent I can give sexually." Participants responded to these items on a 5-point Likert scale ranging from 1 (*Never true*) to 5 (*Always true*). These items were summed to create a single score reflecting negative beliefs about sexuality. Coefficient alpha for this sample was .94. In addition, 16 items adapted from Waltz (1994) were used to assess the more immediate experience of sexual activity. Participants' emotional and behavioral responses to sexual relations were explored with items such as "I experience anger in response to sexual overtures from my partner or to having sex" and "I pretend sexual pleasure during sex" (Waltz, 1994). As with the sexual attitude items, participants responded to these items on a 5-point Likert scale ranging from 1 (*Never true*) to 5 (*Always true*); items were summed to create a single score reflecting negative reactions to sexual activity. Coefficient alpha for the current sample was .87.

Conflict/physical aggression. The Conflict Tactics Scale-2 (CTS-2; Straus et al., 1996) assesses the tactics employed by partners in dating or marital relationships to resolve conflict. For the present study only the Physical Assault scale was used. The 12-items on this scale range from "minor" acts of physical aggression ("I twisted my partner's arm or hair") to more severe physical assaults ("I used a knife or gun on my partner"). Because the test items are asked in reference to both the participant and the participant's partner (making the total number of test items 24), both receipt and commission of physical aggression are assessed. Item responses are provided on a 8-point Likert-type scale indicating how often partners have used each tactic within the past year. The possible responses range from 1 (*Once in the past year*) to 6 (*More than 20 times in the past year*) and include 0 (*This has never happened*) and 7 (*Not in the past year, but it did happen before*). Here, item responses indicating that any physical violence had ever occurred, either received or committed, were coded as 1. The responses were then summed to yield a total Physical Assault variable reflecting the number of types of physical aggression that occurred in the relationship. Examination of these scores revealed this variable to be non-normally distributed (kurtosis = 11.08, skewness = 2.92). Thus, a square root transformation (adding a value of 1 to the variable prior to transforming) was applied, resulting in an improved distribution (kurtosis = 2.98, skewness = 1.81). Coefficient alpha for the current sample was .90.

Procedure

Volunteers recruited from undergraduate psychology courses at the University of Nebraska-Lincoln took part in a single data collection session. All participants responded to an initial screening question ("Are you currently involved in a committed dating relationship with someone of the opposite sex?") and completed a number of questionnaires dealing with CM and past romantic relationships. Those participants who judged their relationship to be "committed" by responding affirmatively to the screening question completed additional measures specific to their present relationship. All measures were completed in private testing rooms in which participants read and responded to questionnaires via computer. The study was approved by the University of Nebraska-Lincoln Institutional Review Board.

Data Analysis Strategy

Initially, descriptive analyses were conducted to examine rates and severity of CM. Univariate *t*-tests were then computed separately for males and females to assess the associations between maltreatment status and relationship functioning. Next, a series of mediated models was tested, with the effect of maltreatment status as the predictor, psychological distress as the mediator, and each of the five relationship measures as criterion variables. Because women and men have been found to differ in terms of rates of maltreatment, abuse characteristics, and associated outcomes (see Holmes & Slap, 1998), moderated mediational analyses were employed. Moderated mediation occurs when the effect of the mediator (psychological distress) on the outcome is believed to vary as a function of moderating variable, in this case gender (Baron & Kenny, 1986; Muller, Judd, & Yzerbyt, 2005; Wegener & Fabrigar, 2000). When the moderator is categorical, mediational analyses are best conducted separately by levels of the moderator (Wegener & Fabrigar).

RESULTS

Child Maltreatment

A total of 42.5% ($n = 74$) participants reported at least some history of CM and were classified as CM victims. Among females and males,

44.4% ($n = 52$) and 38.6% ($n = 22$), respectively, reported having experienced CM. *T*-tests using the Satterthwait method for unequal variances revealed that women reported more severe overall abuse histories as assessed by the CTQ total score, $t(71) = -2.65$, $p = .01$ ($M_s = 40.94$ and 36.14 , $SD_s = 5.02$ and 10.53 , for women and men, respectively). Similarly, female victims also reported more individual forms of maltreatment as assessed by summing the dichotomized scores for each abuse subtype, $t(63) = -2.44$, $p = .02$ ($M_s = 2.06$ and 1.55 , $SD_s = 1.11$ and $.671$, for women and men, respectively). Finally, supporting the notion that abuse types frequently co-occur, 55.4% ($n = 41$) of those individuals in the CM group reported experiencing multiple forms of maltreatment, which included various combinations of physical, sexual and emotional abuse, and physical and emotional neglect. Multiple victimizations occurred in 59.6% ($n = 31$) of the women and 45.5% ($n = 10$) of the men.

Demographic Characteristics of CM and No-CM Groups

Mean differences for age in the CM and no-CM groups were examined with a *t*-test. Chi-square analyses were used to examine differences between the CM and no-CM groups on religious affiliation (Protestant, Catholic, Non-Affiliated, other) and full-time student status. No statistically significant differences were observed for age or full-time student status. Differences between the CM and no-CM groups on religious affiliation were examined using a hypergeometric distribution owing to the small and unequal cell sizes (Fleiss, 1981). There was no significant difference between groups on religious affiliation ($p = .11$, Fisher's exact test). Because the vast majority of participants were Caucasian (88%), cell sizes for race X maltreatment status were too small to adequately conduct a chi-square analysis or Fisher's exact test. This was the case even when race was dichotomized into Caucasian versus non-Caucasian.

Relations Between CM and Adult Functioning

Psychological distress. Prior to the main (mediational) analyses, exploratory *t*-tests were run to examine gender differences by abuse history for psychological distress. Females with a history of CM exhibited greater overall psychological distress (BSI GSI) than those in the no-CM group; however, this was not the case for men. A *t*-test was also conducted to compare mean differences on the BSI for male victims ($n = 22$) and female victims ($n = 52$). The test for the equality of variances was not significant; therefore the pooled method is reported. The mean BSI for male victims was 5.48 ($SD = 6.93$), and for female

victims was 9.05 ($SD = 7.34$). This difference approached statistical significance, $t(72) = -1.95$, $p = .055$.

Couple intimacy, sexual functioning, and conflict resolution. Means and standard deviations for relationship functioning by gender and abuse status are reported in Table 1. *T*-tests were conducted to examine the effect of abuse status on the five measures of relationship functioning and psychological distress (see Table 2). Using a Bonferroni corrected alpha of .01, females with a history of CM had significantly higher scores on measures of poor relationship functioning and psychological distress except negative sexual attitudes where the *p*-value was .02. For males, there were no mean differences between the abused and nonabused group on any of the relationship functioning measures or psychological distress.

Mediational Models

The five mediated relationships that were hypothesized are depicted in Figure 1. Baron and Kenny's (1986) multiple regression procedures for evaluating mediational models were used to test the hypothesis that psychological distress would mediate associations between CM and various aspects of adult relationship functioning (intimacy, sexuality, and physical aggression). According to these procedures, the following four conditions were necessary to demonstrate such a relationship: (1) abuse status must significantly predict the proposed mediator, psychological functioning; (2) abuse status must also significantly predict the relationship outcome variables; (3) the mediator, psychological functioning, must significantly predict the relationship outcome variables; and (4) the strength of the relationship between abuse status and relationship functioning variables must be reduced to non-significance when psychological functioning is included in the regression model. In accordance with these conditions, a series of multiple regression analyses was conducted to test these conditions. Table 3 depicts the results of five mediated models for males and females.

In each model, maltreatment status served as the predictor variable and psychological distress (BSI GSI) was tested as a possible mediator. Each model utilized a different criterion variable representing each aspect of relationship functioning that was assessed. For males, CM status was not predictive of psychological functioning; thus, the mediation models did not hold for any of the relationship outcomes. For females, the first three conditions for mediation were met for all relationship outcomes. Follow-up Sobel tests indicated that psychological functioning

TABLE 1. Means and Standard Deviations for Measures of Relationship Functioning by Gender and Abuse Status

Group	Relationship Functioning Measures									
	Fear of Intimacy		Miller's Social Intimacy Scale		Negative Reaction to Sex		Negative Attitude About Sex		Physical Assault	
	M	SD	M	SD	M	SD	M	SD	M	SD
Gender										
Females (n = 116)	10.95	4.92	151.81	16.45	24.58	8.16	86.97	25.14	2.84	3.76
Males (n = 57)	11.58	4.92	148.25	14.34	21.54	6.89	97.32	25.20	2.67	2.92
Abuse status										
Abused	12.38	5.13	145.86	18.88	25.95	10.23	94.59	31.53	3.61	4.08
Nonabused	10.23	4.37	154.22	11.96	21.79	4.80	87.23	19.48	2.21	2.84

Note. For all relationship measures, except the Miller's Social Intimacy Scale, higher scores indicate greater relationship distress.

TABLE 2. Mean Differences for Relationship Functioning Variables by Abuse Status and Gender

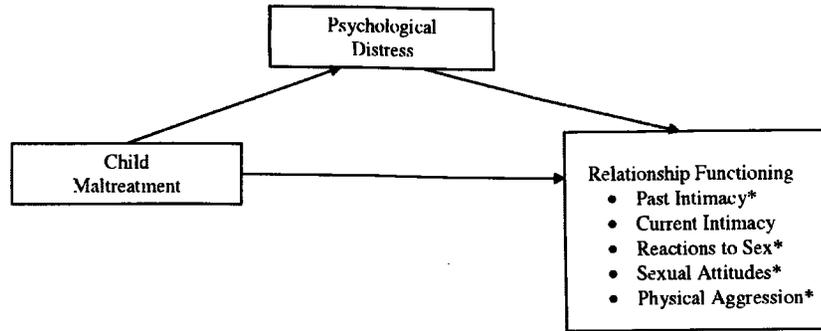
	Women						t	df	p
	No CM (n = 65)		CM (n = 52)		M	SD			
	M	SD	M	SD					
Global severity	4.75	5.08	9.05	7.34			-3.60	87.4	0.001*
Fear of intimacy-past	9.49	4.16	12.54	5.04			-3.58	115.0	0.001*
Miller social intimacy scale	155.85	11.42	146.98	19.95			2.85	77.0	0.006*
Negative reactions to sex	22.61	4.94	27.17	10.41			-2.91	69.5	0.005*
Negative sexual attitudes	81.69	17.22	92.94	31.46			-2.31	75.2	0.023
Physical assault	1.26	0.60	1.76	0.95			-3.30	82.3	0.002*
Men									
	(n = 35)		(n = 22)						
Global severity	4.45	4.31	5.48	6.93			-0.62	31.3	ns
Fear of intimacy-past	11.31	4.63	12.00	5.43			-0.51	55.0	ns
Miller social intimacy scale	151.40	12.27	143.23	16.18			2.16	55.0	.03
Negative reactions to sex	20.60	4.63	23.05	9.38			-1.14	27.5	ns
Negative sexual attitudes	96.57	20.23	98.50	32.07			-0.25	31.6	ns
Physical assault ^a	1.44	0.76	1.51	0.67			-0.38	55.0	ns

*p < .01

^aMeans and standard deviations are presented for the transformed values.

Note. For all relationship measures, except the Miller's Social Intimacy Scale, higher scores indicate greater relationship distress.

FIGURE 1. Hypothesized Mediation Models of Child Maltreatment (CM), Psychological Distress, and Current Relationship Functioning.



*Indicates criterion measures for which mediational hypotheses were supported (females only). See Table 3.

significantly mediated the relationship between CM status and fear of intimacy about past relationships ($z = 3.20, p < .01$), negative reactions to sexual activity ($z = 2.81, p < .01$), negative attitudes about sex ($z = 3.20, p < .01$), and aggression ($z = 2.89, p < .01$). However, CM status remained significant in the model when the outcome was social intimacy ($z = -1.41, p = .16$).

Finally, because mediation was found consistently for women but not for men, despite similar patterns of means across gender, we conducted power and effect size analyses on the sub sample of male participants. Statistical power for the association between CM and relationship outcomes was fairly low, ranging from .27 for the FISB to .57 for the MSIS, with a mean of .34. Further, effect size estimates (f^2) for these same relationships ranged from .003 to .09 ($M = .026$), with values for three of the five outcome variables falling into Cohen's (1988) category of "no effect." Finally, an effect size of .009 was obtained for the CM-BSI association, which also reflects "no effect." Although power was limited, the consistently small effect sizes suggest that for men in this sample, maltreatment history had little bearing on psychological functioning or relational outcomes.

DISCUSSION

Consistent with past research, females in the present study with a history of CM reported more mental health and relational difficulties than

TABLE 3. Hierarchical Multiple Regression Analyses of Mediation Models by Gender

	Predictors	Standardized Coefficient	
		Males (n = 57)	Females (n = 116)
1. Regression with CM victim as predictor, and BSI Global Severity as DV	1. CM	.09	.33***
Model 1: Fear of Intimacy—Past			
1. Regression with CM as predictor, and FIS as DV	1. CM	.07	.30**
2. Regression with CM and BSI Global Severity as predictors, and FIS as DV	1. CM 2. BSI GSI	.02 .51***	.14 .50***
Model 2: Miller Social Intimacy Scale			
1. Regression with CM as predictor, and MSIS as DV	1. CM	-.28	-.27**
2. Regression with CM and BSI Global Severity as predictors, and MSIS as DV	1. CM 2. BSI GSI	-.24* -.47***	-.22* -.14
Model 3: Negative Reactions to Sexuality			
1. Regression with CM as predictor, and Negative Reactions to Sex as DV	1. CM	.17	.29**
2. Regression with CM and BSI Global Severity as predictors, and Negative Reactions to Sex as DV	1. CM 2. BSI GSI	.14 .33*	.17 .38***
Model 4: Negative Sexual Attitudes			
1. Regression with CM as predictor, and Negative Sexual Attitudes as DV	1. CM	.04	.22*
2. Regression with CM and BSI Global Severity as predictors, and Negative Sexual Attitudes as DV	1. CM 2. BSI GSI	.00 .39**	.05 .52***
Model 5: Physical Assault			
1. Regression with CM as predictor, and Physical Assault as DV	1. CM	.05	.30**
2. Regression with CM and BSI GSI Severity as predictors, and Physical Assault as DV	1. CM 2. BSI GSI	.03 .25	.17 .40***

*p < .05; **p < .01; ***p < .005

did those with no such a history. These participants reported more psychological distress than non-abused women, as well as a greater fear of intimacy in past relationships, and current relationships that were lacking in closeness, feelings of affection, and personal disclosure. Female victims also tended to hold negative beliefs about sexuality (e.g., "Sex is power to control another person") and were more likely to respond to sexual overtures with disgust, fear, or shame. Finally, physical aggression occurred more often in female survivors' couple relationships.

In contrast to women, no significant relationships were found between victimization status and current psychological or relationship functioning among males. These results are in contrast to previous studies (e.g., Holmes & Slap, 1998) and precluded the possibility of finding mediational processes among males. However, men indicated experiencing fewer types of abuse that were, in general, less severe than those reported by women. While the literature on gender differences in overall abuse experiences is scarce and rather mixed (Miller-Perrin & Perrin, 2006), the more severe abuse reported by women may account for the gender disparities in long-term outcomes found here. This possibility is consistent with the notion of a "dose-response," or cumulative impact among women, of more severe or multiple maltreatment experiences (Edwards et al., 2003). An alternative explanation is that men's and women's abuse histories may differ in ways other than severity; that is, women may be more likely to experience specific types or combinations of abuse (e.g., sexual or psychological) that make them more vulnerable to later intra- and interpersonal distress. For example, it has been proposed that because girls are more likely to be sexually abused by a family member, they may engage in different information processing strategies in response to abuse, which in turn may be associated with specific psychological outcomes, such as dissociation and PTSD (DePrince & Freyd, 2002). Future research employing a larger number of CSA survivors should explore whether specific outcomes are uniquely associated with particular maltreatment profiles across gender.

Beyond examining individual associations between abuse history and later adjustment, the primary aim of this study was to explore psychological distress as a pathway by which CM may be associated with later couple functioning. For women, the relationships between abuse history and different facets of couple functioning (i.e., fear of intimacy, negative attitudes about and reactions to sexuality, and physical aggression) were significantly reduced when current psychological functioning was taken into account. These findings are consistent with the possibility that abuse history operates indirectly through psychological

distress to influence subsequent dyadic relationships. These results are notable because they shed light on the interrelationships among intra- and interpersonal outcomes associated with CM. The consistency of the mediational findings—across four of the five relationship variables—attests to the potential robustness of these associations.

These mediational results suggest that, when brought into the context of a romantic relationship, abuse-related psychological difficulties may impact female survivors' abilities to achieve or maintain satisfactory dyadic functioning. One issue that remains unclear, however, is the extent to which connections among psychological and interpersonal difficulties is unique for maltreatment survivors. Although associations between psychological adjustment and relationship functioning have been established with non-maltreated but distressed populations (Beach, Smith, & Fincham, 1994), it is possible that these linkages are manifested uniquely for survivors of CM. Because abuse in its various forms involves acts that violate a victim's sense of trust in others, sexual boundaries, and physical safety (all crucial elements of intimate couple functioning), survivors' psychological distress may partly reflect distorted ways of perceiving and understanding interpersonal interactions. Although some researchers have begun to explore these issues (e.g., Cloitre, Cohen, & Scarvalone, 2002), survivors' beliefs and schemas about interpersonal events are not well understood at the present time.

It is important to note various methodological issues with the present study. First, because these data were collected cross-sectionally, it is not possible to draw causal conclusions about our mediational analyses. Further, it is possible that dyadic functioning may lead to (rather than result from) psychological distress, or, more likely, that these constructs are mutually influential. Relatedly, because retrospective self-reports of abuse were used, some reports of victimization history may be distorted due to intervening experiences or a hesitancy to disclose sensitive events. In addition, because this study utilized a college sample consisting of a relatively small number of victimized participants, it is possible that the experiences of this sample do not mirror those of more severely maltreated or distressed individuals, particularly males exposed to very serious maltreatment. Moreover, because their romantic relationships are often transitory in nature, college students may not experience problems that are characteristic of more enduring couple interactions. Finally, assessments of couple functioning were based on the reports of one partner, and as such, provide only one person's perspective of dyadic functioning.

Despite limitations, this investigation has implications for clinical work with adult victims. If, as suggested here, psychological distress among CM victims is adversely associated with romantic relationship functioning, then a thorough assessment of abuse-related distress among clients in couple therapy may be advantageous. Intervening on an individual level may facilitate concomitant improvements in the relationship. Conversely, clinicians should more routinely assess relationship difficulties among abuse survivors presenting with individual mental health problems. As noted by Pistorello and Follette (1998), victims of child sexual abuse, in particular, may present for individual or group treatment, but generally indicate difficulties with relationship functioning as well. Similarly, many maltreatment survivors who initially present in couple therapy may be experiencing significant comorbid mental health problems. In both cases, a comprehensive assessment of psychological difficulties stemming from abuse may provide the therapist with important targets for intervention.

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