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# Adult Attachment and Relationship Satisfaction Among Men Who Experienced Childhood Abuse

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# Walden University

College of Social and Behavioral Sciences

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Selisha Nelson

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Walden University  
2015

Abstract

Adult Attachment and Relationship Satisfaction Among Men Who Experienced  
Childhood Abuse

by

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MA, University of Phoenix, 2009

BS, University of South Carolina, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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## Abstract

Experiences of childhood physical and sexual abuse among men have not been sufficiently studied because many men are not forthcoming about experiences of abuse. This abuse is linked to aggressive behaviors, difficulty developing and maintaining close relationships, and various psychological disorders. Current research has not fully examined relationships between childhood abuse, adult attachment, and levels of relationship satisfaction among men. The purpose of this nonexperimental quantitative study was to evaluate the relationship between adult attachment as measured by the Relationship Scales Questionnaire and relationship satisfaction as measured by the Couples Satisfaction Index among men abused during childhood. Bowlby's theory of attachment served as the theoretical foundation for this study, contending that an individual's ability to connect with and seek safety in others influences relationships later in life. Participants ( $n = 79$ ) were recruited from MaleSurvivor Organization, which serves victims of abuse. Multiple regression and correlation analysis were used to measure adult attachment, childhood abuse severity, and relationship satisfaction. Results showed no significant relationship between abuse severity and adult attachment, no significant differences in relationship satisfaction based on attachment style, and no moderation between abuse severity and adult attachment and relationship satisfaction. Social change implications highlight the importance of providing appropriate treatment and prevention measures, which allow for awareness of abuse histories and its contributions to attachment behaviors and overall satisfaction in relationships.

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## Chapter 1: Introduction to the Study

### **Introduction**

Childhood abuse can result in difficulties in many areas of a victim's life such as distrust, emotion regulation, aggression, and healthy coping (Buckley, 2013; Reyome, 2010; Muenzenmaier, Spei, & Gross, 2010). Bowlby's (1973) theory of attachment suggests that, during childhood, children seek safety and security from their primary caregivers, which helps them develop an internal working model of self and others; however, adverse experiences of abuse and neglect during childhood can create suspicions about others and the world. If not resolved, these experiences can manifest in adult relationships (Bowlby, 1973). To date, much of the research literature in this area has focused on the female population and has not accurately depicted the effects of childhood abuse on the attachment style and satisfaction in relationships among men. This research, therefore, evaluated the relationships among childhood abuse, adult attachment, and relationship satisfaction in men. Data from this research will help expand on existing literature and help uncover the effects of childhood abuse so that appropriate treatment and prevention measures can be employed.

### **Background**

Attachment plays a pivotal role in the relationships of men and women throughout their lives, and substantial amounts of research have been dedicated to uncovering the effects of reported childhood abuse on the attachment style and relationship satisfaction among women; however, not many researchers have looked at the male population exclusively. Researchers have found that insecure attachments formed during childhood

from various forms of abuse are associated with an abundance of problems in intimate and nonintimate adult relationships, including issues of trust, verbal and physical aggression, emotional instability, and lack of intimacy (Baljon, 2011; Buckley, 2013; Muenzenmaier et al., 2010; Muller, Thornback, & Bedi, 2012; Reyome, 2010; Zilberstein & Messer, 2010). However, there is a gap in previous research regarding the relationship between adult attachment and relationship satisfaction among men abused during childhood.

Individual perception of history is a significant mediator between adverse childhood experiences and the quality of adult relationships. Childhood experiences involving criticism, rejection, and being told that they were unwanted and unworthy affected the way those children interpreted relationships, which also determined the quality of their adult relationships (Muller et al., 2012). Trauma related to abuse tends to provoke feelings of anxiety and aggression in individuals who have experienced abuse during childhood (Baljon, 2011), which involved feelings of fear, anxiety, neediness, confusion, and insecurity (Muller et al., 2012). These feelings tend to become apparent in adult attachment styles and are ultimately exhibited in adult relationships.

Researchers reported that unresolved childhood abuse is associated with lifelong struggles with trauma-related symptoms such as poor affect regulation and difficulties with interpersonal relationships (Stovall-McClough & Cloitre, 2006). Individuals with a disorganized attachment style reportedly tend to have the most impairment in relationships (Buckley, 2013). Adults with insecure and disorganized attachments may be more likely to develop posttraumatic stress disorder (PTSD) as a result of traumatic

experiences in childhood than adults without insecure attachments (Buckley, 2013; Twaite & Rodriguez-Srednicki, 2004). These traumas can play a role in interpersonal relationships as vulnerabilities associated with unhealthy relationship patterning are developed. Survivors of childhood abuse can be jealous, vengeful, and destructive in relationships (Muenzenmaier et al., 2010).

Researchers have explored many dynamics of sexually abused men during their childhood (Alaggia & Millington, 2008; Andover, Zlotnick, & Miller, 2007; Balsam, Rothblum, & Beauchaine, 2005; Dube et al., 2005; Joiner et al., 2007; Muenzenmaier et al., 2010; O'Leary & Gould, 2009; Quina & Brown, 2007). The psychological effects of trauma associated with physical and sexual abuse can include an altered self-perception, emotional instability, flashbacks, dissociation, somatic complaints, sexual confusion, poor impulse control, hallucinations, and delusional thinking (Muenzenmaier et al., 2010). More severe abuse can result in an increased number of mental health impairments in men such as bipolar disorder, schizoaffective disorder, antisocial personality disorder, and depression (Muenzenmaier et al., 2010).

Trauma has a tendency to overwhelm internal coping mechanisms and adaptive responses (Muenzenmaier et al., 2010). Research showed that poor coping strategies were associated with suicidal attempts and ideations. Suicidal ideation was found to be more prevalent among men depending on the severity, painfulness, and provocativeness of the abuse, especially if injury were a result (Andover et al., 2007; Joiner et al., 2007; O'Leary & Gould, 2009). Many men who have been traumatized perceive themselves as weak and have a tendency to engage in criminal acting-out behaviors as their defense against being

seen as vulnerable. Self-blame has also been reported to lead men to believe that they are weak and unmanly (Quina & Brown, 2007). In addition to aggressive and criminal behaviors, abused men are prone to engage in illegal substance use as a form of coping. Poor coping strategies can manifest as difficulties in interpersonal relationships, thus reducing their quality (Muenzenmaier et al., 2010)

Research has revealed a relationship between childhood abuse and men's adult relationships. In studies to determine how childhood sexual abuse and other negative experiences in childhood affected adult romantic relationships, Walker, Holman, and Busby (2009) and Twaite and Rodriguez-Srednicki (2004) found significant effects of abuse on adult behaviors and relationship quality such that those who were abused reported insecure attachments and posttraumatic symptomology. Several theories have suggested that childhood physical and/or sexual abuse results in a failure to develop secure attachments that may increase the effects of severe stress experienced later in life (Twaite & Rodriguez-Srednicki, 2004). Unresponsive, neglectful, and abusive parents or caregivers can create insecure and disorganized attachments in children, which may ultimately perpetuate as unhealthy adult relationships (Walker et al., 2009).

Whishman (2006) reported that fear, distrust, and uncertainties in interpersonal relationships can result from childhood traumas associated with abuse. Difficulties with trust and functioning in relationships can lead to an increase in physical violence and revictimization. Emotional avoidance and emotional expression tend to be important factors in relationships in which childhood abuse was prevalent. During childhood, children seek safety and security from caregivers; however, when that trust is

compromised through abuse and neglect, suspicions about others and the world are developed (Carbone, 2010). Sigurdardottir, Halldorsdottir, and Bender (2012) found that men who had been sexually abused were unable to trust their partners. As a result, troubled relationships throughout these men's lives were noted because they felt as though they were awful and dirty, which impacted intimacy in their relationships. Kia-Keating, Grossman, Sorsoli, and Epstein (2005) found that men had difficulty in interpersonal and social relationships as a result of childhood physical abuse.

Childhood abuse is particularly devastating to a child because it can occur during critical stages of development when essential capacities for emotion regulation, coping, and identity formation are still premature. During childhood, attachments and internal models about themselves and others are developed. Some children tend to manage emotions by themselves, and the nature of the abuse becomes overwhelming because of a lack of sufficient cognitive and psychological resources (Simpson, Collins, Tran, & Haydon, 2007; Stovall-McClough & Cloitre, 2006). These resources have a tendency to manifest in adulthood through poor coping strategies, difficulties in relationships, and various mental health disorders (Muenzenmaier et al., 2010; Stovall-McClough & Cloitre, 2006). This study addressed adult attachment styles and relationship satisfaction among men who have reported a history of childhood abuse to help enhance knowledge and increase awareness of the effects of childhood abuse on how men connect and bond with others and their level of satisfaction in relationships. This current research study will help provide avenues for social change and develop ways in which support can be



employed to serve the affected population through education, effective prevention measures, and therapeutic intervention.

### **Problem Statement**

Research regarding childhood abuse has not highlighted the effects abuse has on men as much as it has for their female counterparts. A study conducted to address the attachment and psychiatric outcomes for abused women found that unresolved childhood abuse predicted PTSD symptomology in adult survivors; however, those findings were not generalized to the male population (Stovall-McClough & Cloitre, 2006). Seventy-eight percent of the women in that study presented with insecure attachment, with the vast majority of the women having a disorganized attachment style.

Whishman (2006) found that individuals who reported a history of rape or sexual molestation during childhood tended to have lower rates of marital satisfaction. Traumas noted in Whishman's study were all assaultive in nature. That study had an equal sample of men and women. Many of the participants reported abuse before the age of 16 and given that the mean age of participants was 36, events occurred about 20 years before marital satisfaction could be assessed; however, there was a strong association reported between childhood rape and sexual molestation and marital satisfaction, indicating that the impact of abuse can have lasting effects on interpersonal functioning.

Sigurdardottir et al. (2012) reported that men who had reported sexual abuse during childhood had a fractured self-image and engaged in self-destructive behaviors. Many of these men harbored suicidal thoughts and planned or attempted suicide. These men also reported difficulty connecting with others in relationships and often expressed

self-blame, shame, and guilt. It is important to note that many of these men had untreated psychological disorders and could have been suffering from certain physical health problems as a result of the effects of childhood sexual abuse and traumas.

Emotional maltreatment in childhood was found to be associated with insecure attachment in adult romantic relationships (Riggs & Kaminski, 2010; Yates, 2007). Insecure attachment in adulthood contributed to psychological adjustment, relationship adjustment, and psychological victimization. These studies looked at couples and not solely the male population. Many studies conducted on the role of childhood abuse and maltreatment focused on the female population, couples, or an uneven sample of female and male participants (Stovall-McClough & Cloitre, 2006; Rellini et al., 2012; Gay et al., 2013). As a result, it is difficult to identify the significance of how abuse during childhood has affected men in adulthood, in romantic relationships, and in their particular attachment style. This study was to determine the extent to which childhood abuse affects relationship satisfaction and adult attachment among men. These factors can lead to understanding the effects of childhood abuse across all genders.

### **Purpose of the Study**

The purpose of this quantitative study, using an ex-post facto nonexperimental design, was to examine the relationship between the constructs of adult attachment and relationship satisfaction in men who had reported a history of childhood abuse. The independent variables were childhood abuse severity and adult attachment style, and the dependent variable was relationship satisfaction. This study determined if there were any significant differences in relationship satisfaction among the types of attachment styles.

Additionally, this study found whether the childhood abuse severity moderated the relationship between attachment style and relationship satisfaction. Demographics of age, race, and education level were also obtained to gain additional information about participant dynamics.

### **Research Questions and Hypotheses**

*Research Question 1 (RQ-1):* What is the relationship between childhood abuse severity and rates of insecure adult attachment in men as measured respectively by the ACE study questionnaire (Felitti et al., 1998) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

$H_01$ : There is no statistically significant relationship between childhood abuse severity and rates of insecure adult attachment in men.

$H_{a1}$ : There is a statistically significant relationship between childhood abuse severity and rates of insecure adult attachment in men.

*Research Question 2 (RQ-2):* Are there significant differences in relationship satisfaction between the four different types of adult attachment styles (secure, dismissing, preoccupied, fearful) as measured respectively by the Couples Satisfaction Index (Funk & Rogge, 2007) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

$H_02$ : There is not a statistically significant relationship between adult attachment style and relationship satisfaction.

$H_{a2}$ : There is a statistically significant difference in relationship satisfaction among the four different types of adult attachment styles.

*Research Question 3 (RQ-3):* Does childhood abuse severity (as measured by the ACE study questionnaire [Felitti et al., 1998]) moderate the relationship between adult attachment style (as measured by the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994]) and relationship satisfaction (as measured by the Couples Satisfaction Index (Funk & Rogge, 2007])?

*H<sub>03</sub>:* Childhood abuse severity does not moderate the relationship between adult attachment style and relationship satisfaction.

*H<sub>a3</sub>:* Childhood abuse severity significantly moderates the relationship between adult attachment style and relationship satisfaction.

### **Theoretical Framework for the Study**

The theoretical framework of the current study was Bowlby's (1973) attachment theory, which posits that humans have an inherent need to develop close bonds and connections with others. The attachment theory is used to identify a child's bond with his or her mother based on separation, deprivation, bereavement, and neglect. These early attachments lay the foundation for relationships throughout one's life. As needs for attachments are met, emotional health is formed. Children may experience a great deal of separation anxiety due to adverse experiences such as numerous threats of abandonment and rejection (Bowlby, 1973). Troubling states involving emotional distress in early childhood can be attributed to pathological conditions later in life. Bowlby found that anxiety, depression, and other psychopathic conditions could be related to this excess of separation anxiety from one's mother or primary caregiver during childhood. Separation anxiety during childhood could lead to fear of abandonment later in life. Children tend to

look to their primary caregivers for safety and security, and when these needs are not met, fear and anxiety may ensue (Bowlby, 1973). Physical and verbal threats during childhood can affect the attachment system and manifest in childhood as fear, anger, aggression, and anxiety, which can also lead to insecure attachments in adulthood.

Attachment theory addresses ways in which individuals in relationships manage emotions, process information about themselves and others, and communicate with loved ones. Attachment theory explains the biological components of individuals that cause them to be likely to bond, desire to be in relationships, and connect with others (Bowlby, 1973). Proximity between child and caregiver is maintained based on the caregiver's ability to provide and create a sense of safety, security, and closeness in threatening situations. Based on this proximity, children can predict their caregiver's level of consistency and predictability or erratic unavailability based on daily interactions with primary caregivers (Muller et al., 2012). A lack of affection by one's mother or primary caregiver can lead to aggression, dependency, anxiety, intellectual disability, difficulty adjusting in social situations, delinquency, depression, and a lack of emotional expression (Bowlby, 1973).

Bowlby's (1973) theory of attachment directly relates to this current study in that it explains how negative and inconsistent interactions with primary caregivers during childhood contribute to the development of insecure attachments in all types of relationships throughout one's life. Childhood attachments set the foundation for how children view themselves and others in the world. These perceptions of self are based on the relationship of the child with their primary caregiver. Repeated instances of

separation, threats, abuse, and neglect manifest into adult relationships, and a child has difficulty trusting and feeling secure. Ainsworth (1989) and Bartholomew (1991) also contributed to and extended Bowlby's findings to identify dynamics of mother-child interactions, internal working models, and how they manifest in adult relationships. Insecure attachment styles were identified by the Strange Situation Test findings (Ainsworth, 1989), which have contributed to researcher's understanding of how the effects of childhood abuse and neglect manifest in adult relationships and define attachment styles.

### **Nature of the Study**

This ex-post facto quantitative study examined the association between men's childhood abuse history severity, adult attachment styles, and relationship satisfaction. Two independent variables and one dependent variable were explored in this nonexperimental quantitative study; therefore, a linear multiple regression analysis was employed, as it assesses data for which there are multiple independent variables and one dependent variable. The independent variables in this study were the reported histories of childhood abuse severity and adult attachment styles. The dependent variable was relationship satisfaction.

Survey data were completed by male participants who reported a history of childhood abuse. Adult attachment was measured, using the Relationship Scales Questionnaire (RSQ; Bartholomew & Griffin, 1994) and relationship satisfaction was measured, using the Couples Satisfaction Index (CSI; Funk & Rogge, 2007). The Adverse Childhood Experiences (ACE) study questionnaire (Felitti et al., 1998) was used

to measure the level of exposure to childhood emotional, physical, and/or sexual abuse, household dysfunction during childhood, and the risk of negative consequences later in life (Anda et al., 2006). All participants completed a demographic survey, the RSQ, the ACE study questionnaire, and the CSI. A more detailed discussion of research methods and nature of the study are provided in Chapter 3.

### **Definitions of Key Terms**

*Ambivalent/preoccupied attachment:* Individuals with ambivalent/preoccupied attachment patterns have needs met in close relationships with a tendency to be overly dependent on their partner or close others as a means of validation through others' acceptance and approval (Bartholomew, Kwong, & Hart, 2001).

*Avoidant/dismissing attachment:* Avoidant/dismissing attachment patterns tend to be characterized by inhibition of displays of distress and withdrawal from others, particularly when under stress (Bartholomew et al., 2001).

*Childhood abuse:* Childhood abuse is defined as events experienced before the age of 18 in which behaviors include hitting with an object, kicking, throwing, tying, locking in a confined place, and/or burning (Reiff, Castille, Muenzenmaier, & Link, 2011).

*Disorganized/fearful attachment:* Disorganized/fearful attachment patterns are characterized by a child's fear of his or her primary caregiver as a result of abusive behaviors toward them (Main & Hesse, 1992).

*Physical abuse:* Physical abuse is behavior that can include threats with weapons such as a knife, stabbing, or shooting. Hitting with the hand resulting in bruising or severe pain is considered physical abuse (Reiff et al., 2011).

*Relationship satisfaction:* For the purposes of this study, relationship satisfaction is defined as an interpersonal relationship evaluation of the positive feelings for one's significant other and attraction to the relationship (Tackett, Nelson, & Busby, 2013).

*Sexual abuse:* Sexual abuse during childhood consists of sexual experiences in which contact such as touching with the hands, oral sex, or genital/anal sex occurs before the age of 13, with or without consent (Reiff et al., 2011).

*Secure attachment:* Secure attachment is indicative of a high self-esteem and the ability to maintain close intimate connections with others while maintaining a sense of self and self-worth (Bartholomew & Horowitz, 1991).

### **Assumptions**

For this research study, I assumed that the sample of participants used was representative of the population for which I would make inferences. It was assumed that the assessment tools used were adequate for the identified sample of men reporting abuse during childhood and provided sufficient measures of abuse severity, attachment style, and relationship satisfaction. It was assumed that this population of men was capable of understanding and answering the questions honestly, candidly, and to the best of their personal judgment. Anonymity and confidentiality were preserved and participants were told they could withdraw from the study at any time without any ramifications.



### **Scope and Delimitations**

This study specifically looked at men who reported a history of childhood abuse and did not take into account relationship satisfaction and adult attachment of men who had not reported a history of childhood abuse. Prior research has identified effects of abuse, and I sought to look at other ways in which childhood abuse affected victims of abuse. The primary issues were those of external validity and internal validity in survey research. To participate in this study, men who reported a history of child abuse had to complete the survey instruments used. I hoped that the participants did so, but I had no control over setting and completion of the survey. Secondly, the RSQ, CSI, and ACE study questionnaire are self-report inventories, and I acknowledge that there may be other variables that moderate the variables under study.

Thirdly, I recognized that there might be other unmeasured variables obtained from instruments used. Given that the entire population of this study were males who may notably have difficulty with disclosure, there was a possibility that an insufficient percentage of eligible participants would have agreed to partake in this study. A low response rate, which could not be anticipated or determined in advance, might have been probable. Not all participants may have been completely honest and forthcoming in their disclosure when completing questionnaires. It did not focus on other life factors and dynamics that could have contributed to relationship satisfaction levels or attachment style.

### **Limitations**

Limitations focus on the inherent problems given the particular research design. Limitations of the study were that the sample was drawn from individuals mostly residing in the United States and may not have adequately represented the population of men abused during childhood. It was drawn from a convenience sample of respondents from MaleSurvivor Organization. Secondly, the size of the population was limited to members of this organization. The sample size may have been hindered by a lack of participation and response from potential participants. The measures used in this study were self-report instruments and may have been open to participants' interpretation.

It is acknowledged that some social desirability bias might have been present in the responses, and I was not able to discern participants' level of interest in completing the questionnaires. This probable lack of desire must be considered when interpreting the data, which could be slightly skewed by not giving an entirely accurate description of childhood abuse history, levels of relationship satisfaction, and adult attachment interactions. Issues of disclosure may have played a factor if participants did not feel safe or comfortable admitting to experiences of abuse. Retrospective reports of childhood abuse may have introduced subjective biases as a result of faulty memories or a lack of self-disclosure. There may also be other factors to contribute to the level of relationship satisfaction other than reported history of childhood abuse. Participants were self-selected and on a volunteer basis. Results were dependent upon assumed honesty and commitment of participants to complete the measures accordingly. These limitations were addressed

by providing assurance to participants that all information would be kept confidential and they would remain anonymous.

### **Significance of Study**

Understanding potential connections between adult attachment and relationship satisfaction among men who report a history of childhood abuse may contribute to bringing adequate awareness to concerns of the male population that may not be easy to disclose. Educators may consider ways to provide effective intervention by assisting these individuals with managing behavioral symptoms and relationship problems associated with a history of abuse and trauma. Based on past research, it would be expected that research results reported by the female population such as PTSD, depression, impaired relationships, and anxiety disorders (Kraftcheck, Muller, & Wright, 2007) would be reported by men; however, a lack of research on psychiatric outcomes in men who have been abused in childhood makes it difficult to determine whether similarities or disparities regarding psychopathology, adult attachment, and relationship styles exist.

Missing in the professional literature are studies that solely explored adult attachment and relationship satisfaction among men who experienced abuse during their childhood. This research is significant because findings offered insight into how experiences of childhood abuse affect how men connect in romantic relationships and the level of satisfaction in relationships. This research looked at attachment styles of men who have reported childhood abuse and provided information on other contributing factors that may affect attachment and level of relationship satisfaction. The study also

determined whether childhood abuse severity influenced attachment style and relationship satisfaction.

Sexual trauma is considered a gendered phenomenon (Quina & Brown, 2007), which means that women are perceived to be the sole victims of sexual abuse. Men who have experienced trauma perceive themselves as weak, and they may act out criminally and engage in risky behaviors as a defense against being seen as vulnerable. There is a possibility that there are higher rates of trauma among men than known or reported (Quina & Brown, 2007). Research has indicated that men are less likely to report disclosure about childhood physical and sexual abuse than women (Lab et al., 2000; O'Leary, Coohey, & Easton, 2010). This study was intended to fill this gap in the literature.

A benefit for positive social change is that increasing awareness of childhood abuse can shed light on the debilitating effects of childhood abuse within the male population. This awareness could help implement appropriate programs and supports to assist men with healing from abuse and potential traumas associated with abuse. Research can also assist with identifying underlying disruptions within intimate relationships. When clinicians are aware of abuse history and effects of this abuse, appropriate interventions can be employed to facilitate healing and resolution. This study sought to determine the relationship between adult attachment and relationship satisfaction in men who report a history of childhood abuse and how the effects of childhood abuse manifest in attachment behaviors in intimate partner relationships. There is no current research that has addressed the relationship between adult attachment and

relationship satisfaction among the male population (Reyome, 2010; Sigurdardottir & Halldorsdottir, 2012; Stanojevic, 2004; Stovall-McClough & Cloitre, 2006; Walker et al., 2009; Whisman, 2006). Identifying how childhood abuse is associated with relationship satisfaction and adult attachment among this population could assist with implementation of effective treatment and intervention to prevent and manage maladaptive behaviors as a result of abuse and trauma.

### **Summary**

Current literature has not adequately or thoroughly addressed the effects of traumatic experiences such as physical and sexual abuse during childhood on the adult attachment styles and relationship satisfaction among the male population. Researchers have found that insecure attachments formed during childhood from various forms of abuse are associated with issues of trust, aggression, emotional lability, and lack of intimacy (Baljon, 2011; Buckley, 2013; Muenzenmaier et al., 2010; Muller et al., 2012; Reyome, 2010; Zilberstein & Messer, 2010). Research found that significant connections exist between childhood abuse and relationships in men, in that men who reported a history of abuse were more likely to have insecure attachments (Twaite & Rodriguez-Srednicki, 2004; Walker et al., 2009). Many men who experienced abuse had a tendency to perceive themselves as weak, which contributed to aggressive behaviors and poor coping (Quina & Brown, 2007).

Research based on women has found that childhood sexual abuse, childhood violence, and childhood stressors impacted relationships in adulthood (Walker et al., 2009). These childhood factors tend to be dependent upon the perception that adulthood

is negatively influenced by events during childhood, and manifestations ultimately play out in adult relationships. Unresponsive, neglectful, and abusive caregivers create insecure and disorganized attachments, in which childhood beliefs and expectations about the self, others, and relationships perpetuate into adult relationships (Walker et al., 2009).

Difficulty managing the effects of childhood abuse and possible posttraumatic symptomology resulting from negative childhood experiences could be a significant factor of the quality of adult relationships and attachment styles. Childhood physical and/or sexual abuse has reportedly contributed to failure developing secure attachments and has increased the effects of severe stress experienced later in life (Twaite & Rodriguez-Srednicki, 2004). Individuals who have experienced abuse during childhood tend to experience feelings of anxiety, fear, neediness, confusion, and insecurity, which are prevalent in insecure adult attachment styles and relationships (Baljon, 2011; Muller et al., 2012).

Implications for social change include adequately addressing issues and uncovering any relationships among childhood abuse, attachment patterns, and reported satisfaction in relationships. This research highlights a topic that does not get much attention, given the fact that many men do not disclose histories of abuse or take years to report (O'Leary & Barber, 2008). Men tend to perceive themselves as weak when they have been sexually abused, and perceptions of themselves prevent disclosure (Quina & Brown, 2007; Lab et al., 2000). Gender differences in attachment patterns of behavior and attachment representations are unfounded in the current literature (van Ijzendoorn & Bakermans-Kranenburg, 2010). Relevant research will allow for necessary support and

interventions to those who have been victims of abuse and who struggle with mental health and psychiatric disorders, demands of relationships, self-image/esteem, and any residual effects of childhood trauma.

Chapter 2 will include a review of relevant and applicable data and research to provide an in-depth discussion of the effects of childhood abuse, posttraumatic symptomology, and attachment styles and patterns as a result of early childhood events. A review of how attachment styles are developed is discussed. In Chapter 3, I discuss the research methods employed for this study including research design and approach, sample, data analysis and collection procedures, instruments used, and appropriate measures taken to protect participants' rights and well-being.

## Chapter 2: Literature Review

### **Introduction**

The psychological and emotional effects of childhood abuse in adulthood have been studied at great lengths. The majority of this research has focused only on the female population or populations in which female participants significantly outnumbered male participants, which has made it difficult to determine which findings can be generalized to the male population. Some studies have shown there are a large number of men who have experienced physical and sexual abuse, but men are much less likely to disclose incidents of abuse (O'Leary et al., 2010). Research conducted by Walker et al. (2009) found that childhood sexual abuse was one childhood factor that contributed to unhealthy dynamics in adult romantic relationships. The quality of these adult romantic relationships can be mediated by several affect-laden interpersonal and intrapersonal dynamics. Although Walker et al. were not able to determine the effects on the male population alone, the authors also focused on other negative childhood factors such as violence in the home and childhood stressors.

O'Leary and Gould (2009) reported that suicidal behaviors in men sexually abused during childhood were 10 times greater than men who did not report a history of childhood sexual abuse. The authors had an all-male sample but did not look at how such abuse during childhood affected attachment or adult relationships. Muller et al. (2012) conducted a study to determine the role of attachment in the relationships between childhood maltreatment and adult symptomology. In their research population of 82% women and 18% men, Muller et al. found attachment style to be an intervening factor



between childhood maltreatment and symptomology. With such a small sample of men, it is difficult to generalize these findings to determine any significant correlations.

In short, numerous studies have looked at the outcomes of childhood abuse on adult relationships. However, these studies included a small sample of men and a sizeable sample of women. From this history of disproportionate research, generalizations can be made to the female population about how such abuse influences their attachment styles and the quality of their adult relationships, but the samples of males were just too small to conclude any statistical significance. The purpose of this nonexperimental ex-post facto quantitative study was to determine the relationship between adult attachment and relationship satisfaction among men who have reported a history of childhood abuse. This study sought not only to identify relationship satisfaction and adult attachment styles among men abused in childhood but also to suggest clinical implications for appropriate interventions with this population.

This chapter begins with a description of the literature search strategy. The first section of this chapter consists of a review of literature on Bowlby's (1973) attachment theory and is followed by a review of studies investigating male childhood physical/sexual abuse and mental health, childhood abuse and its effects, childhood abuse and relationship satisfaction, and childhood abuse and relationship dynamics. Lastly, dependent variables of attachment and relationship dynamics will be discussed. An explanation is included as to why these variables are significant in the study of childhood abuse and the relationship between adult attachment and relationship satisfaction. The chapter concludes with a summary of research related to the choice of the research

method. In the literature, a call for additional research in the area of childhood abuse, attachment, and relationship satisfaction of affected men is demonstrated.

### **Literature Search Strategy**

Articles and books with relevance for this study were obtained from various Walden University online library databases. Databases searched included Academic Search Premier, PsycARTICLES, PsycEXTRA, PsycINFO, ProQuest Digital Dissertations, Google Scholar, and websites related to mental health. The literature search included seminal texts obtained through library searches and retailers. The search was made specific to adult men who reported a history of physical and sexual abuse. Key search terms included: *childhood abuse, attachment, attachment styles, insecure attachment, unresolved attachment, physical abuse, sexual abuse, trauma, relationship satisfaction, interpersonal relationship, romantic relationship, men, childhood abuse, relationship satisfaction and attachment, and insecure attachment.*

The publication dates for reviewed literature were between 1973 and 2014. Older works reviewed were relevant to establishing background on the topic of attachment theory and childhood abuse, instrument development, or are historically prominent theoretical works. Out of approximately 150 articles reviewed, 101 were used as sources for this study. Articles and book chapters were filed for later use if they met criteria for one of the keywords used, fit effectively into the topic, seemed to provide the most recent and relevant information on the topic, and referred back to the key concepts of the theoretical framework.

### **Theoretical Foundation: Attachment Theory**

The theoretical framework for exploring the relationship between childhood abuse and adult attachment is based on attachment theory proposed by John Bowlby. Initially, Bowlby (1973) theorized that individuals are biologically prone to develop close bonds with other people. The bond between a child and his or her attachment figure is adaptive to survival and reduces the child's risk of harm or danger (Bowlby, 1982). The attachment system and subsequent behavioral implications of attachment were defined by Bowlby (1977, 1980) as an innate motivational system that evolved to maintain proximity between children and their caregivers to promote children's survival in threatening situations. Attachment theory predicts whether a child will view his or her caregiver as consistent and reliable or erratic and unavailable based on daily interactions. A lack of maternal affection, consistency, and attachment can lead to aggressiveness, dependency, anxiety, intellectual retardation, difficulty adjusting with social situations, a lack of emotional expression, delinquency, and depression in children (Bowlby, 1973).

Attachments are developed from biologically driven relationships in which the need for comfort, protection, and nurturance is sought and obtained (Zilberstein & Messer, 2010). The attachment system has a tendency to be activated when a child is afraid, hurt, sick, or tired. Attachment behaviors are then evoked through crying, clinging, and following to obtain contact with an attachment figure (Bartholomew et al., 2001). Successful care and attention to the child's need for proximity and comfort will provide a sense of security, thereby relieving the child's anxiety and distinguishing attachment behaviors. Repeated experiences of soothing, protection, nurturance, and

attunement from the caregiver provides the child an opportunity to internalize a sense of safety that ultimately becomes a secure base to explore the world with confidence (Zilberstein & Messer, 2010). This success is considered the “safe haven” function of attachment relationships and constitutes a secure attachment (Bartholomew et al., 2001; Zilberstein & Messer, 2010). Attachments typically develop early and manifest by 6 or 7 months of age based on from whom the child seeks comfort during moments of distress (Zilberstein & Messer, 2010).

### **Research Aligned with Attachment Theory**

The quality of early attachment relationships is based on the level of interaction between infant and primary caregiver(s) and the infant’s ability to rely on the caregiver for safety and security (Bartholomew et al., 2001). Bartholomew’s (2001) works expanded on the theory of attachment and identified how attachment behaviors become present in intimate relationships in adulthood. Ainsworth, Blehar, Waters, and Wall (1978) identified three distinctions in patterning of attachment organization: secure, ambivalent, and avoidant. These distinctions provide a precise definition of what insecure attachment looks like and how they were exhibited in infants. Infants with a secure attachment were able to explore their environments under safe conditions in a confident manner. When distressed, contact with their caregiver was sought out and infants were consoled and assured by the contact. Caregivers were perceived as reliable sources of security and protection. Infants with an ambivalent style of attachment had a tendency to explore their environment with less assurance, and when comforted while distressed, these infants sought comfort but exhibited angry resistance. Infants who exhibited an

avoidant attachment pattern avoided their caregiver under distressed conditions. They did not look to their caregivers to obtain a sense of security. A fourth attachment pattern, disorganized, was identified by Main and Hesse (1992), in which infants were contradictory in their behaviors and were unable to maintain any consistent methods of managing distress. When children's needs are not adequately met during childhood, attachment bonds are not formed because safety and security are not maintained (Prather & Golden, 2009).

Over time, children develop internal working models about themselves, others, and themselves as they relate to others based on repeated and consistent interactions with caregivers (Bowlby, 1973). This system of expectations and beliefs about oneself and others allows children to predict and interpret behaviors of an attachment figure. These internal working models determine social interactions as they are integrated into the structure of a child's personality. These models set the foundation for behaviors in impending relationships and interpretations of experiences in future relationships. Researchers have hypothesized that children of caregivers who provided a secure base of attachment through protection and consistent responsiveness tend to have positive expectations of others and positive self-worth with a belief that they deserve security and support (Bartholomew et al., 2001). Secure internal working models ultimately lead to the development of safe relationships in adulthood. A history of rejection and inconsistent responsiveness from attachment figures could create representations of others being unavailable and rejecting when there is a need. Children may then recreate insecure patterns of attachment in adult relationships.

Children typically internalize attachment representations as their working models, which affect self-organization and how they interact with and experience the world and relationships. Individual behaviors and beliefs are derived from these interactions that developed from attachment relationships (Bowlby, 1982). The environment alters one's internal working models over time, and, even as the environment changes, the internal working model of self, others, and the world may still stay the same. Children who experience physical, sexual, and emotional abuse tend to develop working models of helplessness and coercive control (Bowlby, 1982). Problems in peer relationships become evident by age 6, indicative of aggression, controlling and fearful behaviors, helplessness, and a contradictory mix of aggression and withdrawal within the same interaction (Zilberstein & Messer, 2010).

### **Attachment Theory in Relation to Childhood Abuse**

The quality of early childhood attachment affects the outcome of a traumatic event, depending on the developmental stage at the time of the event, relationship to the perpetrator, and protective factors such as stable home environments and social support (Muenzenmaier et al., 2010). An investigation of early family dynamics of sexually and physically abused boys found that disorganized and abusive family environments contributed to disorganized attachment patterning and behaviors (Brown, 2009). Posttraumatic stress symptomology has a tendency to interfere with one's cognitive, emotional, and social functioning (Courtois & Ford, 2009). Men with a history of childhood physical and sexual abuse receive various mental health disorders, including psychotic disorders as a result of posttraumatic symptomology (Muenzenmaier et al.,

2010). Ongoing trauma can limit an individual's capacity to develop healthy attachments and overwhelm internal and adaptive responses.

### **Attachment Theory in Relation to Adult Attachment and Relationship Satisfaction**

Research reported that beliefs and expectations children hold about themselves, others, and relationships influence experiences of adult romantic relationships (Sroufe, Egeland, Carlson, & Collins, 2005). Reportedly, negative experiences can be related to an increase in negative perceptions of relationships, oneself, and a lack of emotional health in relationships (Messman-Moore & Coates, 2007; Perry, DiLillo, & Peugh, 2007; Walker et al., 2009). Results from the Adult Attachment Interview (McCarthy & Maughan, 2010) found a substantial correlation between insecure attachment and negative functioning in childhood. Findings suggested that dealing poorly with early negative childhood experiences may adversely influence development and maintenance of close interpersonal relationships during adulthood (McCarthy & Maughan, 2010). That study included a small sample of men; therefore, it was not sufficient enough to determine statistical significance or generalize to the male population.

To further expand on Bowlby's attachment theory, Hazan and Shaver (1987) determined that the attachment behavioral system relates to early affective and romantic relationships. They found that individual differences in the mother-child relationship are some of the same differences noted in close relationships, thereby concluding that this initial relationship is critical to the types of relationships children may engage in as they grow older and seek out connections with others. These individual differences are a result

of consequences of expectations and beliefs children may have created about themselves and their relationships based on relationships in the past (Hazan & Shaver, 1987).

Experiences of childhood abuse can cause suicidal ideation in victims, which also affects self-esteem and interpersonal relationships (Belike, Stein, Asmundson, & Sareen, 2009). Poor secure relationship bonds in childhood may increase suicide risk. Individuals with poor childhood relationships have the potential to engage in supportive connections with others through experiences of positive intimate relationships later in their lives; however, psychiatric symptoms tend to interfere with such relationships (Brodsky & Stanley, 2008). Individuals who were abused in childhood do not tend to seek emotional connections with others, thereby leading to a sense of loneliness, which contributes to low self-esteem and suicidal ideations. Individuals who tend to die by suicide feel as though they do not belong and are a burden to society or significant others (Joiner, 2005).

### **Literature Review Related to Key Variables**

#### **Childhood Abuse in Men and Its Effects**

Childhood physical abuse is defined as events experienced before the age of 18 in which perpetrator behaviors include hitting with an object, kicking, throwing, tying, locking in a confined place, and/or burning (Reiff et al., 2011). Childhood physical abuse can also include threats with weapons such as a knife, stabbing, or shooting. If hitting with the hand caused bruising or severe pain, it was considered childhood physical abuse. Spanking or slapping that does not cause bruising is not childhood physical abuse.

Childhood sexual abuse is a sexual experience in which contact such as touching with the hands, oral sex, or genital/anal sex before the age of 13, with or without consent



(Reiff et al., 2011). This behavior does not include consensual exploratory behavior among peers. Nonconsensual sexual acts from ages 13 to 16 would be included. Any sexual behavior with a family member was considered to be abuse. In situations where the perpetrator was 5 years older than the victim, it would be labeled as abuse (Reiff et al., 2011).

Minimal research on the effects of childhood sexual and physical abuse has been conducted on men, despite the prevalence of this level of abuse. Trauma has been known to provoke feelings of anxiety and aggression in men (Baljon, 2011). A man's masculinity becomes questioned when he has experienced sexual abuse during childhood. Anger exhibited in an adaptive manner can be misinterpreted as destructive aggression in men (Ganzevoort, 2006).

Findings from a San Diego study of 17,337 adults reported that 16% of the male respondents reported some form of sexual abuse before the age of 18 (Dube et al., 2005). Of the male victims, 24.7% stated that penetration was involved in the abuse. In the same regard, Balsam et al., (2005) reported that childhood sexual abuse among homosexual men was higher than 30% when compared to the number of women of all sexual orientations included in the study. An Australian population study found that men who had experienced childhood sexual abuse through penetration had almost double the rate of impaired mental health when compared with women (Najman, Nguyen, & Boyle, 2007). Among a group of men who had severe mental illnesses and reports of childhood trauma, 82.9% experienced physical abuse, 18.9% experienced sexual abuse, 5.4% witnessed sexual abuse, and 35.5% witnessed physical abuse.

Case studies of two men who experienced physical and sexual abuse during childhood revealed a significant amount of mental health disorders to include bipolar disorder, schizoaffective disorder, and antisocial personality disorder. Information from clinical interviews found symptoms that included severe anxiety, depression, suicide attempts and ideation, polysubstance use, delusional thinking, and referential ideation (Muenzenmaier et al., 2010). One of the subjects in the case study reported auditory hallucinations. Previous literature found associations with childhood physical, sexual, and emotional abuse and neglect, which significantly increased the risk of experiencing hallucinations (Dube et al., 2005). They also reported that individuals who experienced the highest number of types of adverse events in childhood were 4.7 times more likely to report hallucinations. Childhood abuse is an associating factor with psychosis and schizophrenia (Read, van Os, Morrison, & Ross, 2005). These disorders typically have symptoms of hallucinations that tend to make comments and commands.

In children, sexual abuse may contribute to an inconsistent self-concept that may be indicative of interchanging between feeling special and feeling damaged. Physical and emotional childhood abuse and neglect can also contribute to emotional disturbance, feelings of shame and guilt, isolation, and difficulty developing close relationships (Riggs, Cusimano, & Benson, 2011). Ongoing trauma may restrict an individual's ability to develop or maintain healthy attachments (Muenzenmaier et al., 2010). Of the two case study participants interviewed, Muenzenmaier et al. found that polysubstance use allowed abuse victims to distance their affect and emotional experiences. One subject reported possessive behaviors in relationships as well as jealousy, vengefulness, and

destructiveness. In addition to aforementioned outcomes of childhood abuse, subjects reported somatic complaints, severe headaches, incapacitation, and a fear of having a serious or rare disease. For many men, obsessive ideas were intensified when their image as a man was threatened (Muenzenmaier et al., 2010).

Individuals with complex trauma tend to experience serious difficulties with affect dysregulation and self-soothing. These difficulties play a detrimental role in adult relationships and interactions, such that individuals affected by unresolved childhood abuse have limited capacity for coping, difficulty maintaining relationships, low self-esteem, and negative internal working models of self and others (Muenzenmaier et al., 2010; O'Leary & Gould, 2010; Quina & Brown, 2007; Reiff et al., 2011). Andover et al. (2007) reported findings of a relationship between sexual and physical abuse and suicide attempts. Joiner et al. (2007) found that the prevalence of suicidal ideation was higher, depending upon how painful and provocative the form of abuse was, such as violent sexual or physical abuse that resulted in injury.

Literature found that males tended to be less prone to disclose trauma associated with sexual abuse than female counterparts (O'Leary & Barber, 2008). They also took longer durations of time before they discussed experiences or sought help regarding childhood sexual abuse. Even when they suffered from personal difficulties that resulted in externalizing behaviors, a lack of trust, and a fear of losing control, some men took more than 10 years to disclose abuse (Muenzenmaier et al., 2010; O'Leary & Barber, 2008).

A study of 147 Australian men sexually abused in childhood reported their experiences with suicide, and men who were sexually abused in childhood were 10 times as likely to report suicidal ideation as opposed to the controls used in the study (O'Leary & Gould, 2009). Suicidality was reported to be associated with the extent of the abuse experienced by the men in this study. Abuse in which penetration and physical injury resulted had a higher correlation with suicidal ideation and behavior. The study also found that suicidality was associated with feelings of isolation, acting violently and aggressively, self-blame, feelings of fear and anxiety, confusion, and illegal substance use (O'Leary & Gould, 2009). Traumatized men had a tendency to see themselves as weak, and their criminal acting out behaviors may have been a defensive mechanism to avoid vulnerabilities associated with self-image (Quina & Brown, 2007).

A 41-year-old participant in the study had reported that he was convicted of murdering the man who had sexually abused him as a child (O'Leary & Gould, 2009). Another participant recalled devoting many hours plotting revenge against his abusers. He reported that he sat outside of his abuser's home, but he did not follow through with the plot for revenge because he felt incapable of doing it, which resulted in heightened feelings of inferiority. Several of the men blamed themselves for the abuse and attributed it to a character defect. This level of self-blame led some men to believe that they were weak and/or unmanly. Confusion regarding their sexuality was apparent in how the men expressed their feelings. Some men expressed a sense of helplessness as they made attempts to understand their reactions to their abuse. There was a substantial reporting of

fear and anxiety, which burdened many of the men to the point they felt suicide was their only option (O'Leary & Gould, 2009).

### **Childhood Abuse and Relationship Satisfaction**

According to Whisman (2006), intimacy disturbances such as fear, distrust, and experiencing uncertainty about interpersonal closeness can result from childhood traumas. The impaired inability to trust becomes an issue in relationships throughout one's life in response to experiences during childhood. Effective relationship functioning can be discouraged as a result of childhood trauma and lead to difficulties in relating to one's partner sexually, an increase in probability of physical violence and revictimization, problems with expressing oneself emotionally and intimately, and emotional avoidance (Whisman, 2006; Wood, 2007). During childhood, children are taught to expect security and trust in adults; however, when childhood sexual abuse occurs, that trust and safety are betrayed. As a result, anger and suspiciousness in relationships are developed. Victims can feel powerless and become revictimized. Childhood sexual abuse can contribute to stigmas in which negative connotations regarding the abuse become internalized and integrated into one's self-image, and beliefs about being damaged and unlovable are developed (Kapeleris & Paivio, 2011; Paivio & Pascual-Leone, 2010; Whisman, 2006).

Childhood sexual abuse is associated with an increase in relationship problems, and individuals who reported a history of physical attack have been associated with low marital satisfaction and harmony. Whisman (2006) found that individuals with a history of childhood abuse, including rape and molestation, reported decreased marital

satisfaction. Trauma, in which assaultive violence is prevalent, was more likely to contribute to attachment insecurity and avoidance, which negatively affected marital functioning. Research reported that individuals who were sexually abused and maltreated during childhood had more occurrences of marital dissatisfaction than those who had no reports of childhood sexual abuse or maltreatment (DiLillo, Lewis, & Di Loreto-Colgan, 2007; Whisman, 2006). Childhood traumas of a physical and sexual nature were found to be associated with a greater probability of marital disruption and low marital satisfaction in adulthood.

Sigurdardottir et al. (2012) conducted a study to assess the consequences of childhood sexual abuse on the health and well-being of Icelandic men. They found that all of the seven men participating in the study felt as though they were unable to trust their partners. Participants noted that they felt as though they had to carry a heavy secret that made them feel awful and dirty. Troubled relationships manifested as a result of their histories of sexual abuse. These men reported that they had a variety of sexual intimacy and relational problems. Participants disclosed that they found it hard to trust a partner and be themselves because they had once trusted someone close to them who had betrayed them during childhood. Concerns about disclosing the abuse to their spouse or partner led to added tension in relationships. Many of the men in the study reported feeling devoid of any emotional connection with their spouse (Sigurdardottir et al., 2012).

### **Childhood Abuse and Adult Attachments**

Literature found that childhood sexual abuse negatively influenced male identity development (Kia-Keating et al., 2005). In the study, 16 men were asked about their

experiences of childhood abuse and their ability to function in one social aspect of their life, whether it was employment or interpersonal relationships. The men reportedly grew up in disorganized households that tended to be violent. Of those interviewed, 14 participants reported physical abuse where bodily harm was prevalent.

Comprehensive interviews were administered to obtain in-depth narratives from 14 men who participated in a study to explore how sexual abuse in childhood affected their current daily lives (Alaggia & Millington, 2008). The interviews addressed experiences of sexual abuse in childhood, the process in which experiences were narrated, the impact of the abuse as children and as adults, and the significance these men assigned to the abusive history. The men who participated in the study were all abused by men who were older, served as a parental figure, or held a position of trust or authority. Four of the participants reported that inflicted abuse was by family members, six of the participants were abused by men who had no familial relations, and four of the participants were abused by a family member and an individual outside of the family (Alaggia & Millington, 2008). Parental abuse tended to be damaging based on the fact that children rely on their parents for care and protection (O'Leary et al., 2010). Sexual abuse by a parent could cause confusion in a child along with a sense of betrayal. This type of abuse from such a close caregiver can harm the child's capacity for trust, intimacy, and self-agency during adulthood (Easton, Coohy, O'Leary, Zhang, & Hua, 2011; O'Leary et al., 2010).

Seven themes were derived, which depicted the abused men's experiences of childhood abuse, their adulthood reflections of the abuse, and meanings made of the

abuse (Alaggia & Millington, 2008). Themes of denial, early sexualization, confusion of their role and responsibility in the abuse, and specialness described participants' experiences of the abuse. Anger and rage, sexual disturbance and ambivalence, and loss and hope described the meaning the men made of their abuse. Denial was used to block out sexual abuse through manifestations of repressed memories. Of the 14 men studied, five reported that they experienced flashbacks of the abuse along with recovered memories, which typically occurred as they recuperated from their substance use, during sobriety, or in conjunction with important events in life such as birth of a child or a breakup. Many of the men studied by Alaggia and Millington used substances that were considered beyond normal experimentation of typical adolescents.

Rage affected interpersonal relationships, and one participant noted two failed marriages in which he was angry, sadistic, aggressive, controlling, and manipulative. Adult attachment styles play a significant role regarding elucidating aggressive behaviors in intimate relationships (Hansen, et al., 2011). Research has argued that aggression in interpersonal relationships tends to be more prevalent among ambivalent and avoidant attachment styles (Critchfield, Levy, Clarkin, & Kernberg, 2007). In five of the men studied, anger was internalized, which resulted in symptoms of depression and suicidal ideation. Sexual disturbances were noted in intimate relationships, as some men reported not being interested in sex and having flashbacks during sexual encounters that prevented them from completing the act. Some of the participants described encounters lacking any emotional significance. Long-term relationships were difficult to maintain, as men did



not know how to explain their history of sexual abuse to their partners (Alaggia & Millington, 2008).

### **Attachment and Relationship Dynamics**

Attachment behaviors can be identified when an adult is distressed (Collins & Feeney, 2013). Bartholomew and Horowitz (1991) expanded on Bowlby's (1973) theory of attachment and identified a two-dimensional, four-category model of attachment that explored the potential of adult attachment patterns. Secure attachment is indicative of high self-esteem and the ability to maintain intimate connections with others while maintaining a sense of self and self-worth. Bartholomew's (1999) model of secure partner attachment pattern consists of a positive model of self and others. These individuals are comfortable with themselves and seek pleasure from the closeness of emotional relationships. The relationship that most likely influences attachment style is the mother-child relationship, which is also considered to be the most important during one's lifespan (Malekpour, 2007). When attachment needs are met in childhood, individuals typically develop a secure attachment in adulthood and are comfortable with intimacy and autonomy (Bowlby, 1973).

According to Buckley (2013), romantic partners become the primary attachment figures in stable relationships. This attachment occurs if the partner provides the basic needs of a secure attachment such as availability in proximity seeking behaviors; being a source of protection, support, and comfort during one's time of need; and encouragement of one's pursuance of personal goals. When these dynamics are fulfilled in relationships, feelings of earned security are met and developed. During times of distress, the proximity

of one's partner is sought to obtain security (Buckley, 2013). Research also found that attachment security predicted the quality of dating relationships (Holland & Roisman, 2010).

Ambivalent or preoccupied attachment patterns are concerned with their attachment needs and seek to have those needs met in close relationships. During childhood, these children may have thought they were the reason for the lack of love and affection from attachment figures. As adults, those with ambivalent attachment patterns learn to express their needs insistently in an attempt to maximize their chances of obtaining sought-out support (Bartholomew et al., 2001). These individuals also tend to be overly dependent on their partner or close others as a means to validate themselves through others' acceptance and approval. Bartholomew's (1999) preoccupied partner attachment pattern is defined by a negative view of self and positive view of others. They are overly engaged with their partner as a means of lowering their self-importance.

Ambivalent adults are sensitive to potential stress or threats. These individuals have a high level of stress and anxiety with intense negative reactions to external stress, particularly when they feel attachment figures are unresponsive to their demands (Bartholomew et al., 2001). The availability of attachment figures is questioned because ambivalent individuals do not expect others to be responsive to their needs and because their demands for support tend to be unrealistic. These individuals tend to be clingy and respond with angry protests, sometimes violence, when needs remain unmet. Individuals with ambivalent patterns of attachment express their need for support in interpersonal relationships in a demanding, intrusive, histrionic, and manipulative manner. They can

also have borderline tendencies. These individuals have problems with emotions and can be overly expressive (Mikulincer & Shaver, 2012). Individuals with this insecure attachment patterns had more reported instances of loneliness and social isolation with low levels of relationship satisfaction, more frequent breakups, and frequent incidents of violence and conflicts (Mikulincer & Shaver, 2007).

Ambivalent attachment style in relationships is a picture of discomfort with closeness and feeling overwhelmed by their feelings (Muller, 2010). These individuals are consumed with feelings of self-doubt, and they fear too much independence (Buckley, 2013). They also fear loss, separation, and being alone. Ambivalent attached individuals were taught to over-exaggerate their distress in order to obtain needed or wanted attention. In adult relationships, themes of neediness, insecurity, and fear are common. They tend to fear rejection and abandonment (Muller, 2009). Conflicts are ensued as a means of seeking attention, enhancing distress through focusing on negative words, thoughts, and feelings. Individuals who have ambivalent attachment patterns tend to be obsessive, emotionally unstable, controlling, jealous, and possessive (Buckley, 2013). They have emotional highs and lows and have difficulty managing and expressing how they feel.

Individuals with avoidant attachment patterns tend to inhibit their displays of distress and withdraw from others, particularly when they are under stress (Bartholomew et al., 2001). They typically had problems with nurturance and tend to be cold, competitive, and introverted (Mikulincer & Shaver, 2012). These individuals had inconsistent attachment figures during childhood and were met with behaviors indicative

of rejection when attempting to have needs met and seeking comfort. The avoidance exhibited in adulthood is considered a defensive strategy when threatened, in which the natural inclination to obtain closeness from attachment figures was suppressed.

Concerning behaviors within intimate relationships, individuals with avoidant attachment style tend to devalue intimacy. They are detached from their feelings and need for closeness and intimacy (Buckley, 2013). These individuals do not associate any prevalence of negative attachment experiences in childhood. Individuals with an avoidant attachment style do not typically want to be dependent on their partner and fail to share intense emotions or believe that romantic love lasts. These behaviors are in response to their fear of intimacy, emotional inconsistency, and jealous behaviors. Avoidant individuals feel that their partner lacks what is required to support them; therefore, they withdraw early in relationships to avoid disappointments. As a result, the couple becomes more distant and defensive (Buckley, 2013).

Disorganized/fearful attachment tends to develop when the attachment figure's behaviors are threatening or frightening to the child, causing them to fear their source of attachment. Main and Hesse (1992) described this attachment pattern as fright without solution. The caregiver, not the situation of separation, is perceived as the source of stress. This type of attachment is indicative of a relationship in which the child is abused by an abusive caregiver and fear of this attachment figure creates disorganization in the attachment structure (van Ijzendoorn & Bakermans-Kranenburg, 2003). Disorganized attachment can also develop when the caregiver is frightened by or frightening to the child (Carter, 2011; Zilberstein & Messer, 2010). The relationship is contradictory and

irresolvable within itself, as the child looks to the caregiver as the primary source of safety and security in a world that is threatening in the eyes of a child (van Ijzendoorn & Bakermans-Kranenburg, 2003; Zilberstein & Messer, 2010). Conflict occurs because the abusive caregiver is also the source of stress provocation, in which they, without warning, evoke threats of physical or psychological violence. The child is then in a situation where his or her foundation of safety is also the source of fear, leading to disorganization (van Ijzendoorn & Bakermans-Kranenburg, 2003). These children have to rely on their self-soothing and coping skills to help deal with distressful situations, which hinders appropriate emotion regulation, relational strategies, and internal organization (Zilberstein & Messer, 2010).

Individuals with disorganized/fearful attachment were identified as having the most impairment in relationships (Buckley, 2013). These individuals tend to have disorders with borderline, dissociative, and posttraumatic stress features. These disorders are typically in response to a lack of trauma resolution. Unresolved trauma is a critical indicator of unresolved attachment (Wallin, 2007). In relationships, individuals with disorganized/fearful attachment are unstable in their interactions with their partners as they recreate trauma experienced during childhood. Relationships involve conflicts, testing, avoidance, and emotional instability (Riggs, 2010). As a result, these relationship characteristics tend to be too much for partners to withstand and the individual with disorganized attachment gets hurt over and over again, repeating patterns of childhood abuse and neglect (Buckley, 2013; Busby, Walker, & Holman, 2011). According to

Wallin, individuals with disorganized attachment have a tendency to perceive themselves as both the victim and the perpetrator responsible for the trauma.

Betrayal trauma theory asserts that childhood experiences of abuse place children at risk for revictimization later in life (Gobin & Freyd, 2009). Acts of violence and abuse perpetrated by someone the victim cared about, depended on, and trusted tend to be processed and remembered differently than acts of abuse and violence by individuals with whom the victim had no close connection. An act of violence or abuse by a significant figure is idiosyncratic as a trauma high in betrayal and is typically remembered less than traumas low in betrayal (Gobin & Freyd, 2009). Perpetrators are viewed as the key to physical and psychological safety and the victim feels that there are advantages to keeping interpersonal and emotional connectivity. This belief causes the victim to lack awareness of the betrayal and fail to identify experiences as abusive.

Research conducted by Taussig and Culhane (2010) explored the effects of emotional abuse on psychological and interpersonal relationships among preadolescent youth in a foster placement program. The preadolescents in the study were exposed to conditions in which emotionally abusive behaviors were displayed, indicative of emotional maltreatment, verbal aggression, abandonment, and exposure to violence. The study found that attachment relationships among males in the study were affected most by a history of emotional maltreatment. Attachment relationships with parents were complex among males who experienced verbal aggression. Males with experiences of emotional maltreatment exhibited difficulty attaching to peers. Childhood maltreatment

contributed to insecure and disorganized attachments in relationships throughout their childhood and adult lives (Reyome, 2010).

Children learned to mistrust others and develop insecurities when they lived in fear of violence, received constant reprimand and emotional pain, and felt as though they could not change their circumstances (Crawford & Wright; 2007; Muller et al., 2012). This level of insecurity tends to manifest in adulthood and interpersonal relationships. According to Mikulincer and Shaver (2012), failure to obtain consistent support from attachment figures can also result in difficulties acquiring social skills, which creates detrimental problems within interpersonal relationships.

Partner attachment style is characterized by having different approaches to love relationships such as different strategies for emotional responses and behavior to the partner. These partner attachments are in reference to romantic relationships (Stanojevic, 2004). Individuals with dismissing partner attachments reported earlier experiences of rejection and neglect. Once these individuals had learned that others were unreliable, they developed a protective barrier that protected them from new expectation and disappointments. Attempts were made to incorporate new, different information into their old model of distrust and attachment. This dismissing pattern of attachment is indicative of distance and distrust with their partner. They are defensive and speak in a meager, stereotypical manner with no memories sufficient enough to break their protective barrier or give motive not to have one. These individuals tend to deny the effect of attachment on their personal growth and use dark humor in a cynical manner (Stanojevic, 2004).

## Summary and Conclusions

Research has clearly suggested adverse psychiatric outcomes for men who have reported a history of childhood abuse. Men with severe mental illness tend to receive diagnoses, including psychotic disorders, and exhibit significant symptoms that inhibit cognitive, emotional, and social functioning (Muenzenmaier et al., 2010). These inhibitions affect various avenues of a man's daily functioning and interactions with others. Unresolved childhood abuse has a tendency to manifest in the lives of these men through lifelong difficulty with trauma-related symptoms such as the inability to effectively manage and regulate emotions, hyperarousal, intrusive recollections of the trauma, and difficulties with maintaining interpersonal relationships (Stovall-McClough & Cloitre, 2006).

When children are subjected to environments of abuse, fear, emotional pain, and physical and sexual abuse, they learn to mistrust others and develop insecurities. These children also develop negative internal working models of themselves and others. This insecurity manifests into adulthood and interpersonal relationships, which could affect reported relationship satisfaction. Inconsistent support from primary attachment figures during childhood results in difficulties obtaining and adequately employing appropriate social skills, which tend to cause negative problems within interpersonal relationships. The following chapter will lay the groundwork for the methodology of this study in which potential correlations between men's attachment styles and relationship satisfaction and their childhood abuse are assessed and explored to determine clinical significance.



## Chapter 3: Research Method

### **Introduction**

The purpose of this ex-post facto nonexperimental study was to examine adult attachment and relationship satisfaction among men who reported a history of childhood abuse. It sought to assess the relationships between childhood abuse severity, adult attachment, and relationship satisfaction among men abused during childhood. This chapter discusses the research methods employed for the study. A brief review of the design and approach to the study, including setting and sample, procedures, and instrumentation, is presented. Next, data collection and analysis are discussed. A review of the threats to statistical validity, including reliability of the instruments, data assumptions, sample size, and the measures taken to protect the participants' rights conclude this chapter.

### **Research Design and Rationale**

This research is a quantitative study employing a nonexperimental design. Statistical data were collected using psychometrically sound instruments to evaluate varying responses from men who had reported a history of childhood abuse to identify the relationship between adult attachment and relationship satisfaction and determine severity of abuse and how it is associated with adult attachment and relationship satisfaction. Childhood abuse severity and adult attachment style were the independent variables while relationship satisfaction served as the dependent variable.

A hierarchal multiple regression analysis and point biserial correlation were used in the statistical method for this study. This analysis is appropriate in a correlation design

when there are two or more predictor variables that influence the dependent variable (George & Mallery, 2011). Although other methods were considered, they were not sufficient to test the research questions of this particular study. Quantitative research allows for a broader study, includes a larger number of subjects, and increases the generalizability of results. It also helps understand the importance of data by determining how results can be projected to a larger population (Babbie, 2010). Psychometric instruments employed provided quantitative data through survey methods. The advantages of survey research are that it can describe characteristics of a large population, it can be administered remotely, and standardized questions can allow for statistical analysis and high reliability. The disadvantages are that it has restricted capacity to explore causality, and it has weak external validity due to sampling constraints. There tends to be a greater likelihood of participant bias in the use of self-reports (Gravetter & Wallnau, 2009).

## **Methodology**

### **Population**

The population for this study consisted of men recruited through MaleSurvivor Organization who reported a history of childhood abuse. The participants were of various ages, ethnicities, and regional backgrounds. Selecting an online sample of participants potentially broadens the sample's demographics and increases the likelihood of obtaining sufficient sample size. Members of MaleSurvivor Organization participated from many areas of the United States. According to G\*Power (Howell, 2010), the appropriate population size for this study was 77, which is explained in the following section.

### **Sampling and Sampling Procedures**

Availability or convenience sampling was used because it provided accessibility of participants to me as the researcher and needed data concerning specific variables, and it established a suitable sample size (Gravetter & Wallnau, 2009). Power analysis was conducted using G\*power (Howell, 2010) to determine the appropriate sample size for the study. To conduct power analysis, an alpha level of .05 and power of 0.80 were chosen, as these are the accepted standards for research studies (Gravetter & Wallnau, 2009). Because there is a limited amount of research on adult attachment and relationship satisfaction among men who report a history of childhood abuse, a medium effect size ( $f^2 = .15$ ) for linear multiple regression analysis was employed. Power analysis suggested that a sample size of 77 participants was adequate for this study, given the above parameters.

### **Procedures for Recruitment, Participation, and Data Collection**

Participants were recruited from the MaleSurvivor Organization to participate in the research study. At the beginning of this research process, Ken Followell, President of MaleSurvivor Organization, was contacted via e-mail to introduce the study. This communication explained the purpose of the study and requested permission to survey members of the organization, as they directly worked with men who were physically and sexually abused throughout their lives. Referral to the research committee of MaleSurvivor Organization was provided. According to Les Gallo-Silver, permission could not be obtained until this research proposal obtained Institutional Review Board (IRB) approval through Walden University (see Appendix G). Once Walden University

IRB approval (approval # 05-26-15-0199219) was obtained and permission was granted by MaleSurvivor Organization, letters of consent were sent containing a link to the information needed to complete the survey. This information was presented in a study announcement and provided directly from the research committee of MaleSurvivor Organization to the members who qualified for participation in the study. Members were provided access to the research and participation was voluntary.

Consent forms (see Appendix A) were used to obtain informed consent to participate in the study. Letters of consent described the purpose and scope of the study, confidentiality, nature of participation, agreement, and the ability to opt out at any time. These consents provided an introduction to the study that contained a secured electronic link. Participants were not able to participate in the study without first providing consent. After consent was provided, participants were directed to pages discussing confidentiality and general information about the study followed by a demographic survey and the study instruments.

This nonexperimental study employed the use of three self-administered survey instruments (CSI, RSQ, & ACE study questionnaire) and a self-administered demographic survey to gather data. The link provided instructions and links to access the consent form, demographic survey, RSQ, ACE study questionnaire, and CSI. Permission was obtained to use the RSQ, ACE study questionnaire, and CSI in electronic form and to conduct the study surveys via Survey Monkey. The website was used to collect data and ensured participants' identities were kept anonymous. Participants completed the electronic survey packets, and no time constraints for completion were provided.

Estimated time for completion of the electronic packages ranged between 15 to 25 minutes. Distribution and collection of the survey took place over an 8 weeks time period. After approximately 3 weeks, a reminder was sent out. Participants were able to withdraw from the study at any time. Upon completion of the study, participants were directed to a debriefing page, from which they received information about the study and resources for those who experienced distress. No additional participation was necessary upon completion of the surveys.

Surveys were collected electronically using Survey Monkey and coded to avoid duplication. Participants were assigned a number sequence and coded to protect data. There was no access to e-mail accounts or information used by members of MaleSurvivor and consent was implied, which further protected the participants' privacy. Upon submission of the surveys, they were checked for completion, and incomplete data were not included in data interpretation. Completed surveys were scored and the data were downloaded into the Statistical Package for Social Sciences (SPSS) software for statistical analysis. I only obtained access to raw data, and no personal data were available. Data collection did not begin until approval was granted by Walden IRB.

### **Instrumentation and Operationalization of Constructs**

#### **Relationship Scales Questionnaire (RSQ)**

The RSQ is a 30-item assessment concerning feelings, thoughts, and behaviors in relationships to capture the dimensions of the internal working model that are latent in each subject's particular style (Bartholomew & Griffin, 1994). It was designed to measure attachment in adulthood. Secure attachment represents a positive view of self

and others. Preoccupied attachment is indicative of a negative view of self and a positive view of others. Fearful attachment is a negative view of self and others. Dismissing attachment refers to a positive view of self and a negative view of others (Segal et al., 2009). Permission to use this instrument is provided in Appendix D, and a copy of this scale can be found in Appendix I.

The RSQ has been used frequently in the adult attachment literature. Individuals rate items on a 5-point Likert scale from 1 (*not at all*) to 5 (*very much like me*). Participants rate the extent to which statements best describe their characteristic style in close relationships. Five statements each contribute to the secure and dismissing attachment patterns. Four statements each contribute to the fearful and preoccupied attachment patterns. This study focused on four types of adult attachment: secure style, preoccupied (anxious) style, dismissing avoidance style, and fearful avoidance style, which are identified on the RSQ (Griffin & Bartholomew, 1994). Scores are derived by taking the mean of the four or five items representing each attachment style. The levels of attachment were based on total mean scores for each particular attachment style.

The RSQ is a psychometrically sound instrument to measure adult attachment style. Researchers found that the relationship between reliability and stability of this questionnaire was very high, ranging from 0.72 to 0.96 (Scharfe & Bartholomew, 1994). Cronbach alpha reliabilities for Hansen et al.'s (2011) study were 0.83 and 0.72 for anxious and avoidant attachment dimensions among a sample of 92 male inmates. A study of 876 undergraduate students who were administered the RSQ demonstrated Cronbach alphas of secure = 0.56, fearful = 0.75, preoccupied = 0.58, and dismissing =

0.60 (Frazier, West-Olatunji, Juste, & Goodman, 2009). Griffin and Bartholomew (1994) reported good test-retest reliability and stability over an 8-month period.

### **Couple's Satisfaction Index (CSI)**

The CSI is a 32-item scale designed to measure one's satisfaction in a relationship (Funk & Rogge, 2007). Scale items can be safely reduced to a 16-item or 4-item format depending on the researcher's needs. Permission to use this scale is provided in Appendix E and a copy of the scale can be found in Appendix J. CSI scores highly correlate with other measures of relationship satisfaction (Graham, Diebels, & Barnow, 2011). Scores range from 0 to 161 with higher scores representing greater satisfaction. Scores for the 32-item questionnaire that sum below 104.5 are indicative of dissatisfaction in relationships. For the 16-item scale, the dissatisfaction cutoff is 51.5 with a range of scores from 0 to 81, and the cutoff score for the 4-item scale is 13.5. There are no subscales for the CSI. Items are summed to determine a final score.

According to Funk and Rogge (2007), the CSI scales have excellent internal consistency and strong convergent validity. In a study to assess relationship satisfaction across separate positive and negative attitude dimensions, Cronbach alphas for the CSI were reported at 0.96 and 0.90 in a sample of 1,693 participants (Mattson et al., 2013). A study to determine whether dyadic empathy predicted relationship satisfaction in 151 individuals established concurrent validity with a correlation coefficient of 0.89 with the Dyadic Assessment Scale-32 and a correlation coefficient of 0.95 with the Relationship Assessment Scale (Funk & Rogge, 2007; Kimmes, Edwards, Wetchler, & Bercik, 2014).

**Adverse Childhood Experiences Study (ACE study questionnaire)**

The ACE study questionnaire (Felitti et al., 1998) measures the level of exposure to childhood, emotional, physical and/or sexual abuse, and household dysfunction during childhood. This scale consists of 10 yes-or-no questions that inquire about varying adverse childhood experiences. Each *yes* answer is counted as 1 and totaled at the end of the survey. Questions are scored dichotomously to yield a range of 0 = no exposure to 10 = exposure in all categories. Participants reply to questions about specific experiences during the first 18 years of life. A copy of the ACE study questionnaire can be found in Appendix H. Higher numbers are indicative of severe childhood experiences of abuse or neglect. Higher numbers are also related to an increased risk of diseases such as cancer, heart disease, and lung disease in adulthood. In a study of 101 women who lived in foster care during their childhood, Bruska (2013) administered the ACE study questionnaire and reported a Cronbach's alpha of 0.81, indicating sufficient internal consistency.

**Demographic Survey**

A brief demographic survey designed by me was presented to Walden University IRB prior to being used in the research. Demographic information consisted of eight items: (a) race, (b) age, (c) gender, (d) marital status, (e) employment status, and (f) level of education. All information remained confidential and no names were used on the demographics survey (see Appendix C).

**Data Analysis Plan**

Statistical analysis and data cleaning were conducted using the SPSS, Version 21.0 Mac OS X 10.9.1 software. Responses with missing data were detected by Survey



Monkey and labeled as incomplete. Responses with missing data were removed from further analysis. A test for outliers was conducted to determine whether cases could statistically be a part of the collected sample. Points that were further than four standard deviations from the mean were considered outliers. Outliers were detected by converting scores into  $z$ -scores and compared to a critical value (Cousineau & Chartier, 2010).

Variables are assumed to have normal distributions in regression analysis. Variables that are not normally distributed can distort relationships and significance tests (Osborne & Waters, 2002). Use of a histogram provided information of the population distribution.

Cronbach's alpha tests were conducted to evaluate the internal consistency of the RSQ, ACE study questionnaire, and CSI for the current study. Coefficients were based on guidelines in which greater than .9 is excellent, greater than .8 is good, greater than .7 is acceptable, greater than .6 is questionable, greater than .5 is poor, and less than .5 is unacceptable. Reliability coefficients typically range between 0 and 1. Internal consistency is greater the closer the coefficient is to 1.0 (George & Mallery, 2011).

### **Restatement of the Research Questions and Hypotheses**

RQ-1: What is the relationship between childhood abuse severity and rates of insecure adult attachment in men as measured respectively by the ACE study questionnaire (Felitti et al., 1998) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

*H<sub>0</sub>*: There is no statistically significant relationship between childhood abuse severity and rates of insecure adult attachment in men.

*H<sub>a1</sub>*: There is a statistically significant relationship between childhood abuse severity and rates of insecure adult attachment in men.

RQ-2: Are there significant differences in relationship satisfaction between the four different types of adult attachment styles (secure, dismissing, preoccupied, fearful) as measured respectively by the Couples Satisfaction Index (Funk & Rogge, 2007) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

*H<sub>02</sub>*: There is not a statistically significant relationship between adult attachment style and relationship satisfaction.

*H<sub>a2</sub>*: There is a statistically significant difference in relationship satisfaction among the four different types of adult attachment styles.

RQ-3: Does childhood abuse severity [as measured by the ACE study questionnaire (Felitti et al., 1998)] moderate the relationship between adult attachment style [as measured by the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)] and relationship satisfaction [as measured by the Couples Satisfaction Index (Funk & Rogge, 2007)]?

*H<sub>03</sub>*: Childhood abuse severity does not moderate the relationship between adult attachment style and relationship satisfaction.

*H<sub>a3</sub>*: Childhood abuse severity significantly moderates the relationship between adult attachment style and relationship satisfaction.

Research Question 1 was tested using a point-biserial correlation to assess the relationship between childhood abuse severity and rates of insecure adult attachment. The

point-biserial correlation is designed to identify a simple correlation between a continuous variable and a dichotomous variable. Childhood abuse severity consisted of a continuous variable with total scores ranging from 0-10. Based on participant responses to the RSQ, participants were dichotomously coded as having either secure or insecure attachment. The point-biserial correlation is mathematically equivalent to a Pearson (product moment) correlation and similarly assumes that the continuous variable is normally distributed (George & Mallery, 2011).

Hypotheses for Research Questions 2 and 3 were assessed using a hierarchical multiple regression analysis. Linear regression analysis allows for the assessment of a model that contains multiple predictor variables and can evaluate the effects of predictors after the effects of covariates have been accounted for (George & Mallery, 2011). For this study, both measures of attachment style and childhood abuse severity were entered as predictor variables and the criterion variable was relationship satisfaction. Self-reported adult attachment groups (i.e., secure, preoccupied, dismissing, and fearful) were computed based on mean difference scores on the RSQ. Childhood abuse severity consisted of the continuous total score on the ACE study questionnaire measure. Mean scores were calculated for relationship satisfaction.

Multiple linear regression assumes that the relationship between the independent and dependent variables are linear (Hoffman, 2010). Before conducting the analysis, regression analysis assumptions, including linearity, independence, homoscedasticity, and normality were conducted. This analysis is sensitive to outlier effects, which can be tested using scatterplots. It is also assumed that there is little to no multicollinearity in

multiple regression analysis data, which occurs when the independent variables are not independent of each other. Another independence assumption is that the error of the means are uncorrelated, meaning the standard mean error of the dependent variable is independent of the independent variables. Independence was determined by use of a Durbin-Watson statistic. Homoscedasticity entails the assumption that the error term (i.e., the random disturbance that may occur in the relationship between independent and dependent variables) is the same across all independent variable values (Hoffman, 2010). Linearity and homoscedasticity were detected by use of a scatterplot. A P-P plot was used to test for normality of residuals. Once assumptions were met, a hierarchical multiple linear regression was conducted to test for moderation effects.

Dummy coding procedures were used to test for differences among the four adult attachment styles. Secure attachment served as the reference group and was coded as “0” in all three dummy codes. For Dummy Code 1, preoccupied attachment was coded as “1,” and dismissing and fearful were coded as “0.” This code showed comparisons between preoccupied and secure attachment styles. For Dummy Code 2, dismissing was coded as “1” and preoccupied and fearful were coded as “0.” This code showed comparisons between dismissing and secure attachment styles. For Dummy Code 3, fearful was coded as “1” and preoccupied and dismissing were coded as “0.” This code showed comparisons between fearful and secure attachment styles.

Each of these three dummy codes were entered into the first step of the regression equation. The childhood abuse severity score (centered around the mean) was also entered into the first step of the regression. Interaction terms were computed by

multiplying the centered childhood abuse severity score with each of the three dummy codes described above. These three interaction terms were entered on the second step of the regression analysis. On each step, changes in R-squared were examined for significance, and individual predictors were examined for significance if the overall step was statistically significant.

### **Threats to Validity**

This study did not involve an experiment, and threats to internal validity were not applicable. However, threats to statistical conclusion validity can occur when the research reaches an incorrect conclusion about a relationship in result observations (Trochim, 2006). Retrospective reports of childhood abuse may have introduced subjective biases regarding faulty memories or a lack of self-disclosure. There may also be other factors to contribute to the level of relationship satisfaction other than reported history of childhood abuse. Participants were self-selected and on a volunteer basis. Research has reported that volunteers do not tend to have the same characteristics as the general population, and volunteers may participate in research for specific reasons that may influence how they respond during the research process (Callahan, Hojat, & Gonnella 2007).

A shortcoming of a single sampling source is the potentiation for a lack of accurate representation of the general population of men. MaleSurvivor Organization caters to men who have reported a history of abuse during childhood and men who have not been abused were not able to participate in the study as research questions were focused on the abused population. Survey research helps researchers find consistent

patterns in the data to help provide evidence for relationships between variables (Gravetter & Wallnau, 2009).

Self-report data is limited due to difficulties independently verifying the data, as researchers have to take what the participants report at face value. There are biases of survey research to include selective memory, telescoping, attribution, and exaggeration (Brutus, 2013). The measures used in this study are self-report instruments and may be open to participant interpretation. Results were dependent upon assumed honesty and participant's commitment to complete the measures accordingly. Issues of revealing abuse may play a factor if participants do not feel safe or comfortable disclosing such abuse questioned in this study.

### **Ethical Procedures**

Ethical considerations were essential in this study. All ethical standards were followed and maintained. Ethical protection of all participants is described in the following sections. Before data collection began, IRB approval (approval # is 05-26-15-0199219) was provided by Walden University, and, upon approval, MaleSurvivor Organization reviewed the proposal and provided approval (See Appendix G). Permissions to employ the use of instruments (RSQ, CSI, & ACE study questionnaire) were also obtained (See Appendices D, E, and F).

Prior to the study, prospective participants received an invitation to participate in the study from the research committee at MaleSurvivor Organization, which outlined the study, means of participation, confidentiality concerns, informed consent, and the ability to discontinue participation at any time. Victims of abuse tend to be a vulnerable

population as stress reactions may be prevalent in the event traumatic memories of abuse are evoked. Accordingly, after exiting the survey, participants were provided with a list of resources to manage effects of abuse. As noted in earlier chapters, traumatic experiences can affect one's psychological well-being. Participants were informed of the purpose of this research and all ethical guidelines were followed and maintained, as "do no harm" is particularly the foundation of ensuring participant safety. Surveys were kept anonymous. Participants were informed that they were free to withdraw from participation in this study at any time without consequences.

Questionnaires were completed online, and the data was downloaded and stored in a password-protected file that was only accessible to the researcher. The data for this study will remain confidential and anonymous. Participants were identified by a number sequence to prevent the use of personally identifying information. All data was stored in a locked file to be kept for a minimum of five years before destroying by shredding.

### **Summary**

The purpose of this quantitative study is to examine the relationship between adult attachment and relationship satisfaction among men who report a history of childhood abuse. Childhood abuse severity was measured using the ACE study questionnaire. Adult attachment was measured using the RSQ, and relationship satisfaction was measured by use of the CSI. The data was collected and analyzed using linear multiple regression analysis. G\*Power determined a sample size of 77 participants; however, two additional participants were obtained within the 8-week timeframe allotted for data gathering.

Participants were solicited from MaleSurvivor Organization, and data was not collected until approval from IRB was secured.

The information from this study can be used to help provide a better understanding of the effects of childhood abuse on the attachment style and level of relationship satisfaction among men. The results may allow appropriate early intervention to assist these males with coping with their abuse and managing their life experiences to prevent maladaptive behaviors such as self-destructive behaviors and psychiatric symptoms. This research may also have meaning for the male population who have been affected by childhood abuse and have difficulty with healthy attachments in relationships. The results can influence participants' overall functioning in that it can provide awareness of how histories of abuse contribute to behaviors and satisfaction in relationships. Addressing this gap in literature will provide crucial information for adequate treatment and understanding of the effects of abuse during childhood, and how to treat those effects as they manifest in relationships. To provide the most applicable and appropriate intervention and treatment, this research is conducive, as clinicians have an ethical responsibility to provide care to clients and those in need of help.



## Chapter 4: Results

### Introduction

The purpose of this quantitative research study was to examine the relationship between adult attachment and relationship satisfaction among men who reported a history of childhood physical and sexual abuse. The relationships were examined using three research questions, each of which analyzed adult attachment, relationship satisfaction, and childhood abuse severity. The three research questions investigated in the study were as follows:

RQ-1: What is the relationship between childhood abuse severity and rates of insecure adult attachment in men as measured respectively by the ACE study questionnaire (Felitti et al., 1998) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

RQ-2: Are there significant differences in relationship satisfaction between the four different types of adult attachment styles (secure, dismissing, preoccupied, fearful) as measured respectively by the Couples Satisfaction Index (Funk & Rogge, 2007) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

RQ-3: Does childhood abuse severity (as measured by the ACE study questionnaire [Felitti et al., 1998]) moderate the relationship between adult attachment style (as measured by the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994]) and relationship satisfaction (as measured by the Couples Satisfaction Index (Funk & Rogge, 2007])?

The hypotheses were tested using correlational analysis and multiple regression analysis. This chapter will explore participants sampled, discuss study design and procedures, and summarize results of the data analyses.

### **Demographic Characteristics of the Sample**

Participants from MaleSurvivor Organization completed three online questionnaires along with a demographic questionnaire via Survey Monkey. The majority of participants reported their race/ethnicity as White and/or Caucasian. Participant age ranged from 20 to 73 ( $M = 44.65$ ;  $SD = 12.63$ ). More than half of the participants reported being married, which represented 43 individuals (54.43%), and 27.85% reported that they were single. The highest levels of education reported were college degree (46.84%) and some college (34.18%). Experiences of physical abuse were reported among 72.15% of participants, and 92.41% reported sexual abuse during childhood. Reports of childhood abuse onset were as young as 1 year old and as old as 14 years of age, and 97.47% of participants knew the perpetrator who abused them. Mothers, fathers, immediate family, and friends of the family appeared to be the most reported among perpetrators. There were no major discrepancies in data collection when compared with the procedures as outlined in Chapter 3; however, the targeted number of participants was 77 and 79 participants completed the survey. Table 1 summarizes the demographic characteristics of the study sample.

Table 1

*Demographic Characteristics of the Study Sample (n = 79)*

<b>Characteristics</b>	<b><i>n</i></b>	<b>%</b>
<u>Age</u>		
18-24	5	6.34%
25-34	18	22.78%
35-44	17	21.52%
45-54	18	22.78%
55-64	12	15.19%
65-74	9	11.39%
<u>Education</u>		
Some High School	1	1.27%
High School	8	10.13%
Some College	27	34.18%
College Degree	37	46.84%
Vocational/Technical/Trade Training	6	7.59%
<u>Race</u>		
White/Caucasian	58	74.68%
Black/African American	12	15.19%
Hispanic	0	----
Latino	0	----
Native-American	2	2.63%
Other	7	8.86%
<u>Marital Status</u>		
Single (Never Married)	21	26.58%
Single (Not Currently Married)	1	1.27%
Committed Relationship	9	11.39%
Married	43	54.43%
Divorced	5	6.33%
<u>Sexual Abuse</u>		
Yes	73	92.41%
No	6	7.59%
<u>Physical Abuse</u>		
Yes	57	72.15%
No	22	27.85%
<u>Perpetrator Known</u>		
Yes	77	97.47%
No	2	2.53%

### **Data Screening**

Prior to data analysis, survey responses were thoroughly screened to ensure completion for all three survey instruments. A total of 92 participants responded to the surveys, from which 79 included completed surveys. Of the 92 surveys completed, one survey did not meet criteria for participation, as physical or sexual abuse was not reported. The remaining 12 participants did not complete the surveys to the end. The total number of valid responses included for data analysis resulted in 79 participants, which represents an 86% response completion rate.

### **Overview of Designs and Procedures**

The key variables (adult attachment, relationship satisfaction, and childhood abuse severity) were assessed for each participant. Participants provided consent to participate in the study, completed a demographics measure, and three questionnaires, which totaled 67 response items. The first measure was the RSQ (Bartholomew & Griffin, 1994), which measured adult attachment style and produced a score that represented a secure, fearful, dismissing, or preoccupied attachment style. The subscale means and standard deviations for adult attachment can be found in Table 2, which includes the means and standard deviations for the dependent and independent variables. Among the 79 individuals in the sample, the frequencies of attachment style were as follows: Dismissive ( $n = 22$ ), Fearful ( $n = 48$ ), Preoccupied ( $n = 6$ ), Secure ( $n = 3$ ).

Table 2

*Descriptive Statistics for Age, Childhood Abuse Severity, CSI, and RSQ Total and Domain Scores*

	<b>Mean</b>	<b>SD</b>	<b>Skewness</b>	<b>SE of Skewness</b>	<b>Skewness z-score</b>
<b>Age</b>	44.65	13.63	0.07	0.27	0.26
<b>ACE</b>	5.01	2.03	-0.06	0.27	-0.22
<b>CSI</b>	42.08	8.70	-0.01	0.27	-0.04
<b>RSQ-Total</b>	97.56	9.49	-0.40	0.27	-1.48
<b>RSQ-Secure</b>	12.44	3.17	0.26	0.27	0.96
<b>RSQ-Fearful</b>	16.18	3.25	-1.44	0.27	-4.37*
<b>RSQ-Preoccupied</b>	11.92	3.29	0.40	0.27	1.48
<b>RSQ-Dismissive</b>	18.44	2.88	-0.92	0.27	-3.41*

*Note.* *SD* – standard deviation; *SE* – standard error; ACE – Adverse Childhood Experiences study questionnaire; CSI – Couples Satisfaction Index.  
\*values that are  $\geq \pm 3.29$  indicate significant deviation from the normal distribution

The second questionnaire was the CSI-16 (Funk & Rogge, 2007), which measured relationship and categorized scores as satisfied or dissatisfied. Scores ranged from 1 to 79 with a mean of 42.08 (*SD* = 18.70). The third measure was the ACE study questionnaire (Felitti et al., 1998), which measured childhood abuse severity. Scores ranged from 1 to 9 with a mean of 5.01 (*SD* = 2.03). Table 3 includes age, childhood abuse severity, and CSI stratified by attachment style.

Table 3

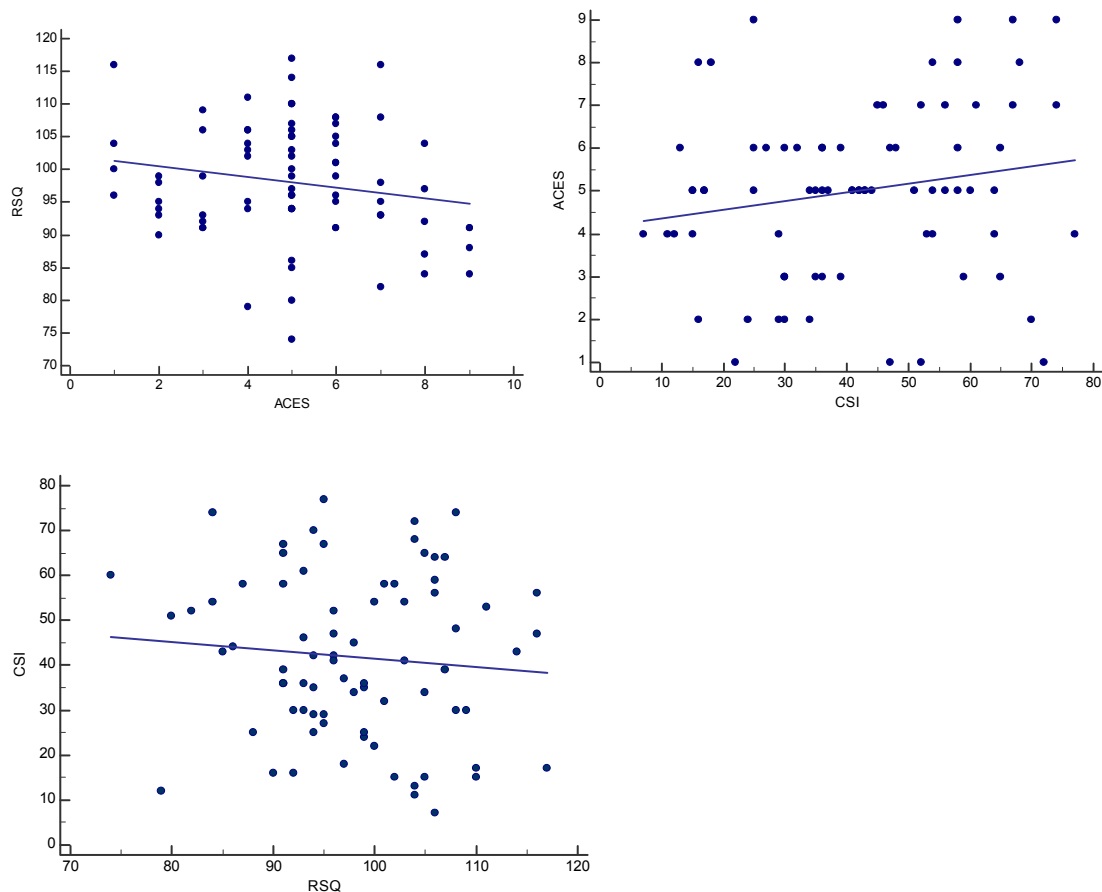
*Age, Childhood Abuse Severity, and CSI Stratified by Attachment Style*

	<b>Secure</b>	<b>Fearful</b>	<b>Preoccupied</b>	<b>Dismissive</b>
<b>N</b>	3	48	6	22
<b>Age</b>	37.33 (25.81)	46.15 (12.46)	48.50 (16.81)	41.32 (13.54)
<b>ACE</b>	5.33 (3.06)	5.50 (1.87)	5.67 (2.07)	5.50 (1.87)
<b>CSI</b>	49.00 (34.22)	42.90 (17.43)	37.00 (24.95)	40.73 (18.47)

*Note.* Mean (standard deviation); ACE – Adverse Childhood Experiences study questionnaire; CSI – Couples Satisfaction Index.

Internal consistency of the CSI and ACE study questionnaire were assessed using Cronbach's alpha, which utilizes the following interpretive scheme:  $\geq .9$  – Excellent,  $\geq .8$  – Good,  $\geq .7$  – Acceptable,  $\geq .6$  – Questionable,  $\geq .5$  – Poor, and  $< .5$  – Unacceptable (George & Mallery, 2011). The CSI demonstrated excellent internal consistency ( $\alpha = 0.97$ ) while the ACE study questionnaire demonstrated questionable internal consistency ( $\alpha = 0.56$ ). Several different attempts were made to determine if removing some items could increase the ACE study questionnaire's internal consistency; however, the highest Cronbach's alpha achieved was 0.64 with removal of Question 3. All other attempts yielded Cronbach's alpha values between 0.50 and 0.60. The low internal consistency for the ACE study questionnaire may be due to a relatively small number of questions ( $n = 10$ ). The CSI and ACE study questionnaire showed no correlation with each other ( $r = 0.18, p = 0.11$ ), indicating that the two instruments are measuring different constructs, thus minimizing the amount of collinearity that may be present in regression models using these variables. The RSQ and ACE study questionnaire also showed no correlation

( $r = -0.18, p = 0.11$ ), and the RSQ and CSI showed no correlation as well ( $r = -0.09, p = 0.43$ ). Scatterplots for these relationships, shown in Figure 1, tested for linearity and homoscedasticity.



*Figure 1.* Scatterplots for linear relationships among the ACE study questionnaire, CSI, and RSQ.

### **Data Analysis Results and Major Findings**

To test the hypotheses and examine the relationship between adult attachment and relationship satisfaction among men who reported a history of childhood abuse, I had originally proposed a point biserial correlation analysis to assess this association; however; because of the low number of secure attachment responses, a one-way analysis

of variance (ANOVA) and multiple linear regression analysis was employed to analyze data provided in this section. Data were analyzed using SPSS version 21.0 for Mac OS X 10.9.1. Prior to analyzing the data, the assumption of normality was tested for the CSI to ensure that the parametric tests that were proposed could be used. The normality assumption was tested by deriving the skewness and standard error of skewness values for the CSI. The skewness value for each assessment was divided by its standard error, which yielded a  $z$ -score. This  $z$ -score was then used to determine if the data significantly violated the assumption of normality based on the sample size. The sample size for this study ( $n = 79$ ) is considered to be medium sized ( $50 < n < 300$ ), so  $z$ -scores outside of  $\pm 3.29$  are indicative of nonnormal distributions (Kim, 2013). The  $z$ -scores for the CSI were well within the range of  $\pm 3.29$  (-0.04 and -0.22, respectively), which allowed for the use of parametric tests with this data. Diagnostic P-P plots of the data are shown in Figure 2. Histograms for the ACE study questionnaire, CSI, and RSQ are shown in Figure 3, which provided information for the population distribution.



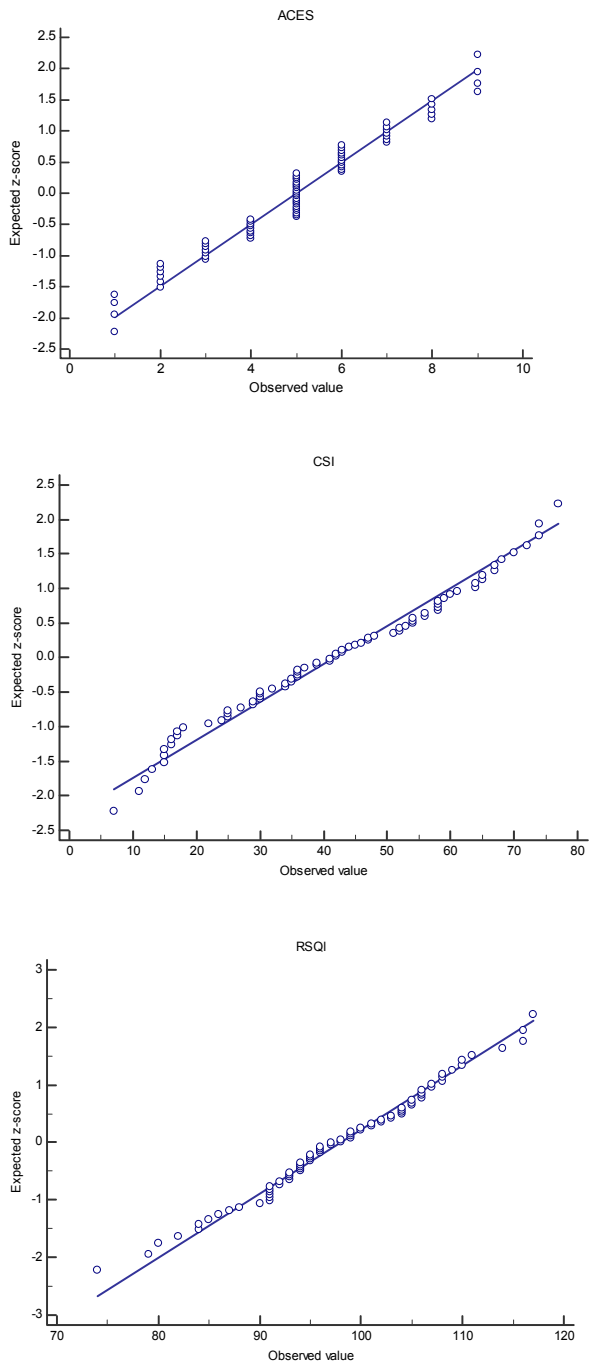
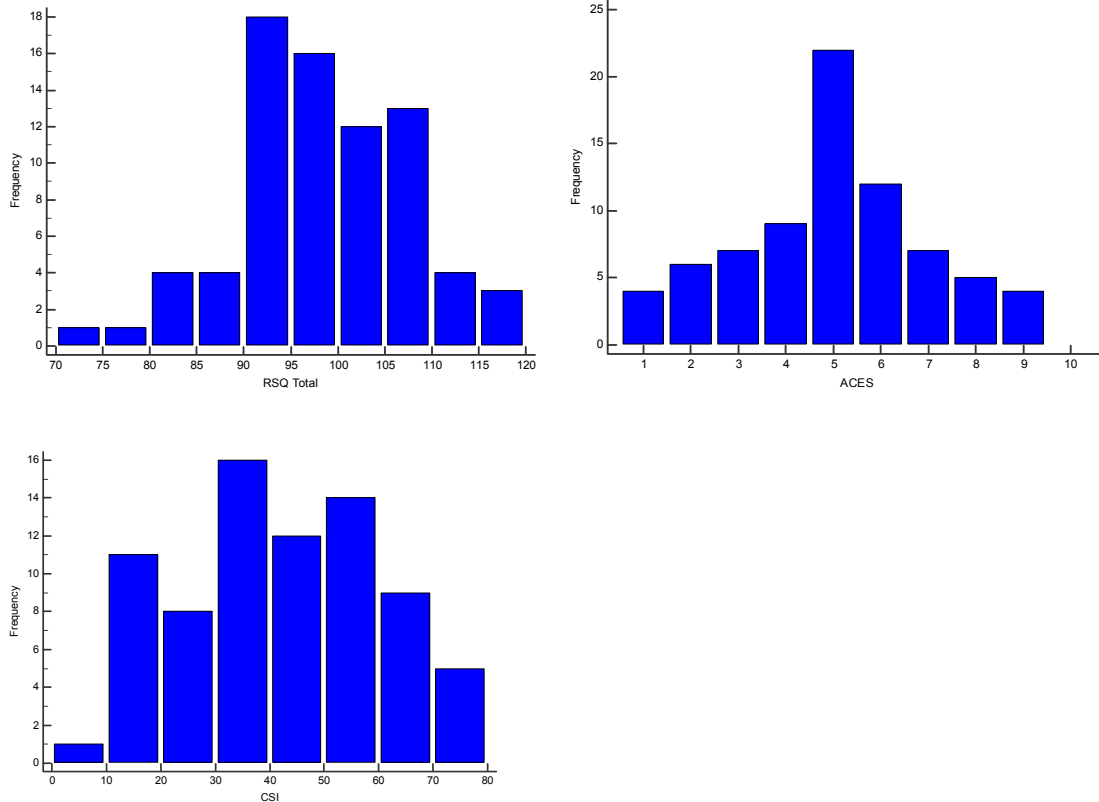


Figure 2. P-P plots for ACE study questionnaire, CSI, and RSQ assessments.



*Figure 3.* Histograms for RSQ total, ACE study questionnaire, and CSI distributions.

Differences in childhood abuse severity between the individual attachment styles were assessed using a one-way ANOVA because a biserial correlation could not be used. This change is discussed in the following section. Differences in relationship satisfaction between the different attachment styles were assessed using a one-way ANOVA, which used attachment style as the independent variable and CSI score as the dependent variable.

To determine whether or not childhood abuse severity moderated the relationship between attachment style and relationship satisfaction, a hierarchical multiple regression model was carried out, which used attachment style and an attachment style by childhood

abuse severity interaction term as predictors. This analysis was done to provide an initial assessment of whether or not a moderating effect may be present by examining the interaction of attachment style and childhood abuse severity. Additional exploratory analyses were conducted to assess the association between marital status and childhood abuse severity. The rationale for exploring the association of marital status was that it might serve as an indicator of the effect that childhood abuse has on intimate relationships later in life.

### **Statistical Plan Adjustments**

When the sample was divided into their respective attachment styles, there were very few individuals classified as having a secure attachment style ( $n = 3$ ). This imbalance of attachment styles in the sample required that statistical tests differ from those originally proposed to be used to address the research questions of this study. In most cases, a one-way ANOVA was employed to discern group differences between the attachment styles on the ACE study questionnaire and CSI. Additionally, these group analyses did not include the secure attachment group for the assumptions of the ANOVA to be met. For Research Question 3, a linear regression model using CSI scores as the dependent variable with ACE study questionnaire scores and attachment style classification as the independent variables was used. This model included an interaction term for ACE study questionnaire and attachment style to identify any possible moderating effects of childhood abuse on the relationship between attachment style and relationship satisfaction. Partial  $\eta^2$  was used to estimate the amount of variance accounted by each of the main effects and the interaction.

### Research Question 1

What is the relationship between childhood abuse severity and rates of insecure adult attachment in men as measured respectively by the ACE study questionnaire (Felitti et al., 1998) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

$H_0$ 1: There is no statistically significant relationship between childhood abuse severity and rates of insecure adult attachment in men.

$H_a$ 1: There is a statistically significant relationship between childhood abuse severity and rates of insecure adult attachment in men.

There was no significant difference between the three attachment styles and childhood abuse severity; therefore, the null hypothesis could not be rejected. The one-way ANOVA, found no significant difference ( $F = 1.61$ ,  $df(2.73)$ ,  $p = 0.21$ ; Figure 4). Levene's test for equality of variances found no significant difference ( $p = 0.54$ ), confirming the validity of the ANOVA's result.

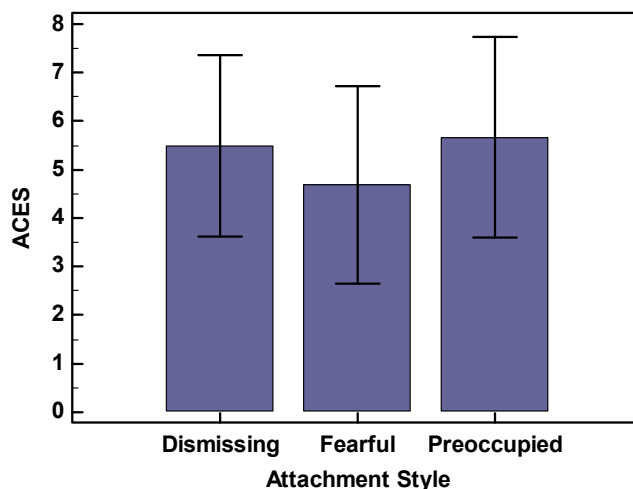


Figure 4. Childhood abuse severity by attachment style.

## Research Question 2

Are there significant differences in relationship satisfaction between the three different types of adult attachment styles (dismissing, preoccupied, fearful) as measured respectively by the Couples Satisfaction Index (Funk & Rogge, 2007) and the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)?

$H_02$ : There is not a statistically significant relationship between adult attachment style and relationship satisfaction.

$H_{a2}$ : There is a statistically significant difference in relationship satisfaction among the four different types of adult attachment styles.

One-way ANOVA found no significant differences between the different attachment styles on relationship satisfaction ( $F = 0.33$ ,  $df(2.73)$ ,  $p = 0.72$ ; Figure 5); therefore, the null hypothesis could not be rejected.

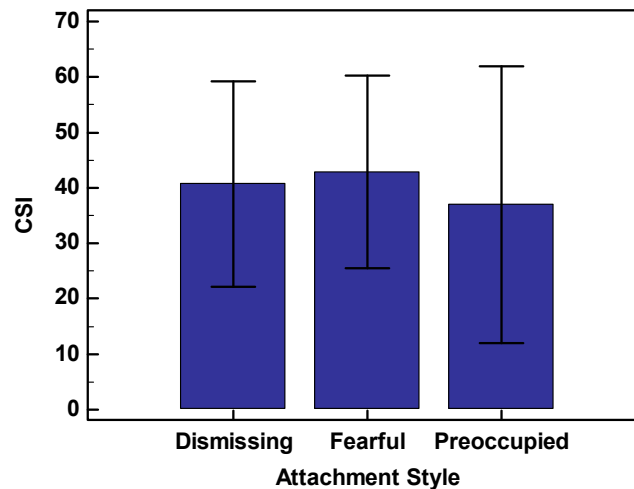


Figure 5. Relationship satisfaction by attachment style.

### Research Question 3

Does childhood abuse severity [as measured by the ACE study questionnaire (Felitti et al., 1998)] moderate the relationship between adult attachment style [as measured by the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994)] and relationship satisfaction [as measured by the Couples Satisfaction Index (Funk & Rogge, 2007)]?

*H<sub>03</sub>*: Childhood abuse severity does not moderate the relationship between adult attachment style and relationship satisfaction.

*H<sub>a3</sub>*: Childhood abuse severity significantly moderates the relationship between adult attachment style and relationship satisfaction.

The general linear model found a significant main effect for severity of childhood abuse ( $F = 6.30$ ,  $df(1.70)$ ,  $p = 0.01$ , partial  $\eta^2 = 0.08$ ), but no significant main effect for attachment style ( $F = 2.06$ ,  $df(2.70)$ ,  $p = 0.13$ , partial  $\eta^2 = 0.05$ ). This analysis was conducted because the ACE study questionnaire variable was included in this linear model; therefore, the effect of attachment style was in the presence of childhood abuse. Although it yields a different, yet non-significant p-value as noted in Research Question 2, this analysis provides the percentage of the variance (eta-squared) that attachment style accounts for. Attachment style and its interaction with severity of childhood abuse showed no significant effect ( $F = 1.63$ ,  $df(2.70)$ ,  $p = 0.20$ , partial  $\eta^2 = 0.04$ ). As a result, the null hypothesis could not be rejected. The Durbin-Watson statistic was 2.62, which indicated that the independent and dependent variables were not highly correlated.

### **Exploratory Analysis of Marital Status and Severity of Childhood Abuse**

Although marital status was not used in any of the primary analyses, it is possible that the effects of childhood abuse might be associated with marital status. The rationale for exploring the association of marital status is that it might serve as an indicator of the effect that childhood abuse has on intimate relationships later in life. Specifically, it might be that individuals who are single or divorced may have reported higher severity of childhood abuse. ANOVA found that relationship satisfaction differed significantly by marital status ( $F = 5.96$ ,  $df(3.66)$ ,  $p < 0.001$ ; Figure 6). A post-hoc analysis found that those who were either married or in a committed relationship had significantly higher relationship satisfaction scores than single individuals ( $p < 0.001$  for both comparisons). Although marital status had no interaction with attachment style on RSQ, marital status, by itself, does have a significant association with CSI. Single individuals had significantly lower scores than those who were married or in committed relationships.

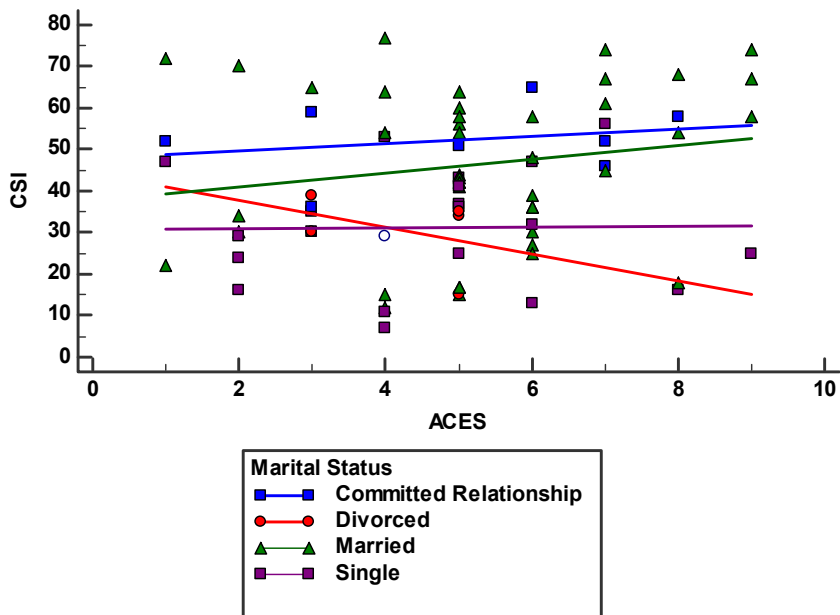


Figure 6. Interaction between marital status and severity of childhood abuse on relationship satisfaction.

In a subsequent linear regression analysis, which included a marital status by childhood abuse severity interaction term, marital status by itself was not statistically significant ( $F = 2.29$ ,  $df(3.63)$ ,  $p = 0.09$ ). However, the interaction between marital status and severity of childhood abuse was statistically significant ( $F = 2.90$ ,  $df(3.63)$ ,  $p = 0.04$ ). When this interaction is examined graphically (Figure 6), as severity of childhood abuse increased, relationship satisfaction decreased, but only among divorced individuals. This group was the only one to show such a downward trajectory.

No significant differences were noted between marital status classifications and the RSQ total score ( $F = 1.29$ ,  $df(3.71)$ ,  $p = 0.28$ , Figure 7). Levene's test for equality of variances found no significant difference ( $p = 0.96$ ) confirming the validity of the



ANOVA's result. The ANOVA tested group differences for the RSQ total score, which was not included in the previous linear model.

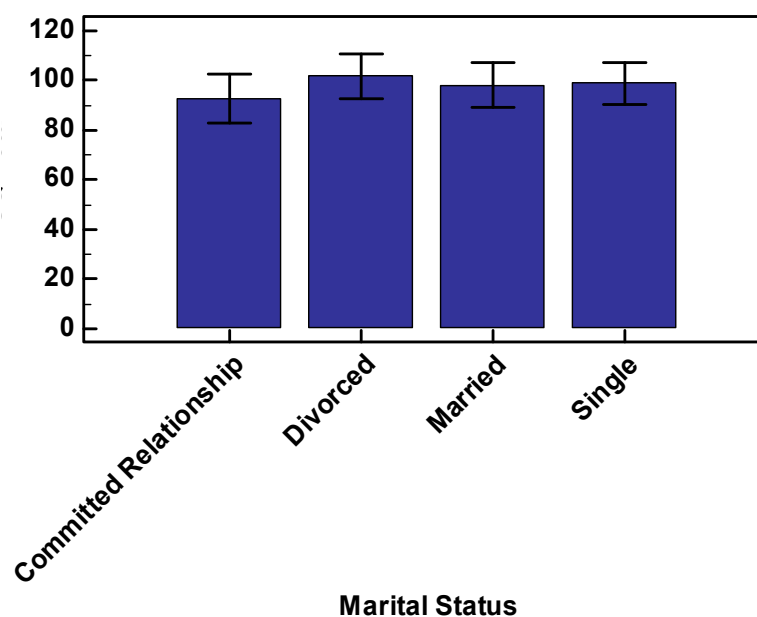


Figure 7. Marital status classification and RSQ total score.

### Summary

Based on the findings of these analyses, the null hypothesis could not be rejected for all research questions explored, which assessed the relationship between childhood abuse severity and rates of insecure adult attachment, differences in relationship satisfaction between the four different types of adult attachment styles, and childhood abuse severity as a moderator for the relationship between adult attachment style and relationship satisfaction. As a result of the low number of men who reported secure attachments ( $n = 3$ ), an ANOVA analysis had to be employed as opposed to the originally proposed biserial point correlation analysis. Reported findings showed that marital status had no interaction with attachment style; however, marital status independently had a

significant association with the CSI as it revealed that individuals who were single had significantly lower scores of relationship satisfaction than those who were married or in committed relationships. Additionally, there was a positive correlation between severity of abuse and relationship satisfaction among divorced men.

Findings did not support the hypotheses that there was a significant relationship between childhood abuse severity and its potential influence on adult attachment style and relationship satisfaction among men who reported a history of childhood abuse. A more in-depth discussion of these findings is in Chapter 5 along with implications for social change and recommendations for future research.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Study Overview**

The purpose of this nonexperimental study was to examine the relationship between adult attachment and relationship satisfaction among men who reported a history of childhood abuse. This study attempted to answer three research questions examining the relationship between the three different attachment styles, relationship satisfaction, and childhood abuse severity. The study also attempted to address a gap in research literature regarding examination of the outcomes abuse has on the male population. Previous research presented with an absence of information regarding how experiences of childhood abuse affect the manner in which men bond and experience satisfaction in romantic relationships. Results of this study indicated that there was no relationship between childhood abuse severity and insecure attachment, there were no differences between relationship satisfaction based on attachment style, and childhood abuse severity did not moderate the relationship between adult attachment and relationship satisfaction. Although marital status was not used in any of the primary analyses, it was found that relationship satisfaction differed significantly by marital status. Results found that men who were married or in a committed relationship had significantly higher levels of relationship satisfaction than single men, even if they scored in the dissatisfied range.

This study and its fundamental importance were justified by the dearth of empirical data in the literature regarding experiences exclusively of men with a history of abuse and its effects in domains of relationship satisfaction and attachment. Well documented in the literature are behavioral and emotional outcomes of childhood abuse

among women in various aspects of relationships, mental health, attachment, and overall well-being. Because of the lack of literature among men, this study was conducted to provide awareness to a population that experiences abuse at a potentially similar rate as women (Kraftcheck et al., 2007).

This chapter will provide a brief overview of why and how the study was conducted and a review of the research questions. Interpretation of the findings in the context of peer-reviewed literature and the theoretical framework will be discussed to incorporate significance of the current study and how it can potentially lead to future research. This chapter will also explore limitations and generalizability of this research study and provide recommendations to implement action for change. It will close with a discussion of further research and action along with implications for clinical and social change.

### **Interpretation of Findings**

The data analysis evaluated three research questions, which assessed the relationship between adult attachment and relationship satisfaction among men who report a history of childhood abuse. Adult attachment was measured by the RSQ (Griffin & Bartholomew, 1994), relationship satisfaction was measured by the CSI (Funk & Rogge, 2007), and childhood abuse severity was measured using the ACE study questionnaire (Felitti et al., 1998). Participants were recruited from MaleSurvivor Organization, which provides resources and support to men who are survivors of childhood abuse. A total of 92 men responded to the research survey and 79 responses were valid for data analysis.

The initial data analysis supported the hypothesis for Research Question 1; therefore, the null hypothesis ( $H_01$ ) failed to be rejected because there was no reported statistically significant relationship between childhood abuse severity and insecure attachment. The alternate hypothesis was not accepted as results indicated that childhood abuse severity did not affect the level of adult attachment. Even when age and education were adjusted for, there was still no significance noted.

The second analysis supported the null hypothesis for Research Question 2 ( $H_02$ ), stating that there is no statistically significant difference in relationship satisfaction among the four types of adult attachment style. As a result of changes made to the data analysis, this question only explored the three insecure attachments (fearful, dismissing, preoccupied). The results showed that there were no significant differences in relationship satisfaction among the three types of adult attachment style. There were only three participants who reported a secure attachment style; therefore, it was difficult to identify significance between relationship satisfaction and the attachment styles. Marital status did not have an interaction with attachment style; however, marital status alone had a significant association with relationship satisfaction as individuals who reported being single had scores that were significantly lower than those who reported being married or in committed relationships.

The analysis pertaining to Research Question 3 supported the null hypothesis ( $H_03$ ); therefore, it could not be rejected because childhood abuse severity did not moderate the relationship between adult attachment style and relationship satisfaction. The alternative hypothesis was not accepted because childhood abuse severity did not

influence the relationship between adult attachment and relationship satisfaction given the noted results of a lack of significant relationship between adult attachment and relationship satisfaction. There may be other factors that moderate any relationships between adult attachment and relationship satisfaction.

### **Literature and Research Findings**

The goal of this study was to clarify findings based on attachment theory (Bowlby, 1973), which purported that relationships during childhood tend to play a major role in how individuals connect and bond with others throughout their lives. Childhood abuse disrupts a child's ability to develop healthy and positive internal working models of themselves or others, which can also lead to insecure attachments with primary caregivers and others (Bowlby, 1973). Researchers have noted that instances of parental rejection, a lack of parental support, warmth, and harmony, and adverse events during childhood tend to result in an insecurely attached child who may eventually grow up to feel less satisfied with themselves, relationships, and life in general (Hinnen, Sanderman, & Sprangers, 2009).

Individuals with an insecure attachment are likely to report poor childhood conditions and emotional or relational problems during adulthood (Whishman, 2006). This current research confirmed previous literature as it highlighted that over half of the men who participated in this study revealed an insecure attachment and more men reported dissatisfaction in relationships. All the men reported childhood abuse, with more men disclosing experiences of sexual abuse. During childhood, children look to their primary caregivers for security and trust; however, when childhood physical and/or

sexual abuse occurs, that sense of trust and safety is betrayed. The outcome tends to be a manifestation of anger and suspiciousness in relationships, which make it more difficult to obtain satisfaction (Whishman, 2006). Childhood abuse and neglect can also contribute to emotional disturbances, shame and guilt, isolation, and difficulty developing close relationships (Riggs et al., 2011). Common among previous research literature and this current research are the challenges faced in close relationships.

To further elaborate on findings of this study and their connection to extant literature, Whishman (2006) found that childhood sexual abuse was associated with increased relationship problems, and individuals who reported a history of physical abuse tended to have low marital satisfaction and harmony. Research also found that childhood traumas of a physical and sexual nature were associated with a greater probability of marital disruption and low marital satisfaction in adulthood (DiLillo, Lewis, & Di Loreto-Colgan, 2007; Whishman, 2006). Sexual abuse by a parent could cause immense confusion in a child along with a sense of betrayal. This type of abuse from such a close caregiver can harm the child's capacity for trust, intimacy, and self-esteem during adulthood (Easton et al., 2011; O'Leary et al., 2010). A large number of men from this current study disclosed experiences of physical and sexual abuse from their parents and some parents were reportedly involved in child pornography rings and sex cults in which the child was used for sex.

Research has shown that a dismissing and preoccupied attachment style predicted marital dissatisfaction in couples, concluding that attachment style tends to be a significant indicator of the level of satisfaction in relationships (Mondor, McDuff,

Lussier, & Wright, 2011). Individuals with a preoccupied attachment tend to perceive themselves as unlovable and worry excessively about being rejected by their partner. Dismissing attachment is characterized by a belief that others will be unavailable during times of need, which leads to avoidance of being too close or dependent in relationships. Interestingly, results of this current study found that more than half of the participants reported a disorganized/fearful attachment style; however, as aligned with previous research, dismissing attachment was the second highest reported style of attachment.

Childhood traumas such as neglect, physical and sexual abuse, and parental psychopathology were found to be related to adult attachment. Parental divorce, absentee parents, and death of a parent were also associated with adult attachment (Hinnen et al., 2009). Many of the men in this study reported such events during their childhood. Many adverse experiences during childhood were related to one's satisfaction of life during adulthood, which was influenced by one's attachment style. Individuals with fearful and dismissing attachment styles may have learned to be more independent with a tendency to refrain from seeking support from others because it is likely that their parents were absent or unresponsive (Hinnen et al., 2009); however, individuals with a fearful attachment style typically recreate past traumas, which could contribute to conflicts in relationships and overall dissatisfaction (Buckley, 2013; Wallin, 2007).

Researchers have questioned whether the ability to recall childhood experiences was associated with adult attachment styles (Hinnen et al., 2009). It has been found that individuals with a dismissing attachment style tend to encode less emotional information than those who are not avoidant in their attachment style, and, as a result, may have



difficulty accessing attachment memories. Those who report a preoccupied attachment may be sensitive to experiences that may be perceived as rejecting and abandoning, which may lead to accessing of more negative memories from childhood. Overall, previous research indicated that individuals who are anxious or avoidant in their attachment style tend to report more childhood adverse experiences; however, recollection of those memories may be skewed based on attachment representations (Hinnen et al., 2009).

### **Theoretical Framework and Research Findings**

The theoretical base for this study supported Bowlby's (1973) attachment theory, which suggests that individuals are biologically hardwired to develop close bonds and connections with other people. The bond between a child and his or her primary attachment figure is adaptive to survival and reduces the child's risk of harm or danger, as these attachment figures serve as the child's source of safety and security (Bowlby, 1982). The manner in which a child bonds and interacts with his or her attachment figure is suggestive of future outcomes later in life. A lack of consistency, affection, and attachment during childhood can lead to dependency, anxiety, aggressiveness, and difficulty in social situations throughout an individual's life.

When security is lost during childhood, one's sense of safety with others becomes distorted. There is a tendency to find it difficult to trust others, which can lead to problems in close relationships. Individuals with insecure attachment find it challenging to develop and maintain intimate relationships with others. These challenges tend to

manifest as a result of developed insecure attachments of a fearful, dismissing, and preoccupied nature (Reyome, 2010).

Bartholomew and Horowitz's (1991) attachment representations provided some additional structure for this study in regard to defining secure, dismissing, preoccupied, and fearful attachment styles. There have been numerous studies citing research from Bartholomew on the different attachment styles and the role they play in relationships (Buckley, 2013; Holland & Roisman, 2010; Mikulincer & Shaver, 2007; Taussig and Culhane, 2010); Wallin, 2007) and additional research on the effects of childhood abuse and how the different attachment styles manifest in romantic relationships (Buckley, 2013; Muller, 2009; Reyome, 2010; Walker, & Holman, 2011; Zilberstein & Messer, 2010). Individuals with a fearful attachment style tend to have the most impairment in relationships as they recreate trauma experienced during childhood. Relationships are unstable and involve conflicts, testing, avoidance, and emotional instability (Riggs, 2010). Within this study, more than half of the men reported a fearful attachment style. These relationship patterns help emphasize why there is a proclivity toward dissatisfaction in relationships. Individuals with an avoidant attachment style may devalue intimacy and detach from their feelings, need for closeness, and intimacy (Buckley, 2013). This attachment style was the second highest reported in this study.

### **Limitations of the Study**

Limitations highlight inherent problems of a study based on the particular design of the study. One of the limitations of this research study was that the sample was drawn from individuals residing in the United States and did not adequately represent men who

experienced childhood abuse. Participants were recruited from MaleSurvivor Organization, an organization that provides support and resources to men who are victims of childhood physical and sexual abuse. This style of recruitment served as a limitation because the men were receiving support and services to help manage and cope with their abuse, which could have affected the manner in which they responded to questionnaires.

The questionnaires were open to participant interpretation and could have influenced how responses were made. As noted previously, individuals with dismissing and preoccupied attachments tend to have a distorted recollection of childhood experiences (Hinnen et al., 2009). Another limitation was that there may be social desirability biases, and I as the researcher would not be able to determine level of interest while completing questionnaires. Some participants could have been dishonest and not forthcoming in their responses, while others could have answered in a manner that could have increased the probability of an effect being noted. A lack of self-disclosure or faulty memories may have played a role in how these men responded to questions. Although confidentiality was priority, many individuals could have been more conservative in their responses as an attempt to maintain their sense of anonymity. As a result of these limitations, results are dependent upon the assumed honesty and commitment of participants.

### **Implications for Social Change**

Much of the existing research on childhood abuse has been solely focused on the female population; however, this study specifically employed the male population because they tend to be underresearched (Kraftcheck et al., 2007). Childhood abuse is a

widely studied phenomenon; however, prevention continues to be a necessity. There has been noted research on the effects of childhood abuse and how it manifests in adult relationships regarding attachment; however, research is lacking among men. The problem with this lack of research is fairly complex because of the lack of disclosure from men who can take years to disclose experiences of abuse (O'Leary & Barber, 2008). Stigmas attached to men who do report abuse because of internalized beliefs that they are weak, damaged, and unlovable (Kapeleris & Paivio, 2011; Paivio & Pascual-Leone, 2010; Whishman, 2006) may lessen from participating in research and exploring the outcomes of abuse. These men could be the voice of a silenced population.

Understanding how men are affected by childhood abuse can bring awareness to various concerns and unexplainable behaviors displayed by men. As a result, appropriate intervention strategies can be employed to help with managing behavioral symptoms and relational problems. By understanding one's attachment style, exploration can occur of how beliefs about self and relationships developed and distortions can be challenged and healing can begin. This research can provide information to professionals who provide couple's and marriage therapy because the manner in which an individual connects in relationships is critical to understanding their behaviors in relationships and internal working models.

This research adds to the literature of research conducted solely with the male population by providing information regarding attachment styles and relationship satisfaction. It was significant because abuse during childhood for men can have some of the same adverse effects as with women. Many of the men in this study reported sexual

trauma prior to the age of 18, showing that sexual trauma is not a gendered phenomenon and could be at higher rates among men; however, a lack of and delayed disclosure (O'Leary et al., 2010; Quina & Brown, 2007) prevents adequate research from occurring consistently. Increasing awareness may help in the implementation of programs and supports to help men heal from the trauma of abuse and neglect during some of the most vulnerable phases of their lives.

### **Recommendations for Action**

This study provides understanding into the relationship between adult attachment and relationship satisfaction among men who report a history of childhood abuse. There were no significant relationships or differences among childhood abuse severity, adult attachment, and relationship satisfaction. A total of 79 men completed the online surveys and reported experiences of physical and or sexual abuse. Of these 79 men, only three reported secure attachment, which means 79 men had insecure attachments. With this information, avenues for additional exploration of the causes of insecure attachment can be explored and appropriate assessments can be made for individual and marriage therapy to highlight potential causes of presenting behaviors in men.

Although this study did not indicate any statistical significance among childhood abuse severity, adult attachment, and relationship satisfaction, there is now research on rates of insecure attachments and level of relationship satisfaction among those who have reported abuse. Research has now highlighted that men experience childhood abuse at an alarming rate and action must be taking in regard to prevention, availability of educational resources, and support to manage behaviors that may arise as a result of

adverse childhood experiences. Further, education could help the general public, mental health practitioners, and families of those abused to understand the effects of childhood abuse, how it manifests in relationships throughout individual's lives, and how men connect and bond with others. This information can potentially help understand parenting styles and level of satisfaction in relationships. Notably, this research may provide some awareness into the fact that there are men willing to disclose experiences of abuse; however, appropriate measures must be taken to maintain confidentiality and safety as well as understanding that difficulty in disclosing vulnerable information of abuse can potentially be re-traumatizing for men. Empathy may be critical to obtaining the trust needed to conduct more in-depth research.

### **Recommendations for Future Research**

The current study has expanded the understanding of the relationship between adult attachment and relationship satisfaction among men who report a history of childhood abuse. It is recommended that additional research be given to this topic in a more in-depth nature. The current study used quantitative measures; however, conducting this study using qualitative measures would possibly produce more comprehensive analysis and statistical significance as it would gather specific themes that could be explored to address any relationships among adult attachment, relationship satisfaction, and childhood abuse severity. Results indicated that there were a high number of men who reported insecure attachments and more men reported dissatisfied relationships than those who reported satisfaction. Research should also include men who are not in connection with any organizations that offer support for experiences of abuse. It appears

as though childhood abuse did not moderate any relationship between adult attachment styles and relationship satisfaction.

As research has previously noted, insecure attachments in relationships can lead to poor development and maintenance of close interpersonal relationships (McCarthy & Maughman, 2010). The attachment bond influences early emotional and romantic relationships; therefore, an insecure attachment is more likely to lead to dissatisfaction in relationships. Additional research is needed in the realm of childhood experiences of men and whether attachment plays a significant role in relationship quality.

The measures used in this study may not have been sufficient enough to explore any relationships among these variables; however, it is noteworthy to mention that the majority of the men reported relationship dissatisfaction and insecure attachments. Additional research should also explore what other factors may moderate the relationship between adult attachment and relationship satisfaction. Much research has explored the effects of childhood abuse, and men should be afforded the opportunity to share their experiences to allow for additional awareness of the potential effects of such abuse and knowledge that it occurs just as frequently as with the female population. Researchers may face barriers in that men are less likely as women to report experiences of abuse, which makes this vulnerable topic of childhood abuse difficult to explore. It is important that researchers remain persistent and understanding of the challenges these men face regarding the effect of childhood abuse.

## Conclusion

This study focused on a sample of 79 men who reported a history of childhood abuse. The research was designed to collect survey data to examine the relationship between adult attachment and relationship satisfaction among men who experienced abuse during childhood. The results of the linear regression analysis did not reveal a significant relationship between childhood abuse severity and insecure attachment, and a significant relationship was not found between the three different styles of insecure attachment and relationship satisfaction. Results did not indicate that childhood abuse severity influenced the relationship between adult attachment and relationship satisfaction. However, it is important to note that most of the men who responded to the survey reported insecure attachments and relationship dissatisfaction, and men who were married reported higher levels of relationship satisfaction than those who were single. The findings from this study suggest that there may be other factors moderating the relationship between adult attachment and relationship satisfaction, and further exploration is warranted of the effects of childhood abuse in regard to relationship satisfaction and attachment among those who report childhood abuse.

Results from this study also suggest that there is much more to be explored among the male population. Because men are less likely to disclose, care and consideration must be incorporated when attempting to research this population on a topic of a very sensitive nature. There are men available and willing to speak out on how experiences of abuse affected them and their voices can be avenues for awareness, prevention, and change.



Several men willing to share their stories of abuse contacted this researcher via e-mail and appreciation was noted for conducting this level of research.

Understanding of these results may lend way to early intervention during childhood and adolescence by way of successful treatment of traumas and reframing any negative beliefs developed as a result of abuse. This research can provide insight to mental health professionals and practitioners regarding the treatment needs of these individuals and the difficulty they face as a result of experiences of childhood abuse. It is this researcher's hope that these findings will bring much needed awareness to a population that is underresearched so that appropriate care and treatment are enforced, policies for prevention are developed and implemented, increase in education and knowledge for early recognition of signs of abuse are made available, and future research remains a priority. Their voices can and will be heard through appropriate means of research and exposure.

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## Appendix A: Consent Form

You are invited to take part in a research study on how childhood abuse affects adult attachment and relationship satisfaction among men. The researcher is inviting men from MaleSurvivor Organization ages 18 and up who have experienced physical and/or sexual abuse during childhood. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named [REDACTED], who is a doctoral student at Walden University.

### **Background Information:**

The purpose of this study is to examine the relationship between childhood physical and sexual abuse and relationship satisfaction and adult attachment. Specifically, this research looks to find how the effects of childhood abuse impacts relationship satisfaction and adult attachment style.

### **Procedures:**

If you agree to be in the study, you will be asked to complete three questionnaires:

- Demographics Survey Questionnaire
- Couples Satisfaction Index (CSI-16), and the
- Relationship Scales Questionnaire (RSQ).
- Adverse Childhood Experiences Study (ACE study questionnaire). The ACE study questionnaire survey may be particularly distressing in nature as it asks questions about specific childhood experiences of abuse and neglect.
  - The total time to complete these questionnaires should be about 20-25 minutes.

Here are some sample questions:

- I worry that that I will be hurt if I allow myself to become too close to others. (RSQ)
- How rewarding is your relationship with your partner? (CSI)
- Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt? (ACE study questionnaire)
- Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you? (ACE study questionnaire)
- At what age did abuse begin? (Demographics Survey Questionnaire)

### **Voluntary Nature of the Study:**

This study is voluntary. Everyone will respect your decision whether or not to be in the study. You will not be treated differently if you decide not to be in the study. If you



decide to join the study now, you can still change your mind later. You may withdraw at any time.

**Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomfort from talking about sensitive personal issues and experiences, such as psychological stress or becoming upset. Being in this study would not pose risk to your safety or well being. A list of professional referrals will be provided to all participants.

Results from this study may provide awareness of how childhood abuse may impact adult attachment and relationship satisfaction in men who report a history of abuse.

Counselors, educators, researchers and other professionals can benefit from this research as it may provide guidance for working with individuals who may have been impacted by experiences of childhood abuse. Additionally, helping individuals resolve these childhood abuse issues may also increase development of effective coping skills and treatment can be implemented. This study can identify implications for social change and clinical implications for intervention with victims of abuse that can advance knowledge regarding the impact of childhood abuse on relationships and attachment style in the male population.

**Compensation:**

There is no compensation provided for participation.

**Privacy:**

- Any information you provide will be stored in a locked filing cabinet, while the electronic media will be stored on a protected flash drive: All information will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by keeping it in a locked cabinet, while a password will be required to access the data kept on electronic file. Further, numbers will be assigned to each case, avoiding any possibility that participants can be identified. Data will be kept for a period of at least 5 years, as required by the university.
- You will not be asked any questions regarding current sexual activity. The researcher is not qualified to assess any mental health condition and questions of this nature will not be presented.
- Questions will not be asked which might lead you to share feelings about doing harm to yourself or others.

**Contacts and Questions:**

You may ask any questions you have now, or if you have questions later, you may contact the researcher via phone or text at [REDACTED] or email at [REDACTED]@waldenu.edu. If you should have any questions about your rights as a

participant, please contact Walden's Research Participant Advocate at 612-312-1210 or email [irb@waldenu.edu](mailto:irb@waldenu.edu).

**Statement of Consent:**

I have read the above information and feel I understand the study well enough to make a decision about my involvement. By continuing, I understand that I am agreeing to the terms described above. Completion of the surveys will indicate consent to participate.

Please print or save a copy of this consent form.

IRB Approval # 0526150199219. Expiration date: May 25, 2016

### Appendix B: Invitation to Participate in Childhood Abuse Study

- Volunteers are sought for participation in a doctoral research study. The study will investigate/examine how childhood abuse effects adult attachment and relationship satisfaction among men.
- If you are an adult male who has experienced physical and/or sexual abuse before the age of 18, and if you are interested in being a part of this study, please visit the following link to complete the Consent Form, demographic survey, Couples Satisfaction Index (CSI-16), and the Relationship Scales Questionnaire (RSQ). The total time to complete these questionnaires should be approximately 20-25 minutes.
- All information will be held in strict confidentiality.

Link to study: <https://www.surveymonkey.com/s/MCSPY6N>

### Appendix C: Demographics Survey Questionnaire

You have indicated an interest in participating in a research study on the relationship between adult attachment and relationship satisfaction among men who report a history of childhood abuse. This brief questionnaire is part of the research process. All questions are optional; however, the information is pertinent in providing the most complete information for the study. If you choose not to answer this questionnaire, you will be removed from the list of volunteers. If you complete the questionnaire, you will be one of the individuals considered for inclusion in the study. If you wish to continue, you are able to withdraw at any time. Incomplete questionnaires will not be able to be used in this research study.

**Language:** Fluent in English?  Yes  No

**What is your highest level of education?**  Some High School  High School Diploma/GED  Some College  College Degree  Vocational/Technical/Trade Training

**Age:** \_\_\_\_\_

**Marital Status:** Single (never married):  Single (not currently married):

Committed Relationship  Married  Divorced  Widowed

**How do you prefer to identify your ethnicity/race:** Caucasian  White  Black  African American  Hispanic  Latino  Chicano  Asian-American  Japanese-American  Chinese-American  Pacific-Islander  Hawaiian  Native-American  (Tribe \_\_\_\_\_) Other (please specify): \_\_\_\_\_

**Employment:**  Currently employed  Self-employed  Student  Military  Retired  Disabled (unable to work)

**Have you experienced physical abuse prior to the age of 18?**  Yes  No

If yes, please describe briefly \_\_\_\_\_

**Have you experienced sexual abuse prior to the age of 18? \_\_\_ Yes \_\_\_ No**

If yes, please describe briefly \_\_\_\_\_

**At what age did abuse begin? \_\_\_\_\_**

**Did you know your perpetrator? \_\_\_ Yes \_\_\_ No**

If yes, in what relation were they to you? \_\_\_\_\_

Appendix D: Permission to Use Relationship Scales Questionnaire



KIM BARTHOLOMEW, PHD  
PROFESSOR EMERITA

DEPARTMENT OF PSYCHOLOGY

October 21, 2014

Dear Selisha Nelson,

I, Dr. Kim Bartholomew, give you permission to use my Relationship Scales Questionnaire (RSQ) for your dissertation research.

Regards,

A handwritten signature in black ink, appearing to read "Kim Bartholomew".

Kim Bartholomew, Ph.D.

## Appendix E: Permission to Use CSI



Selisha Nelson &lt;selisha.nelson@gmail.com&gt;

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**Couples Satisfaction Index (CSI)**

8 messages

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[REDACTED] Sun, Jun 15, 2014 at 10:18 PM

Greetings,

I pray this email finds you in good faith and spirits. I am a doctoral student working on my dissertation, Adult Attachment and Relationship Satisfaction Among Men Who Report a History of Child Abuse. I am writing to obtain permission to use your Couples Satisfaction Index (CSI) for my study and research. If permission is granted, can you also provide information regarding how to score and how scores are categorized?

Best Regard,  
Selisha Nelson- MS, QMHP  
Clinical Psychology PhD Student

**Notice of Confidentiality**

The Health Insurance Portability and Accountability Act of 1996 may protect the content of this electronic transmission. The information contained is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any use, distribution, copying, or disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify the sender by email or by phone [REDACTED]. Please securely destroy the communication immediately without making any copy for further distribution.

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[REDACTED] Mon, Jun 16, 2014 at 10:10 AM

You absolutely have my permission. Best of luck with your project.

You simply sum the responses to the items to total the scale. This is clearly detailed in the appendix to the original CSI paper. I am attaching that.

Ron




## ACE Study Permission Granted



Inbox x



**Carol Redding** [carolredding@acestudy.org](mailto:carolredding@acestudy.org) via [yahoo.com](mailto:carolredding@acestudy.org)

12:41 PM (7 hours ago)



to me ▾

Dear Ms. Nelson,

No special permission is required to use the ACE Study questionnaire. Best wishes for the success of your project.

ACE Study  
Health Presentations

=====

On 1/21/15 8:26 AM, [webhosting-userform@acestudy.org](mailto:webhosting-userform@acestudy.org) wrote:

A visitor to [www.acestudy.org](http://www.acestudy.org) has sent a message through your form.

Customer contact: Contact Us

Service requested: : Permission to quote/use Materials

Comments: : I am a doctoral student working on my dissertation, (The Relationship Between Adult Attachment and Relationship Satisfaction Among Men Who Report a History of Childhood Abuse). I would like to request permission to use the ACES study to address childhood abuse severity. Could you provide a letter of permission to use this assessment scale?

Thanks,  
Selisha Nelson




## Appendix G: MaleSurvivor Organization Research Committee Response to Use

### Participants

The Official Google Blog - [Through the Google lens: Search trends January 9-15](#) - 5 days ago

Research request
Inbox x



to me, canderson

Jan 15 (6 days ago)

Hello:

I am one of the co-chairs of the research review committee.

We appreciate your interest in our organization. We appreciate the need for scholarly research on the subject of male sexual abuse.

As you and your dissertation team know, the guidelines for research on human subjects is an essential standard. The IRB of your University is the arbiter of interpreting these standards as it relates to your specific research. As our membership, that is called upon to volunteer as study subject made up of people that have been exploited and abused, we have a very strict policy in terms of allowing recruitment on our web site. We review research tools to see if they meet our standards whether or not your University's IRB approves of your study. Some tools use language or concepts our organization does not agree with or endorse.

Therefore, we are unable to approve a study prior to IRB approval. If you would like me to review your material to let you know the likelihood of our approval once your study goes through the IRB process, I would be happy to do so. While that will not provide you with what you are seeking, my review could result in our letter of support for your research. It is only after all materials are reviewed including the scanned IRB approval form, the studies gain access to our web site for recruitment.

Please let me know how you want to proceed.

Thank you.

Les Gallo-Silver, LCSW-R, HS-BCP  
Associate Professor  
Health Sciences Department  
E-300V

NOTE: IRB Approval # is 0526150199219. Expiration date: May 25, 2016

## Appendix H: ACE Study Questionnaire

## Finding Your ACE Score

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often** or **very often**...  
Swear at you, insult you, put you down, or humiliate you?  
or  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** or **very often**...  
Push, grab, slap, or throw something at you?  
or  
Ever hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you ever...  
Touch or fondle you or have you touch their body in a sexual way?  
or  
Attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often** or **very often** feel that ...  
No one in your family loved you or thought you were important or special?  
or  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often** or **very often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
or  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents ever separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
Often or very often pushed, grabbed, slapped, or had something thrown at her?  
or  
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?  
or  
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.**

## Appendix I: Relationship Scales Questionnaire

**RSQ**

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about close relationships.

	Not at all like me		Somewhat like me		Very much like me
1. I find it difficult to depend on other people.	1	2	3	4	5
2. It is very important to me to feel independent.	1	2	3	4	5
3. I find it easy to get emotionally close to others.	1	2	3	4	5
4. I want to merge completely with another person.	1	2	3	4	5
5. I worry that I will be hurt if I allows myself to become too close to others.	1	2	3	4	5
6. I am comfortable without close emotional relationships.	1	2	3	4	5
7. I am not sure that I can always depend on others to be there when I need them.	1	2	3	4	5
8. I want to be completely emotionally intimate with others.	1	2	3	4	5
9. I worry about being alone.	1	2	3	4	5
10. I am comfortable depending on other people.	1	2	3	4	5
11. I often worry that romantic partners don't really love me.	1	2	3	4	5
12. I find it difficult to trust others completely.	1	2	3	4	5
13. I worry about others getting too close to me.	1	2	3	4	5
14. I want emotionally close relationships.	1	2	3	4	5
15. I am comfortable having other people depend on me.	1	2	3	4	5
16. I worry that others don't value me as much as I value them.	1	2	3	4	5
17. People are never there when you need them.	1	2	3	4	5
18. My desire to merge completely sometimes scares people away.	1	2	3	4	5
19. It is very important to me to feel self-sufficient.	1	2	3	4	5

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	<b>Not at all like me</b>		<b>Somewhat like me</b>		<b>Very much like me</b>
20. I am nervous when anyone gets too close to me.	1	2	3	4	5
21. I often worry that romantic partners won't want to stay with me.	1	2	3	4	5
22. I prefer not to have other people depend on me.	1	2	3	4	5
23. I worry about being abandoned.	1	2	3	4	5
24. I am somewhat uncomfortable being close to others.	1	2	3	4	5
25. I find that others are reluctant to get as close as I would like.	1	2	3	4	5
26. I prefer not to depend on others.	1	2	3	4	5
27. I know that others will be there when I need them.	1	2	3	4	5
28. I worry about having others not accept me.	1	2	3	4	5
29. Romantic partners often want me to be closer than I feel comfortable being.	1	2	3	4	5
30. I find it relatively easy to get close to others.	1	2	3	4	5

## Appendix J: CSI-16

**Couples Satisfaction Index (CSI-16)**

1. Please indicate the degree of happiness, all things considered, of your relationship.

<b>Extremely Unhappy</b>	<b>Fairly Unhappy</b>	<b>A Little Unhappy</b>	<b>Happy</b>	<b>Very Happy</b>	<b>Extremely Happy</b>	<b>Perfect</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

	<b>All the time</b>	<b>Most of the time</b>	<b>More often than not</b>	<b>Occa- sionally</b>	<b>Rarely</b>	<b>Never</b>
<b>2. In general, how often do you think that things between you and your partner are going well?</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

	<b>Not at all TRUE</b>	<b>A little TRUE</b>	<b>Some- what TRUE</b>	<b>Mostly TRUE</b>	<b>Almost Completely TRUE</b>	<b>Completely TRUE</b>
<b>3. Our relationship is strong</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4. My relationship with my partner makes me happy</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>5. I have a warm and comfortable relationship with my partner</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6. I really feel like <u>part of a team</u> with my partner</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

	<b>Not at all</b>	<b>A little</b>	<b>Some- what</b>	<b>Mostly</b>	<b>Almost Completely</b>	<b>Completely</b>
<b>7. How rewarding is your relationship with your partner?</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>8. How well does your partner meet your needs?</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>9. To what extent has your relationship met your original expectations?</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>10. In general, how satisfied are you with your relationship?</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

For each of the following items, select the answer that best describes how you feel about your relationship. Base your responses on your first impressions and immediate feelings about the item.

<b>11.</b>	<b>INTERESTING</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>BORING</b>
<b>12.</b>	<b>BAD</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>GOOD</b>
<b>13.</b>	<b>FULL</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>EMPTY</b>
<b>14.</b>	<b>STURDY</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>FRAGILE</b>
<b>15.</b>	<b>DISCOURAGING</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>HOPEFUL</b>
<b>16.</b>	<b>ENJOYABLE</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>MISERABLE</b>