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# Child Sexual, Physical, and Emotional Abuse: The Long-Term Impact of Child Abuse on Adult Interpersonal Functioning

Sarah Landry

Fort Hays State University, sklandry@mail.fhsu.edu

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CHILD SEXUAL, PHYSICAL, AND EMOTIONAL ABUSE:  
THE LONG-TERM IMPACT OF CHILD ABUSE ON  
ADULT INTERPERSONAL FUNCTIONING

being

A Thesis Presented to the Graduate Faculty  
of the Fort Hays State University in  
Partial Fulfillment of the Requirements of  
the Degree of Master of Science

by

Sarah Landry

B.S., University of Louisiana at Lafayette

Date \_\_\_\_\_

Approved \_\_\_\_\_  
Major Professor

Approved \_\_\_\_\_  
Chair, Graduate Council

## ABSTRACT

In order to appreciate the relationship problems child abuse victims experience in adulthood, there must first be a fundamental understanding of how the abusive relationship impacts a victim's cognitions and behaviors. The various forms of child abuse include sexual, physical, and emotional. Information gathered from relevant child abuse literature is provided regarding definitions, statistics, prevalence, effects experienced in both childhood and adulthood, and effects on interpersonal functioning. Attachment theory's working models and child attachment styles are discussed and introduced as potential sources for conceptualizing the interpersonal problems commonly associated with a history of child abuse. For this current study, a sample of 132 undergraduate students was obtained and divided into groups representing child abuse histories. The purpose was to examine the relationship between child sexual, physical, and emotional abuse and the presentation of relationship-specific attachment styles in adulthood. Results indicated that participants who did not experience abuse in childhood had attachment scores similar to a secure attachment style across all three relationships (mother, father, best friend), while the abuse groups exhibited a minimum of one insecure attachment style. All of the groups (Non-Abuse, Sexual Abuse, Physical Abuse, Emotional Abuse) had low avoidance and anxiety scores for mother and best friend, suggestive of a secure attachment. However, scores on avoidance were significantly elevated for relationship with father in the three abuse groups. These results suggest a dismissing attachment style with fathers if a history of any type of child abuse is present. In addition, relationship with mother for the Emotional Abuse group was also associated with significantly high avoidance scores, revealing a dismissing attachment style.

Overall, scores on anxiety did not reflect any issues regarding low self-evaluation and thus did not provide evidence for its influence in abuse victims' adult interpersonal functioning. However, issues regarding trust, which is well established throughout the child abuse literature, were evident in this study's results. With the exception of the Non-Abuse group, participants displayed an avoidant attachment style (specifically dismissing) with their father for all types of abuse examined, as well as with their mother for the Emotional Abuse group. Abuse victims relied on their best friends and felt comfortable with this, as indicated by the secure attachment style within this adult relationship. Implications regarding these results and their potential use in clinical settings as well as society are provided.

*Key words:* child abuse, child sexual abuse, child physical abuse, child emotional abuse, effects of child abuse, adult interpersonal relationships, adult attachment

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## INTRODUCTION

The most recent child maltreatment statistics in the United States indicate a total of 676,569 cases of child abuse and neglect in 2011 (U.S. Department of Health and Human Services [HHS], 2012). Of these, 17.6% involved physical abuse, 9.1% involved sexual abuse, and 9.0% involved emotional abuse. Child maltreatment also resulted in 1,545 fatalities in 2011. Despite the current statistics representing a decline in cases since 2008 (HHS, 2010), child abuse presents victims with problems in both childhood and adulthood. The long-term consequences of sexual, physical, and emotional abuse introduce to society, mental health professionals, and victims themselves a range of issues. Being aware of the effects child abuse has on adult functioning has potential for improving quality of life for both victims and individuals associated with victims. Mental health professionals who work with child abuse victims will be more competent in helping them develop appropriate social skills and prevent problems in future relationships (Trickett, Negriff, Ji, & Peckins, 2011). Professional awareness of behaviors that indicate a history of child abuse may not enable the prevention of interpersonal problems, but it will allow for appropriate selection of treatment options (Powers, Ressler, & Bradley, 2009).

Adult interpersonal functioning is one particular area that is negatively affected by adverse experiences in childhood such as abuse (Savla, Roberto, Jaramillo-Sierra, Gambrel, Karimi, & Butner, 2013). According to attachment theory, early attachments such as the parent-child relationship shape individuals' self-esteem and view of others. Early attachments also provide a prototype for future relationships (Bowlby, 1973). If roughly 80% of child maltreatment perpetrators are primary caregivers or parents (Gilbert

et al., 2009), it may be assumed that adult victims' understanding of intimacy will coincide with this abusive relationship from childhood. However, individual attachment styles are contingent upon specific relationships (Baldwin, Keelan, Fehr, Enns, & Koh-Rangarajoo, 1996). Thus, sexual, physical, and emotional abuse victims may replicate the insecure attachment styles associated with child maltreatment during adulthood, but it is expected that they will be specific to certain relationships in adulthood.

### **Child Abuse and Neglect**

**Definition.** In the United States, the Child Abuse Protection and Treatment Act (CAPTA, 1979) was the first federal legislation to provide legal definitions of various types of abuse, assisting both laypersons and professionals in the identification of abused children. CAPTA defines *child abuse and neglect* as a recent act or failure to act by a parent or caregiver. These actions either directly or indirectly result in severe physical or emotional harm, sexual exploitation, or death. CAPTA required each state to implement a statute regarding child abuse in order to gain federal funding. Despite each state's statute varying with regard to the definition of child abuse, they all meet the same requirements implemented by federal regulations (Goldner, Dolgin, & Maniske, 1996).

The Revised Kansas Code for Care of Children (KCCC, 2006) is the state statute that specifically defines various terms associated with child maltreatment cases in Kansas. The statute defines a *parent* as the guardian who is legally responsible for maintaining, caring for, or supporting a child or children, and *harm* as damage or injury of a physical or psychological nature. *Neglect* is defined as a parent's actions or commissions that leads to harm or the possibility of harm, and include failing to provide a child with food, clothing, shelter, adequate supervision, or treatment for a diagnosed

medical condition. Definitions for specific forms of child abuse are located in this Kansas statute as well.

**Statistics and prevalence.** Annually, the Administration on Children, Youth, and Families (ACYF) conducts an analysis of child maltreatment cases in the United States for a given year. The most recent publication of this report was Child Maltreatment 2011 and it indicated that the child population was 73,946,999 for that year. Within this population, 676,569 (9.1%) were victims of either child abuse or neglect (HHS, 2012). Kansas alone had 1,729 (2.4%) reported cases of the 723,922 children statewide. The current number of child maltreatment cases represents a decrease over the past few years, as reflected in the 772,000 cases reported in 2008 (HHS, 2010). In 2011, the largest group of child victims was actually the youngest age group—children 1 years of age or younger. As far as gender differences, the data indicated relative equivalence between the groups, but slightly more females than males (51.1% versus 48.6%) were identified as victims (HHS, 2012). The most common form of child maltreatment reported was neglect, representing 78.5% of the cases. Neglect was followed by physical abuse at 17.6%, sexual abuse at 9.1%, and psychological maltreatment at 9.0%.

The most recent statistics also indicated that 1,545 (2.10 per 100,000) child abuse and neglect related fatalities occurred that year. Kansas accounted for 10 of these fatalities (HHS, 2012). The current national number of fatalities also represents a decrease from the 1,740 children that died in 2008 (HHS, 2010). A majority (81.6%) of the victims were under 4 years of age. Unlike the rates for gender differences in child maltreatment cases, the gender differences for fatalities were unequal. Male victims of fatality related to child maltreatment consisted of 2.47 per 100,000 children, and female

fatality victims had a rate of 1.77 per 100,000. A reported 47.9% (602) of the fatalities were due to physical abuse, 1.9% (24) were due to psychological abuse, and 0.7% (9) were due to sexual abuse.

**Developmental effects.** Children's entire way of thinking and behaving is impacted by abuse. The manner in which children are treated by their abuser becomes a part of how they perceive themselves, the world around them, and those with whom they have contact (Briere, 1992). Children's perception and interpretation of events in their environment can influence the expression of various emotional and behavioral responses (Stirling, Committee on Child Abuse and Neglect and Section on Adoption and Foster Care, Amaya-Jackson, & Amaya-Jackson, 2008). Each form of child abuse corresponds to specific cognitive, behavioral, and affective symptoms (Horton & Cruise, 1997). Unfortunately, children hold on to their belief system throughout development (Oates, Forrest, & Peacock, 1985), and the coping behaviors once used in response to abuse are also used in adulthood (Briere, 1992). This can then influence the numerous difficulties experienced in their overall functioning later in life.

### **Child Sexual Abuse**

**Definition.** CAPTA's definition of *child sexual abuse and exploitation* consists of two distinct parts. The first part of the definition refers to an adult's persuasion or coercion of a child to engage in any sexually explicit conduct or in the production of a visual depiction of sexually explicit conduct. The second part identifies specific acts considered to be sexually abusive such as rape, molestation, prostitution, and incest (CAPTA, 2010). The abusive acts are typically hidden from others, and the abuser is more often an adult other than the child's primary caregiver (Glaser, 2002). In Kansas,

*sexual abuse* is a child's involvement in the sexual stimulation of the perpetrator, self, or another person (KCCC, 2006). Examples include adults influencing involvement in child prostitution or child pornography.

Further criteria for the abuser were provided in research conducted by Wyatt and colleagues. Wyatt (1985) defined child sexual abuse as actions that involved any sexual body contact (fondling, intercourse, oral sex) or non-contact (soliciting sexual behavior, exhibitionism) occurring before 18 years of age, and the abuser could be of any age and any relationship to the victim. The alleged perpetrator must be at least five years older than the victim or, if the age difference was less than five years, the alleged perpetrator must have used coercion or force (Wyatt & Newcomb, 1990). Wyatt and Newcomb (1990) also introduced different severities of sexual abuse similar to Wyatt's (1985) contact behaviors. The less severe form involved fondling and non-penetrative sexual acts, and the more severe form involved oral or vaginal sex that was either attempted or completed.

**Statistics and prevalence.** As mentioned earlier, ACYF's report indicated that approximately 9.1% (61,472) of the reported cases in 2011 were those in which the child was sexually abused. Approximately 26.3% consisted of children between the ages of 12 and 14, and representing the largest age group (HHS, 2012). Studies conducted by Finkelhor (1994), Wyatt, Guthrie, and Notgrass (1992), and Wyatt, Loeb, Romero, Solis, and Carmona (1999) reported prevalence rates suggestive of gender differences amongst victims. According to these studies, it is estimated that 20% to 34% of females and 5% to 10% of males were victims. Gorey and Leslie (1997) found a prevalence of 16.8% for

females and 7.9% for males. Consensus within research is females are more likely to be sexually abused than males (Silverman, Reinherz, & Giaconia, 1996).

**Effects in childhood.** A child that is currently being sexually abused presents with a variety of symptoms and behaviors. Some of the consequences may be more internal, such as depression, anxiety, guilt, and fear (American Psychological Association [APA], 2012). Children or victims also form maladaptive cognitions that may lead to issues with trusting others, as well as low self-esteem and feelings of helplessness and hopelessness (Barahal, Waterman, & Martin, 1981; Conte & Schuerman, 1987; Oates et al., 1985; Rose & Abramson, 1992). Other effects may be external and evident in children's behaviors. The most common of these is inappropriate sexual knowledge, interest, and behaviors (APA, 2012). This child abuse population also experiences interpersonal difficulties in relationships with peers as a result of lacking social competency, as well as being more aggressive and socially withdrawn (Conte & Schuerman, 1987; Feiring, Rosenthal, & Taska, 2000; Friedrich, Urquiza, & Beilke, 1986).

**Effects in adulthood.** Decades of research have resulted in countless publications naming nearly every possible mental disorder as common diagnoses for adults with a history of child sexual abuse. In fact, sexual abuse has been associated with practically every possible domain of symptomology (Cole & Putnam, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993). The most reported diagnoses include substance abuse disorders (SUDs), posttraumatic stress disorder (PTSD), depression, anxiety, and eating disorders (Afifi, Henriksen, Asmundson, & Sareen, 2012; Briere & Elliot, 1994; Polusny & Follette, 1995; Welch & Fairburn, 1996). Diagnoses associated with anxiety that are

common for victims are generalized anxiety, phobias, panic disorder, and obsessive-compulsive disorder (Saunders, Villepontoux, Lipovsky, Kilpatrick, & Veronen, 1992; Wyatt & Powell, 1988).

Other common effects in adulthood include attempted suicides, low self-esteem, and low socioeconomic status (Mullen, Martin, Anderson, Romans, & Herbison, 1996). The primary impact that sexual abuse has on victims in adulthood is maladaptive sexual behaviors (Briere & Runtz, 1990), which lead to an increased risk of sexual dysfunctions and re-victimization (Meiselman, 1978; Polusny & Follette, 1995). These behaviors, combined with the continued impact of maladaptive cognitions originating in childhood, result in a variety of interpersonal problems later in life (Briere & Elliot, 1994; Jehu, Gazan, & Klassen, 1988).

### **Child Physical Abuse**

**Definition.** State laws and abuse literature vary according to their definitions of *child physical abuse*, but they all seem to agree that it involves incidences in which children sustain any form of physical injury. Kansas combines the definitions for physical and emotional abuse, and these are located under *physical, mental or emotional abuse* in KCCC (2006). Any infliction of harm by a parent to a child resulting in physical, mental, or emotional decline is determined as abuse, and may include certain maltreating or exploitative behaviors that lead to this decline in the child's health or emotional well-being (KCCC, 2006). The abuser's identity is sometimes known, and can be either the child's primary caregiver or another adult close to the child (Glaser, 2002). The literature gives numerous examples of how this type of abuse is inflicted, such as kicking, burning, biting, hitting with a fist or object, beating, squeezing, lacerating, or suffocating (Glaser,

2002; Hansen, Sedlar, & Warner-Rogers, 1999). These acts are either hidden or observable by others (Glaser, 2002). Bruises, burns, fractures, cuts, and punctures on children's bodies are possibly the most suggestive evidence of physical abuse (Johnson, 2000).

**Statistics and prevalence.** About 17.6% of the abuse cases reported in 2011 involved physical abuse of a child. This percentage represents 118,825 of the 676,569 maltreated children in that year. An estimated 24% of the children were two years old and younger, representing the largest age group for physical abuse cases (HHS, 2012). Prevalence rates for child physical abuse range from 4% to 16% (Gilbert et al., 2009). Due to the substantial amount of physical harm that can result, it is not uncommon for children who are being physically abused to seek medical treatment. In one longitudinal study of hospital emergency rooms, more than half of the physically abused children who sought medical treatment presented with injuries to their head, face, and neck (DiScala, Sege, Guohua, & Reece, 2000). Unfortunately, not all children survive the abuse to receive medical services, which is evident in the cases of child abuse fatalities each year. Approximately 47.9% of fatalities reported in 2011 were a result of child physical abuse. This was the largest of the three abuse groups accounting for child fatalities that year (HHS, 2012).

**Effects in childhood.** Aside from the unexplained injuries physically abused children present with, there are also behavioral indicators of physical abuse. Aggression is the most common sign children are being physically abused, and may result from misinterpreting social interactions as hostile or dangerous (Dodge, Bates, & Pettit, 1990; Dodge, Pettit, Bates, & Valente, 1995; Teisl & Cicchetti, 2008). Aggression is a

significant predictor of externalizing behavior problems in childhood (Coie, Lochman, Terry, & Hyman, 1992), such as being perceived by peers as meaner, more likely to start fights, less cooperative, and more disruptive in the classroom (Teisl & Cicchetti, 2008). In addition to these, internalizing problems are commonly reported and include those associated with depression, conduct, mood, and substance abuse (Famularo, Kinscherff, & Fenton, 1992; Kaplan et al., 1998). Others include feelings of hopelessness, helplessness, fear, low self-esteem, and the impaired ability to enjoy life and empathize (Kaplan, 1996; Kolko, 1996; Wodarski, Kurtz, Gaudin, & Howing, 1990).

**Effects in adulthood.** Springer, Sheridan, Kuo, and Carnes (2007) found that adults who were physically abused typically exhibit a decrease in their overall mental and physical health. Some of the disorders that are commonly diagnosed include SUDs, PTSD, anxiety, depression, and bulimia nervosa (Afifi et al., 2012; Rorty, Yager, & Rossotto, 1994; Silverman et al., 1996). These individuals are also likely to either attempt suicide or report suicidal ideations (Afifi et al., 2008). Adult victims report having low self-esteem and overall functioning that is significantly lower than individuals who were not abused (Mullen et al., 1996; Silverman et al., 1996).

In addition to the emotional problems, victims of physical abuse also report a significant amount of externalizing problems as adults (Silverman et al., 1996). Aggression and anger are most commonly associated with long-term consequences of child physical abuse (Briere & Runtz, 1990). Victims are also more antisocial in their adult behaviors (Ducharme, Koverola, & Battle, 1997) and experience greater amounts of negative feelings during interpersonal interactions (Briere & Runtz, 1988; Horton & Cruise, 1997). They are more likely to experience less intimacy in relationships, higher

rates of separation or divorce, more sexual problems, re-victimization, and criminal or violent behaviors (Davis, Petretic-Jackson, & Ting, 2001; Ducharme et al., 1997; Kolko, 1992; Mullen et al., 1996).

### **Child Emotional Abuse**

**Definition.** Unfortunately, a definition for *child emotional abuse* was not included in CAPTA (Trickett, Mennen, Kim, & Sang, 2009). As a result, a plethora of definitions have been provided in both child abuse literature and legal documentation. These definitions emphasize an abusing parent's behavior towards a child and/or an abused child's behaviors indicating emotional abuse (McGee & Wolfe, 1991; O'Hagan, 1995; Shaver, Goodman, Rosenberg, & Orcutt, 1991). Some definitions require the abuse to occur intentionally by the parent or caregiver (Garbarino, Guttman, & Seeley, 1986), while others describe this abuse as occurring within the parent-child relationship instead of a distinct event (Glaser, 2002). As mentioned earlier, the definition for emotional abuse in the state of Kansas is combined with physical abuse, and is available in KCCC (2006) under *physical, mental or emotional abuse*.

Subcategories of emotionally abusive behaviors were created to help clarify in what manner this type of abuse can take place (Hart, Germain, & Brassard, 1987; Pearl, 1996). Three of the subcategories involve parents deliberately refusing to provide certain needs that are essential to the healthy development of children. These behaviors include *rejecting* children when they seek adults for nurturance; *degrading* children by minimizing their true self-worth; and *isolating* children from various interactive environments that allow them to socialize with others outside of the home (Hart et al., 1987; Pearl, 1996). If children are not isolated from others and are permitted to be in

social situations, then parents may engage in *corrupting* their children. This impairs children's social development because parents reinforce behaviors that are destructive or antisocial (Hart et al., 1987; Pearl, 1996). *Over-pressuring* takes place when parents constantly demand their children obtain achievements in various realms of development to the point of negatively impacting children's self-esteem (Pearl, 1996). Actions in which a parents use their children as a method of gaining something desired fall into the subcategory of *exploiting* (Hart et al., 1987). Another subcategory involves more obviously abusive behaviors in the form of *verbal assaults* (Pearl, 1996). Anytime parents call their children derogatory names or threaten them with harsh punishment, the behaviors are considered emotionally abusive. The use of verbal assaults may also be involved in *terrorizing*, which creates a climate of constant fear children must live in (Hart et al., 1987; Pearl, 1996). Terrorizing is reported the most by emotionally abused children, while isolating is the least reported (Trickett et al., 2009).

**Statistics and prevalence.** The prevalence of emotional abuse was first examined in the 1981 publication of the National Study of the Incidence and Severity of Child Abuse and Neglect (NIS-1; HHS, 1981). The report indicated that 138,400 of the 351,100 child abuse cases involved emotional abuse. ACYF's data for 2011 refers to emotional abuse as psychological maltreatment, and reported 9.0% (60,839) of cases involved this type of abuse (HHS, 2012). Approximately 21.3% of these cases consisted of children two years and younger, representing the largest age group of victims. Of those cases involving the death of children, approximately 1.9% (24) were associated with psychological maltreatment (HHS, 2012). Additional research reports prevalence rates of severe psychological aggression for toddlers ranging from 10% to 20% and 50% for

teenagers (Straus & Field, 2003). Also, youth who identify themselves as homosexual, lesbian, or bisexual are at an increased risk of experiencing emotional abuse by their parents (Corliss, Cochran, & Mays, 2002). Emotional abuse is also likely to co-occur with physical abuse (Davis et al., 2001; Korfmacher, 1998; Trickett et al., 2009).

**Effects in childhood.** In a sample of emotionally abused children, Glaser, Prior, and Lynch (2001) found the most common problems experienced were those associated with emotional states. Approximately 63% of the sample reported they were unhappy, frightened, distressed, anxious, and had low self-esteem. Along with internalizing problems, emotionally abused children also have a tendency to develop dysfunctional cognitions to cope with their abusive experiences without having to alter the perception of their parent. *Abuse dichotomy* describes children's internal belief that the abuse is deserved, and allows them to continue viewing their parent as trustworthy (Briere, 1992). This belief becomes internalized by children (Rose & Abramson, 1992), thus contributing to their increased self-blame (Buser & Hackney, 2012). The *betrayal trauma theory* described by Freyd (1996) suggests that children prevent any thoughts associated with the abuse from entering their consciousness.

Problems regarding various aspects of children's functioning were also indicated in a sample of emotionally abused children (Glaser et al., 2001). These children tend to be oppositional, aggressive, and antisocial in their behaviors. They also struggle academically and even experience physical symptoms such as enuresis and abdominal pains. Emotionally abused children have difficulty accepting a positive sense of self-worth, so they tend to physically and emotionally withdraw themselves (Navarre, 1987; Rosenbloom & Williams, 1999). As a result, they struggle even more with establishing

meaningful relationships with other children (Horton & Cruise, 1997; McGee, Wolfe, & Wilson, 1997).

**Effects in adulthood.** Research indicates that adults who have a history of emotional abuse in childhood are more likely to experience difficulties regarding their psychological functioning later on in life more so than other forms of child abuse (McGee et al., 1997; Mullen et al., 1996). Adults with this type of traumatic history are often diagnosed with depression, anxiety, SUDs, and eating disorders (Afifi et al., 2012; Kent & Waller, 1998; Mullen et al., 1996; Rorty et al., 1994). Other problems regarding emotional functioning in adulthood include suicidality and dissociation (Bifulco, Moran, Baines, Bunn, & Stanford, 2002; Gipple, Lee, & Puig, 2006).

Briere and Runtz (1990) found that adults who were emotionally abused as children are significantly more likely to experience low self-esteem in comparison to other abuse groups. Internalizing negative comments made towards them as children by their parent may influence how they perceive themselves throughout life (Finkelhor & Browne, 1985). In addition, victims develop a cognitive style that influences the way they perceive negative situational outcomes (Buser & Hackney, 2012; Rose & Abramson, 1992). As adults, they blame themselves for negative outcomes, despite evidence contradicting their reasoning (Peterson & Park, 2007; Wright, Crawford, & Del Castillo, 2009). The impact of low self-esteem on socialization is evident in the interpersonal problems victims have in adulthood (Bartholomew & Horowitz, 1991). Issues regarding fear of intimacy, sexual problems, and marital dissolution are commonly reported by victims in adulthood (Davis et al., 2001; Mullen et al., 1996).

## **Adult Interpersonal Functioning**

**Attachment styles.** Examining the interpersonal functioning of adults with a history of sexual, physical, or emotional child abuse would not be possible without first considering attachment. The pioneers of attachment theory were John Bowlby and Mary Ainsworth, whose work and research within the area of child attachment has been used to examine adult interpersonal relationships. Bowlby (1982) considered *attachment* the enduring and affectionate bond established between individuals. Individuals' first attachment is typically with their caregiver—in most cases, the maternal figure. Children's internalization of their experiences with that caregiver becomes a prototype for attachment during childhood, adolescence, and adulthood (Bowlby, 1973). Thus, *attachment theory* provides one explanation regarding human beings and their interpersonal functioning within significant relationships (Bowlby, 1977).

In addition to providing a prototype for attachment, the parent-child relationship also plays a significant role in the development of children's personalities. This is done through the establishment of *working models* that represent how children view themselves and others (Bowlby, 1973). The manner in which a primary caregiver or parent responds to the need for security and comfort influences children's view of themselves as worthy of receiving attention, and their view of others as trustworthy and reliable for responding to these needs (Bowlby, 1973). Working models can then be described as a positive or negative reflection of children's level of dependence based on perceived self-worth and level of avoidance based on perceived expectations of individuals (Bartholomew, 1990; Bartholomew & Horowitz, 1991).

Bowlby, from his working models, identified three related emotional reactions infants have in response to their mother leaving and returning (Bowlby, 1973). *Protest* indicates infants that exhibit extreme distress after their mother leaves. Infants will react by crying and frantically searching for their mother, refusing comfort from others. *Despair* involves infants' tendencies to react passively and exhibit overall sadness, all while watching for mother's return. *Detachment* is evident upon their mother's return, to which infants respond defensively and avoid her. Ainsworth and colleagues then categorized each response Bowlby observed as a type of attachment style (Ainsworth, Blehar, Waters, & Wall, 1978). The *anxious-resistant* attachment style is similar to Bowlby's protest reaction; and the *anxious-avoidant* attachment style is similar to detachment. Ainsworth introduced the *secure* attachment style, indicated by infants' enthusiasm or relief upon their mother's return.

In the years following observations made by Bowlby and Ainsworth, the concept of child attachment and its corresponding styles has been applied to adult attachment. Researchers used these to examine various aspects of adult relationships, including the working models of parents and relationships with their children (Main, Kaplan, & Cassidy, 1985); romantic relationships of young adults (Hazan & Shaver, 1987); working models of young adults and affect regulation (Kobak & Sceery, 1988). It must be noted that Main et al. (1985) did introduce the *insecure-disorganized/disoriented* attachment style identified amongst primarily maltreated infants. However, Hazan and Shaver (1987) felt this category was most associated with their anxious/ambivalent adult attachment style (de Haas, Bakermans-Kranenburg, & van Ijzendoorn, 1994). The culmination of this work was then utilized in the creation of the most recently introduced adult

attachment style categories (Bartholomew, 1990). Refer to Table 1 to see the progression of research citing significant findings in attachment theory.

Table 1

*Summary of Labels for Attachment Styles in Childhood and Adulthood*

Study	Attachment Styles			
	Secure	Preoccupied/Ambivalent	Avoidant/Fearful	Dismissing/Detached
<i>Child Attachment</i>				
Bowlby (1973)		Protest	Detached	
Ainsworth et al. (1978)	Secure	Insecure-Ambivalent	Insecure-Avoidant	
<i>Adult Attachment</i>				
Main et al. (1985)	Secure	Insecure-Ambivalent	Insecure-Avoidant	
Hazan & Shaver (1987)	Secure	Anxious/Ambivalent	Avoidant	
Kobak & Sceery (1988)	Secure	Preoccupied		Dismissing
Bartholomew (1990)	Secure	Preoccupied	Fearful	Dismissing

Bartholomew's four-group model of attachment styles applied those evident in infants and children to adult relationships (Bartholomew, 1990). Adults exhibiting *secure* attachment styles have positive views of both themselves and others, thus experiencing healthy adult relationships. Those with attachment styles described as *preoccupied* exhibit low self-esteem but are able to trust others easily. These individuals will typically depend on others for approval to counter their negative self-perceptions. Individuals who are *fearful* have a negative view of both themselves and others. Despite depending on

others for validation, they are likely to avoid relationships out of fear of being rejected.

The *dismissing* attachment style is typical of adults who have high self-esteem, but do not trust others. Their focus is on maintaining independence by avoiding relationships and intimacy.

The four attachment styles may be grouped into two broad categories—anxious and avoidant (Bartholomew, 1990). Individuals exhibiting the fearful or preoccupied attachment are considered having an *anxious* attachment style due to their negative view of self, or low self-esteem. The dismissing and fearful attachment styles are examples of *avoidant* attachment because of the negative view of others or lack of trust for people.

As mentioned earlier, attachment styles demonstrated throughout individuals' lifetime reflect the parent-child relationship (Bartholomew, 1990; Bowlby, 1973). Relationships in adulthood in which attachment styles are most evident involve significant individuals such as parents, friends, and romantic partners (Ainsworth, 1982, 1989; Bowlby, 1977). However, it has been suggested that individuals may utilize varying attachment styles dependent upon the particular relationship with a significant person (Baldwin et al., 1996; Bowlby, 1977; Kiesler, 1983). With that said, a history of child abuse may be considered one of these factors significantly influencing the attachment style employed within certain adult relationships.

**Attachment and child abuse.** Despite the association between specific forms of child abuse and their impact on interpersonal functioning (Briere & Runtz, 1990), understanding its overall influence on adult attachment requires further investigation into victims' working models. This is possible with the application of Briere's (1992) model, which was specifically developed for this purpose. Briere asserts that children's cognitive

responses to abuse help them interpret it and shape their belief system, while the behavioral responses used for coping become generalized and influence future expression of behaviors in relationships (Briere, 1992). This model will provide further understanding of the impact certain child abuse histories have on perceptions and behaviors associated with interpersonal difficulties in adulthood, thus giving insight into the relationship-specific attachment styles victims may exhibit.

**Child sexual abuse.** Experiencing sexual abuse in childhood may alter individuals' cognitive functioning with regard to their view of self (Briere, 1992). Victims' low self-esteem in adulthood is influenced by stigmatization, the process of internalizing information communicated to them by their abuser (Finkelhor & Browne, 1985). This often results in victims blaming themselves for the abuse, as well as feeling shame and unworthy of positive attention (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Gamble et al., 2006; Kim, Talbot, & Cicchetti, 2009; Tangney & Dearing, 2002). The sense of powerlessness victims experienced influences the later belief that they are incapable of controlling all or most situations in adulthood (Briere, 1992; Finkelhor & Browne, 1985).

One behavioral indication of victims' negative self-evaluation is the use of anxious attachment styles in adulthood (Alexander, 1993; Alexander et al., 1998; Whiffen, Judd, & Aube, 1999). To compensate for their low self-esteem, adults utilize sexual behaviors to obtain approval and validation from others due to this learned association (Blume, 1990; Briere, 1992; Laviola, 1992; Maltz & Holman, 1987). Engaging in sexual relations with others also allows victims to become involved in relationships without the risk of being hurt through commitment. Once victims sense

intimacy, they immediately end the relationship (Courtois, 1979; Jehu, 1989). Victims may also attempt to control the adverse effects of shame through avoidance of others, submissiveness, or aggressive defensiveness (Kim et al., 2009; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). The combination of these factors contributes to adults with a history of child sexual abuse having poorly developed social skills (Feiring, Taska, & Lewis, 1996; Harter, Alexander, & Neimeyer, 1988; Hunter, 1991).

Literature regarding child abuse has frequently confirmed an association between child sexual abuse and great mistrust of others in adulthood (Briere, 1992; Cole & Putnam, 1992; DiLillo & Long, 1999; Finkelhor & Browne, 1985; Lindberg & Distad, 1985). Victims engage in *dichotomous thinking*, which is the process of either trusting no one or trusting unreliable individuals (Courtois, 1979; Meiselman, 1990; Steele & Alexander, 1981). Refusing to trust anyone is influenced by the realization that adults who were once relied upon by children have essentially violated their trust (Finkelhor & Browne, 1985). This later results in suspicion and distrust regarding intimacy in adulthood (Cole & Putnam, 1992; Westerlund, 1992). On the other hand, trusting unreliable individuals allows victims to depend on others in relationships, despite these relationships being unhealthy and possibly even abusive (DiLillo & Long, 1999).

Behaviors used to cope with the inability to trust become generalized and more salient in adulthood (Briere, 1992). The overall avoidance of intimate relationships is a recognized consequence of sexual abuse and may be directly associated with this lack of trust (Finkelhor & Browne, 1985; Jehu, 1989; Westerlund, 1992). Avoiding interpersonal relationships leads to victims isolating themselves both socially and emotionally (Lundberg-Love, Marmion, Ford, Geffner, & Peacock, 1992). As a result, dysfunctional

social skills develop (Feiring et al., 2000). Victims' maladaptive beliefs regarding intimacy enable them to become involved in relationships, though they are typically casual and sexual (Fromuth, 1986). Some victims may actively search for a relationship in hopes of experiencing the safety and trust they did not have with their abuser (DiLillo & Long, 1999; Jehu et al., 1988). Once in an adult relationship, victims are likely to experience relationship dissatisfaction, family and intimate partner conflict, emotional detachment, re-victimization, and relationship dissolution (Colman & Widom, 2004; DiLillo & Long, 1999; Kim et al., 2009; Lindberg & Distad, 1985). In the present study, it is hypothesized that a history of child sexual abuse will result in low anxiety and high avoidance in relationships with parents, but high anxiety and low avoidance with best friends.

**Child physical abuse.** Physically abused children internalize their parents' justifications for abuse or criticisms geared towards them. This eliminates their sense of value and competency, increases feelings of guilt and shame, and ultimately damages children's self-esteem (Briere, 1992; Finkelhor & Browne, 1985). One possible consequence of victims' negative self-evaluation is heightened interpersonal sensitivity during social interactions (Briere & Runtz, 1988). However, it is also common for the expected detrimental effects of child physical abuse to be absent in adulthood. Gross & Keller (1992) found that adults in the physically abused group and nonabused group had similar self-esteem scores.

Due to physically abusive situations teaching children the roles of both victim and victimizer (Erickson, Egeland, & Pianta, 1989), adults are likely to either receive or inflict interpersonal violence (Laner & Thompson, 1982). Drapeau and Perry's (2004)

finding that victims wish to be hurt may explain this repetition of being abused as an effort to direct aggression inwards due to self-blame (Finkelhor & Browne, 1985; Briere, 1992). Involvement in abusive relationships may also be victims' effort to control these situations later in life (Drapeau & Perry, 2004). On the other hand, victims who are abusive towards others may be reacting to perceived threat. In order to protect their sense of self-worth from potential harm, victims may respond with controlling, manipulative, and even violent behaviors (Paradis & Boucher, 2010; Pollock et al., 1990).

Adults with a history of child physical abuse have attachment styles that typically fall into the avoidant category (Gauthier, Stollack, Messe, & Arnoff, 1996), indicating their distrust of others. Despite evidence indicating victims' expectation of others being strict and rigid (Drapeau & Perry, 2004), child physical abuse literature is focused more on the behavioral responses associated with difficulties trusting others in adulthood. Aggression and anger are the most prominent behaviors in social interactions (Briere & Runtz, 1990; Davis et al., 2001; Egeland & Sroufe, 1981; Springer et al., 2007), which is associated with an increased risk of antisocial behaviors in adulthood (Pollock et al., 1990). Though Wodarski and colleagues (1990) claim that physical abuse victims experience problems with socioemotional adjustment during development, others have found that social competence in adulthood is not related to abuse (Lopez & Heffer, 1998). If involved in a romantic relationship, victims are more likely to report lower rates of intimacy (Ducharme et al., 1997). They also interact more negatively with both their family and friends (Kessler & Magee, 1994). Victims, middle-aged adults in particular, report low rates of relationship satisfaction with their family (Savla et al., 2013; Shaw & Krause, 2002). For this study, it is hypothesized that participants who report a history of

child physical abuse will have high anxiety and avoidance in relationships with their mother, father, and best friend.

**Child emotional abuse.** An emotionally abusive childhood has possibly the most detrimental effect on self-esteem (Briere & Runtz, 1990) and its associated cognitive functions (Briere, 1992; Messman-Moore & Long, 2003). Children internalize emotionally abusive parents' criticisms or constant rejection (Dunkley, Masheb, & Grilo, 2010; Finkelhor & Browne, 1985; Glassman, Weierich, Hooley, Deliberto, & Nock, 2007), leading to children's acceptance of themselves as a disappointment or unworthy of affection (Feiring, 2005). As a result, victims view themselves negatively in adulthood (Liem & Boudewyn, 1999) and frequently report feelings of shame and self-criticism later in life (Sachs-Ericsson, Verona, Joiner, & Preacher, 2006; Wright et al., 2009). Pessimistic explanatory styles (Buser & Hackney, 2012), negative cognitive attribution styles (Lassri & Shahar, 2012; Rose & Abramson, 1992), and negative self-schemas represent victims' generalized belief that they are susceptible to harm and are the cause of adverse situational outcomes (Gibb, Benas, Crossett, & Uhrlass, 2007; Hankin, 2005; Rekart, Mineka, Zinbarg, & Griffith, 2007; Sachs-Ericsson et al., 2006; Wright et al., 2009).

The prevalence of attachment anxiety in adult relationships (Varia & Abidin, 1999) strongly supports the association between child emotional abuse and low self-esteem later in life (Briere & Runtz, 1990). This prevents the development of certain behaviors required for establishing social identity and relationships later in life (Cicchetti & Toth, 2000; Gross & Keller, 1992; Gipple et al., 2006; Rosenthal, Polusny, & Follette, 2006). Due to victims' inability to achieve their own sense of self-worth, they actively

seek others for attention and acceptance (Dodge Reyome, Ward, & Witkiewitz, 2010; Wright et al., 2009). Unfortunately, these individuals do not put forth effort, resulting in nonreciprocal relationships (Crawford & Wright, 2007). Relationships may also be abusive, but victims tolerate mistreatment due to their unwillingness to avoid harm or experiment with coping strategies (Liem & Boudewyn, 1999; Varia & Abidin, 1999; Wright et al., 2009).

Parent-child relationships within emotionally abusive situations alter children's perception of love and trust in two possible ways. First, betrayal by a caregiver or parent leads to a negative view of others (Finkelhor & Browne, 1985), and thus difficulties with trust and intimacy in adulthood (Davis et al., 2001; Messman-Moore & Long, 2003). Despite this, victims continue to initiate relationships, but perceive their partners as uncaring, reluctant, unreliable, and intentionally hurtful, and victims believe they do not love, understand, or validate them (Collins & Feeney, 2004; Messman-Moore & Coates, 2007; Riggs, 2010; Varia & Abidin, 1999). Victims may misinterpret normal relational conflict as threatening due to their difficulty processing social cues accurately, thus reacting with aggression, anger, and even relationship violence (Berzenski & Yates, 2010; Crawford & Wright, 2007; Messman-Moore & Coates, 2007). These reactions and behaviors may also be a result of victims projecting the anger and resentment they have for their parents onto others (Varia & Abidin, 1999).

The second possible cognitive response is a more positive view of others as a result of victims' distorted understanding of relationships (Carbone, 2010; Dodge Reyome et al., 2010). In hopes of achieving a sense of self-worth, victims may sacrifice their own needs to meet the needs of others (Wright et al., 2009; Young, Klosko, &

Weishaar, 2003). They actively seek relationships to feel loved and worthy, but are unable to maintain independence and autonomy (Blatt & Levy, 2003; Collins & Feeney, 2004; Dodge Reyome et al., 2010; Shaver, Shachner, & Mikulincer, 2005). Self-sacrifice results in compulsive caregiving, risky sexual behaviors, relationship dissatisfaction, and re-victimization (Briere & Rickards, 2007; Collins & Feeney, 2004; Crawford & Wright, 2007; Dodge Reyome, 2010). Also, trusting others combined with negative self-schemas may contribute to victims accepting blame for their partner's transgressions (Rose & Abramson, 1992). The current study predicts that participants who report a history of child emotional abuse will have high anxiety and avoidance in relationships with their mother and father, but will have high anxiety and low avoidance in relationships with their best friend.

### **Purpose**

To understand how child abuse interferes with victims' interpersonal functioning later in life, their self-esteem and trust of others must first be considered. The level of anxiety in relationships reflects individuals' positive or negative self-evaluation. The ease or difficulty individuals have with trusting others then relates to the level of avoidance within relationships. Both of these factors are severely impacted as a result of sexual, physical, or emotional abuse in childhood, and interfere with victims' ability to function with ease in their interpersonal relationships. This study examined how anxiety and avoidance are incorporated into victims' relationships with their mother, father, and best friend. Findings elicited valuable information regarding attachment styles within each relationship, promoting further understanding of how victims of child abuse tend to have different attachment styles dependent upon the individual they are involved with.

**Hypothesis 1.** It was hypothesized that participants who reported no history of abuse would have low anxiety and avoidance in relationships with their mother, father, and best friend.

**Hypothesis 2.** It was hypothesized that participants who reported a history of sexual abuse would have low anxiety and high avoidance in relationships with their mother and father; and high anxiety and low avoidance in relationships with their best friend.

**Hypothesis 3.** It was hypothesized that participants who reported a history of physical abuse would have high anxiety and avoidance in relationships with their mother, father, and best friend.

**Hypothesis 4.** It was hypothesized that participants who reported a history of emotional abuse would have high anxiety and avoidance in relationships with their mother and father; and high anxiety and low avoidance in relationships with their best friend.

## METHOD

### Participants

A total of 138 university students currently enrolled in virtual and traditional courses at Fort Hays State University, a Midwestern university in Kansas, accessed the online survey. Two individuals did not meet the minimum age criteria of 18 for participation and five did not respond to the items needed for this study, so their data was removed. As a result, the final population consisted of 132 participants. Of these participants, 22.7% ( $n = 30$ ) were male and 77.3% ( $n = 102$ ) were female. The distribution of ages ranged from 18 to 52 years old ( $M = 26.73$ ,  $SD = 8.86$ ).

Classification of participants by race/ethnicity indicated that 1.5% ( $n = 2$ ) were Asian, 6.1% ( $n = 8$ ) were Black, 85.6% ( $n = 113$ ) were White, 4.5% ( $n = 6$ ) were American Indian, and 6.8% ( $n = 9$ ) endorsed the option of Other. Approximately 6.1% ( $n = 8$ ) of the participants claimed to be of Mexican, Latino, or Hispanic origin. Responses regarding marital status indicated that 33.3% ( $n = 44$ ) were married, 15.9% ( $n = 21$ ) were not married and cohabitating with partner, 0.8% ( $n = 1$ ) were widowed, 4.5% ( $n = 6$ ) were divorced, and 45.5% ( $n = 60$ ) had never been married.

Participants were divided into four groups based on self-reported history of child abuse: (1) Non-Abuse group consisted of 65 participants (49.2%; Males = 19, Females = 46); (2) Sexual Abuse group had 38 participants (29%; Males = 5, Females = 33); (3) Physical Abuse group consisted of 40 participants (30.4%; Males = 7, Females = 33); and (4) Emotional Abuse group consisted of 34 participants (25.8%; Males = 2, Females = 32).

## **Materials and Procedures**

**History of abuse.** The first section of the survey consisted of the male and female versions of the Family Health History (FHH) questionnaire, a standardized measure used in the Adverse Childhood Experiences (ACE) study that examined traumatic events in childhood that are risk factors for issues later in life (CDC, 2013). This measure was used for the purposes of identifying participants with a history of child abuse prior to the age of 18 (refer to Appendix B and C). This section of the survey consisted of 68 items for females and 62 items for males. The test-retest reliability coefficients for each definition ranged from .55 to .69, suggesting that FHH was a reliable measure for assessing child abuse histories (Dube, Williamson, Thompson, Felitti, & Anda, 2004).

The FHH questionnaires consist of 10 categories of adverse events in childhood. The first cluster of categories was labeled Household Dysfunction and include (a) mother treated violently, (b) household substance abuse, (c) household mental illness, (d) parental separation or divorce, and (d) incarcerated household member. The second cluster was Abuse, which examined childhood experiences of (a) sexual abuse, (b) physical abuse, and (c) emotional abuse. The final cluster, Neglect, contained items assessing (a) emotional neglect and (b) physical neglect. This measure also assessed issues related to health in adulthood, such as pregnancy, sexual history, cigarette smoking, exercise and weight, alcohol and drug use, suicidality, and unwanted sexual experiences.

The questions measuring each type of child abuse were adapted from previously existing measures. Physical and emotional abuse definitions were obtained from the Conflict Tactics Scale (CTS), a measure of violence within various types of relationships (Straus, 1990). Reliability coefficients for the CTS range from .51 to .88, and both concurrent and construct validity have been established. The definition for sexual abuse was adapted from a series of interview questions used by Wyatt (1985) based on the sexual abuse definition described earlier.

A total of eight items were used to assess being abused by an adult prior to the age of 18. For the physical abuse items, responding “Sometimes,” “Often,” or “Very Often” to the first item (“Actually push, grab, shove, slap you, or throw something at you”) or “Once, Twice,” “Sometimes,” “Often,” or “Very Often” to the second item (“Hit you so hard that you had marks or were injured”) placed participants in the *Physical Abuse (PA)* group. Responses of “Sometimes,” “Often,” or “Very Often” to the first

emotional abuse item (“Swear at you, insult you, or put you down”) or “Often” or “Very Often” to the second item (“Act in a way that made you afraid that you might be physically hurt”) assigned participants to the *Emotional Abuse (EA)* group. Responding “Yes” to any of the four sexual abuse items (“Touch or fondle your body in a sexual way,” “Have you touch their body in a sexual way,” “Attempt to have any type of sexual intercourse (oral, anal, or vaginal) with you,” and “Actually have any type of sexual intercourse (oral, anal, or vaginal) with you”) placed participants in the *Sexual Abuse (SA)* group. Participants who failed to provide these responses to the eight abuse items were assigned to the *Non-Abuse (NA)* group.

**Adult attachment styles.** The second section of the survey examined anxiety and avoidance within relationships (refer to Appendix D). It consisted of the Experiences in Close Relationships-Relationship Structures (ECR-RS) questionnaire, a condensed version of the Experiences in Close Relationships-Revised (ECR-R) questionnaire (Fraley, Waller, & Brennan, 2000). The ECR-RS was a self-report measure of relationship-specific attachment styles with four individuals—mother, father, best friend, and romantic partner. The only ECR-RS version that was not used in this study was the one assessing relationship with romantic partner. Alpha reliability estimates for attachment-related anxiety (.88-.91) and avoidance (.87-.92) within each relationship domain indicate high reliability for the ECR-RS (Fraley, Heffernan, Vicary, & Brumbaugh, 2011). Its usefulness in measuring adult attachment has also been deemed appropriate (Fairchild & Finney, 2006).

The same nine items were used for each relationship, resulting in a total of 27 items. Instructions provided before each group of items indicated which individual the

items were about. Responses to items were presented on a Likert scale, ranging from 1 (“Strongly Disagree”) to 7 (“Strongly Agree”). Two scores were provided for each of the relationships—one for discomfort with closeness or discomfort depending on others (*Avoidance*) and another for fear of rejection and abandonment (*Anxiety*). The average of these two scores corresponded to Bartholomew’s (1990) attachment styles in the three relationships assessed. Low avoidance and anxiety scores indicated a *secure* attachment style; low avoidance and high anxiety scores represented a *preoccupied* attachment style; high avoidance and high anxiety scores indicated a *fearful* attachment style; and high avoidance and low anxiety scores suggested a *dismissing* attachment style.

## RESULTS

Repeated measures MANOVAs were used to examine the differences between scores for participants with a child abuse history (NA, SA, PA, EA) on the ECR-RS attachment avoidance (1-7) and attachment anxiety subscales (1-7) with regard to relationships with mother, father, and best friend. Scores on the anxiety and avoidance subscales were divided into two groups—low scores on either subscale ranged from 0 to 4.00, while high scores were those greater than 4.00.

**Non-abuse.** The histograms for avoidance and anxiety scores for all three relationships in the NA group were relatively normally distributed. The Mauchly test indicated that the sphericity assumption was violated for this group, Mauchly’s  $W(2) = 0.95, p > .05$ , but the Greenhouse-Geisser statistic had a value near 1.00, which indicated that correction to the degrees of freedom was not needed to obtain a significant  $F$ -value. The scatterplot for each pair of outcome variables in the NA group indicated they were linearly related, evenly spread amongst one another, had no extreme bivariate outliers,

and a majority of the correlations were significantly positively distributed (refer to Table 2).

Table 2

*Summary of Correlations for Attachment Outcomes in the Non-Abuse (NA) Group*

Relationship/Attachment	1	2	3	4	5	6
1. MotherAvoidance	—	.36**	.36**	.08	.16	.19
2. MotherAnxiety	—	—	.44**	.45**	.34**	.47**
3. FatherAvoidance	—	—	—	.46**	.14	.14
4. FatherAnxiety	—	—	—	—	.11	.26*
5. BestFriendAvoidance	—	—	—	—	—	.80**
6. BestFriendAnxiety	—	—	—	—	—	—

*Note:*  $N = 65$ . Correlations marked with a single asterisk (\*) indicate a significant correlation at the .05 level and those marked with two asterisks (\*\*) indicate significance at the .01 level.

Participants who denied any abusive experiences in childhood had low mean scores for relationship with mother on anxiety ( $M = 1.15$ ;  $SD = 0.51$ ) and avoidance ( $M = 1.79$ ;  $SD = 1.09$ ); low mean scores for relationship with father on anxiety ( $M = 1.33$ ;  $SD = 1.05$ ) and avoidance ( $M = 2.29$ ;  $SD = 1.40$ ); and low average scores for relationship with best friend on anxiety ( $M = 1.46$ ;  $SD = 1.06$ ) and avoidance ( $M = 1.57$ ;  $SD = 0.98$ ). The general linear model reported a significant Wilks' Lambda statistic for relationship,  $F(2, 62) = 3.71$ ,  $p < .05$ , attachment,  $F(1, 63) = 42.81$ ,  $p < .05$ , and the interaction between these variables,  $F(2, 62) = 14.75$ ,  $p < .05$ .

For individuals who did not present with an abusive childhood, planned contrasts were conducted to see how attachment subscales differed in various relationships. Avoidance scores for relationships with parents were significantly different, with scores for father being significantly greater than scores for mother,  $F(1, 63) = 7.72, p < .05$ . Differences between avoidance scores for father were also found to be significantly greater than those for best friend,  $F(1, 63) = 13.30, p < .05$ , but there was no significant difference when comparing avoidance with mother to avoidance with best friend,  $F(1, 63) = 1.83, p > .05$ . Anxiety scores for relationship with father did not significantly differ from those for either mother,  $F(1, 63) = 2.26, p > .05$ , or best friend,  $F(1, 63) = 0.72, p > .05$ . However, attachment anxiety was significantly greater in relationships with best friend when compared to relationships with mother. Overall, participants presenting without an abusive childhood were more avoidant with their father in comparison to their mother and best friend, and were far more anxious in relationships with their best friend than with their mother.

**Child sexual abuse.** The histograms for the attachment outcomes for all three relationships in the SA group were relatively normally distributed. The Mauchly test indicated violation of the sphericity assumption for this group, Mauchly's  $W(2) = 0.99, p > .05$ , but correction to the degrees of freedom was not needed to obtain a significant  $F$ -value due to the Greenhouse-Geisser statistic being nearly 1.00. The scatterplot for each pair of outcome variables in the SA group indicated they were linearly related, evenly spread amongst one another, had no extreme bivariate outliers, and approximately half of the correlations were significantly positively distributed (refer to Table 3).

Table 3

*Summary of Correlations for Attachment Outcomes in the Sexual Abuse (SA) Group*

Relationship/Attachment	1	2	3	4	5	6
1. MotherAvoidance	—	.71**	.18	.32*	.33*	.25
2. MotherAnxiety	—	—	.14	.39*	.14	.20
3. FatherAvoidance	—	—	—	.60**	.27	.20
4. FatherAnxiety	—	—	—	—	.20	.27
5. BestFriendAvoidance	—	—	—	—	—	.68**
6. BestFriendAnxiety	—	—	—	—	—	—

*Note:*  $N = 38$ . Correlations marked with a single asterisk (\*) indicate a significant correlation at the .05 level and those marked with two asterisks (\*\*) indicate significance at the .01 level.

Participants who experienced some form of sexual abuse before the age of 18 had low average scores for relationship with mother on avoidance ( $M = 3.32$ ;  $SD = 2.04$ ) and anxiety ( $M = 2.24$ ;  $SD = 1.85$ ); high average scores for relationship with father on avoidance ( $M = 4.11$ ;  $SD = 1.98$ ) and low average scores on anxiety ( $M = 2.20$ ;  $SD = 1.88$ ); and low average scores for relationship with best friend on avoidance ( $M = 2.19$ ;  $SD = 1.56$ ) and anxiety ( $M = 2.71$ ;  $SD = 2.16$ ). The Wilks' Lambda statistic was not significant for type of relationship,  $F(2, 36) = 2.18$ ,  $p > .05$ , but was significant for scores on the attachment subscales,  $F(1, 37) = 22.94$ ,  $p < .05$ . The interaction between relationship and attachment was also significant,  $F(2, 36) = 25.33$ ,  $p < .05$ .

Planned contrasts were conducted to compare the average avoidance scores for each of the three relationships. Results indicated that scores on avoidance for relationship

with mother were not significantly different from avoidance scores for father,  $F(1, 37) = 3.51, p > .05$ ; avoidance scores for mother were significantly higher than those for best friend,  $F(1, 37) = 11.02, p < .05$ ; and avoidance scores for father were significantly higher than those for best friend,  $F(1, 37) = 29.78, p < .05$ . Average anxiety scores for each of the relationships were not significantly different: anxiety for relationship with mother was not significantly different from scores for father,  $F(1, 37) = 0.01, p > .05$ , or best friend,  $F(1, 37) = 1.31, p > .05$ ; and anxiety with father was not significantly different from anxiety with best friend,  $F(1, 37) = 1.63, p > .05$ . Overall, sexual abuse victims' adult relationships with best friends were associated with significantly less attachment avoidance when compared to relationships with both parents. On the other hand, attachment anxiety was not significantly different for this abuse group across the three relationships examined.

**Child physical abuse.** The histograms for the attachment outcomes for all three relationships in the PA group were relatively normally distributed. The Mauchly test indicated that the sphericity assumption was violated for this group, Mauchly's  $W(2) = 0.99, p > .05$ . However, the Greenhouse-Geisser statistic was nearly 1.00, so correcting the degrees of freedom was not required to obtain a significant  $F$ -value. The scatterplot for each pair of outcome variables in the PA group indicated they were linearly related, evenly spread amongst one another, had no extreme bivariate outliers, and only a few of the correlations were significantly distributed (refer to Table 4).

Table 4

*Summary of Correlations for Attachment Outcomes in the Physical Abuse (PA) Group*

Relationship/Attachment	1	2	3	4	5	6
1. MotherAvoidance	—	.55**	.17	.13	.17	.17
2. MotherAnxiety	—	—	.21	.49**	.00	.13
3. FatherAvoidance	—	—	—	.57**	.30	.18
4. FatherAnxiety	—	—	—	—	.30	.38*
5. BestFriendAvoidance	—	—	—	—	—	.67**
6. BestFriendAnxiety	—	—	—	—	—	—

*Note:*  $N = 40$ . Correlations marked with a single asterisk (\*) indicate a significant correlation at the .05 level and those marked with two asterisks (\*\*) indicate significance at the .01 level.

For those endorsing experiences of physical abuse in childhood, participants had low average scores for relationship with mother on anxiety ( $M = 2.42$ ;  $SD = 1.83$ ) and avoidance ( $M = 3.85$ ;  $SD = 2.00$ ); low mean scores for relationship with father on anxiety ( $M = 2.64$ ;  $SD = 2.19$ ) and high average scores on avoidance ( $M = 4.51$ ;  $SD = 2.11$ ); and low average scores for relationship with best friend on anxiety ( $M = 2.32$ ;  $SD = 1.86$ ) and avoidance ( $M = 2.33$ ;  $SD = 1.57$ ). The general linear model indicated that the Wilks' Lambda statistic was significant for both relationship,  $F(2, 38) = 7.93$ ,  $p < .05$ , and attachment,  $F(1, 39) = 30.98$ ,  $p < .05$ . In addition, the Wilks' Lambda statistic for the interaction between type of relationship and attachment was also significant,  $F(2, 38) = 16.83$ ,  $p < .05$ .

In order to assess whether attachment scores differed in relationships with mother, father, and best friend for the PA group, planned contrasts were conducted. Results for avoidance revealed that average scores for mother did not significantly differ from those for father,  $F(1, 39) = 2.45, p > .05$ , but they were significantly higher than avoidance scores for best friend,  $F(1, 39) = 17.34, p < .05$ . Avoidance scores for father were also significantly higher than those for best friend,  $F(1, 39) = 38.46, p < .05$ . Comparison of attachment anxiety scores indicated there was no significant difference between mother and father,  $F(1, 39) = 0.48, p > .05$ ; between scores for mother and best friend,  $F(1, 39) = 0.07, p > .05$ ; and between scores for father and best friend,  $F(1, 39) = 0.82, p > .05$ . As with the SA group, child physical abuse victims tended to be more avoidant in adult relationships with father and mother when compared to relationships with their best friend. However, they did not exhibit significantly different levels of anxiety within relationships involving their mother, father, or best friend.

**Child emotional abuse.** The histograms for the attachment outcomes for all three relationships in the EA group were relatively normally distributed. The Mauchly test indicated that the sphericity assumption was violated for this group, Mauchly's  $W(2) = 0.98, p > .05$ . However, correction of the degrees of freedom was not necessary to obtain a significant  $F$ -value because the Greenhouse-Geisser statistic was nearly 1.00. The scatterplot for each pair of outcome variables in the EA group indicated they were linearly related, evenly spread amongst one another, had no extreme bivariate outliers, and approximately half of the correlations were significantly distributed (refer to Table 5).

Table 5

*Summary of Correlations for Attachment Outcomes in the Emotional Abuse (EA) Group*

Relationship/Attachment	1	2	3	4	5	6
1. MotherAvoidance	—	.51**	.21	-.00	.14	.17
2. MotherAnxiety	—	—	.13	.37*	.13	.29
3. FatherAvoidance	—	—	—	.52**	.48**	.26
4. FatherAnxiety	—	—	—	—	.54**	.52**
5. BestFriendAvoidance	—	—	—	—	—	.61**
6. BestFriendAnxiety	—	—	—	—	—	—

*Note:*  $N = 34$ . Correlations marked with a single asterisk (\*) indicate a significant correlation at the .05 level and those marked with two asterisks (\*\*) indicate significance at the .01 level.

Those who were emotionally abused as children obtained a low mean score for relationship with mother on anxiety ( $M = 2.70$ ;  $SD = 1.87$ ) and high average score on avoidance ( $M = 4.10$ ;  $SD = 1.98$ ); low average scores for relationship with father on anxiety ( $M = 2.78$ ;  $SD = 2.12$ ) and high average scores on avoidance ( $M = 4.94$ ;  $SD = 2.06$ ); and low average scores for relationship with best friend on anxiety ( $M = 2.70$ ;  $SD = 2.06$ ) and avoidance ( $M = 2.38$ ;  $SD = 1.41$ ). According to the general linear model's results, the Wilks' Lambda statistic for relationship  $F(2, 32) = 11.82$ ,  $p < .05$ , attachment  $F(1, 33) = 21.03$ ,  $p < .05$ , and interaction between the two  $F(2, 32) = 20.64$ ,  $p < .05$  were all significant.

Planned contrasts for the EA group indicated that avoidance scores were higher than those for best friend in relationships with both mother,  $F(1, 33) = 19.59$ ,  $p < .05$ , and

father,  $F(1, 33) = 64.13, p < .05$ . However, there was no significant difference between avoidance scores for mother and father,  $F(1, 33) = 3.73, p > .05$ . None of the relationships were significantly different when they were compared on attachment anxiety scores: anxiety in relationships with mother were not significantly different from those with father,  $F(1, 33) = 0.05, p > .05$ ; anxiety scores for mother were not significantly different when compared to anxiety with best friend,  $F(1, 33) = 0.00, p > .05$ ; and anxiety scores for father and best friend were not significantly different either,  $F(1, 33) = 0.06, p > .05$ . Overall, individuals endorsing an emotionally abusive childhood exhibited significantly greater avoidance in relationships with both parents when compared to relationships with best friend. Attachment anxiety scores across all three relationships were not elevated and do not significantly differ from one another.

### **Exploratory Analysis**

In order to further examine the functioning of participants who endorsed an abusive childhood, independent-samples *t* tests were conducted on various variables measured by the FHH to compare abuse victims to non-abuse victims in adulthood. These variables included (1) number of close friends or relatives available for emotional help; (2) mental health treatment history, (3) age of first sexual intercourse; (4) number of lifetime sexual partners; (5) problems with alcohol and (6) drugs; and (7) history of suicide attempts. Prior to conducting statistical analyses, a variable was created representing participants that either negatively or positively endorsed any of the child abuse items (sexual, physical, emotional). The resultant groups were identified as Abuse and Non-Abuse. Sample sizes varied for sexual history and substance use problems due

to a limited number of participants' admitting to their involvement in the specific activity being assessed.

The number of close friends or relatives available to participants in adulthood to provide help for emotional problems was analyzed. Participants were provided the options of 1 ("None"), 2 ("One"), 3 ("Two"), or 4 ("Three or more"). Findings suggested participants in the Non-Abuse group ( $n = 65$ ) and the Abuse group ( $n = 67$ ) did not differ with regard to the number of significant individuals they have available for emotional support,  $t(130) = 0.88, p > .01$ . Those who were abused as children provided similar responses for the number of supportive and reliable friends or relatives they have ( $M = 3.39; SD = 0.92$ ) in relation to participants without this abusive childhood ( $M = 3.52; SD = 0.83$ ). It seems that participants, no matter their childhood experiences, had an average of two friends or relatives they can turn to in times of need.

The next variable that was assessed for differences between abused and non-abused participants was history of receiving care from a psychiatrist, psychologist, or therapist at any point in their life. Participants responded to this item with 1 ("Yes") or 2 ("No"). According to the results of the independent-samples  $t$  test, there was a significant difference between the Abuse and Non-Abuse groups with regard to treatment history,  $t(130) = 2.62, p < .01$ . Participants who did not have a history of being abused in childhood ( $M = 1.74; SD = 0.44$ ) were more likely to have received some sort of mental health treatment in the past when compared to those with a history of child abuse ( $M = 1.52; SD = 0.50$ ).

Participants' sexual history was examined based upon the age of first sexual intercourse and the number of lifetime sexual partners. Results of the independent-

samples *t* test indicated that there was no significant difference,  $t(112) = 0.72, p > .01$ , in the average age for either the Non-Abuse group ( $n = 53; M = 16.47; SD = 2.22$ ) or the Abuse group ( $n = 61; M = 16.16; SD = 2.33$ ). However, a significant difference was found for the second sexual history variable that was examined,  $t(110) = -2.99, p < .01$ . Individuals who reported experiencing any form of child abuse had significantly more sexual partners ( $n = 60; M = 17.85; SD = 30.63$ ) than those who were not abused ( $n = 52; M = 4.94; SD = 5.60$ ). Those who experienced child abuse may not differ from those who did not when assessing age of first sexual intercourse, but differences were evident in the greater number of sexual partners abused individuals reported having.

Self-reported problems with both alcohol and drugs were assessed for Abuse and Non-Abuse groups. Response options for both items assessed included 1 (“Yes”) or 2 (“No”). Results indicated that there was no significant difference,  $t(110) = 1.88, p > .01$ , between the Non-Abuse group ( $n = 55; M = 1.93; SD = 0.26$ ) and the Abuse group ( $n = 57; M = 1.81; SD = 0.40$ ) as far as identifying oneself as having a problem with alcohol. Similar results occurred when examining self-reported drug problems. No significant difference was found between the Non-Abuse group ( $n = 20; M = 1.90; SD = 0.31$ ) and the Abuse group ( $n = 25; M = 1.76; SD = 0.44$ ) with regard to any indication of having a drug problem,  $t(43) = 1.21, p > .01$ . According to these results, presence or absence of a traumatic childhood did not distinguish between participants with drug and alcohol problems.

The final independent-samples *t* test conducted was used to examine participants’ history of attempted suicide. Participants responded with either 1 (“Yes”) or 2 (“No”). The difference between the two groups was significant,  $t(130) = 3.17, p < .01$ .

Participants who reported abusive experiences early in life ( $n = 67$ ;  $M = 1.72$ ;  $SD = 0.45$ ) reported significantly fewer incidences of attempted suicide than those without an abusive childhood ( $n = 65$ ;  $M = 1.92$ ;  $SD = 0.27$ ). Despite insignificant differences for drug and alcohol problems, the non-abused participants were significantly more likely to have attempted suicide than the abused participants.

## DISCUSSION

In order to further assess the continuation of individuals' working models and ultimately their attachment styles (Bowlby, 1973), child abuse survivors' adult relationships with their mother, father, and best friend were investigated. Examining relationships other than ones of a romantic nature yielded a variety of results regarding the long-term interpersonal functioning of individuals who presented with a history of child sexual, physical, or emotional abuse. As Baldwin and colleagues suggested, there was evidence of differing attachment styles across various relationships with significant others (Baldwin et al., 1996).

### **Non-Abuse**

The first hypothesis representing the Non-Abuse group was supported by data. The group of participants who reported no history of child abuse presented with attachment scores low in anxiety and low in avoidance on the ECR-RS for relationships with mother, father, and best friend. Post hoc analyses revealed avoidance scores for father were significantly greater than those for both mother and best friend. It was also found that anxiety in relationships with best friend was significantly greater than anxiety with mother. Despite these significant findings, none of the averages exceeded 4.00 and were not representative of an insecure attachment style. Pertaining to adult attachment

styles (Bartholomew, 1990), these individuals exhibited security in relationships with both parental figures and best friends.

These findings support a majority of the literature indicating that those who were not abused in childhood typically are identified as having a positive working model of self and others, and thus a secure attachment style in adulthood (Whiffen et al., 1999). Due to having obtained appropriate amounts of attention from caregivers in childhood, individuals have positive working models reminiscent of secure attachment styles that allow them to consider themselves as worthy of affection and others as reliable and trustworthy (Bartholomew, 1990; Bartholomew & Horowitz, 1991). In accordance with literature, non-abused participants in this study appear to exhibit high self-esteem, relatively low family conflict, ability to trust, and appropriate social skills (Banyard, Arnold, & Smith, 2000; Davis et al., 2001; DiLillo & Long, 1999; Ducharme et al., 1997; Gross & Keller, 1992; Harter et al., 1988; Pollock et al., 1990; Varia, Abidin, & Dass, 1996).

### **Child Sexual Abuse**

Examination of the Sexual Abuse group revealed percentages exceeding the current national average of 9.1% (HHS, 2012). However, the sample did reflect previously established prevalence rates that report an increased likelihood of females being sexually abused in comparison to males (Silverman et al., 1996). Due to these similarities, the sample was considered meaningful in analyzing future interpersonal problems. Findings for the SA group did not support the proposed second hypothesis. Results indicated that the expected low scores on the ECR-RS for attachment anxiety with mother and best friend were confirmed. However, data did not indicate significantly

high scores on the attachment avoidance dimension for these two relationships. The hypothesis regarding relationships with father was supported by this study's results—participants reported significantly high scores on attachment avoidance and low scores on attachment anxiety. Post hoc tests indicated that avoidance scores for both mother and father were significantly higher than those for best friend. The scores for relationship with mother and best friend did not meet the criteria for an insecure attachment style, but the scores for father did. Participants with a history of child sexual abuse exhibited a secure attachment style in adulthood with their mother and best friend, but a dismissing attachment style with their father (Bartholomew, 1990).

Due to two-thirds of the examined relationships resulting in secure attachments, a contradiction exists between the current study and previous research suggesting insecure adult attachment is associated most with sexual abuse survivors (Davis & Petretic-Jackson, 2000). In addition, results regarding anxiety in adult relationships provided another contradiction. Unlike previous research linking child sexual abuse and low self-esteem later in life (Briere & Elliot, 1994; Hunter, 1991; Laviola, 1992; Mullen et al., 1996), the results seem to support literature stating that sexual abuse survivors' self-esteem is not negatively impacted in adulthood (Jumper, 1995; Sachs-Ericsson et al., 2010). Leaving home, forming new and supportive relationships, entering into therapy, acknowledging abuse, regaining perceived control, and even not remembering the abuse can all influence the manner in which sexual abuse survivors perceive their self-worth in adult relationships (Cole & Putnam, 1992; Laviola, 1992; Reviere & Bakeman, 2001; Varia et al., 1996; Wyatt & Newcomb, 1990). Another potential explanation is the emotional and behavioral symptoms first seen in childhood dissipating due to disclosure

soon after the abuse occurred (Kendall-Tackett et al., 1993). As a result, survivors are more capable of forming meaningful, healthy, and secure attachments with significant others in adulthood.

Dismissing attachment style in relationships with father was the only insecure attachment identified within the SA group. Alexander and colleagues found a similar yet smaller portion of sexual abuse survivors (between 11% and 16%) utilizing this adult attachment style (Alexander, 1993; Alexander et al., 1998). The first possible explanation for this result is the identification of father as the perpetrator of sexual abuse. Previous research has examined the prevalence rates of sexual abuse by a family member and found approximately 50% of the perpetrators comprised of fathers (Alexander, 1993; Alexander et al., 1998). Unfortunately, not enough participants in this study identified their perpetrator, so this data could not be statistically analyzed.

The second explanation examines familial conflict in adulthood. Associations between high rates of family conflict and a history of child sexual abuse have been confirmed (Banyard et al., 2000; Harter et al., 1988; Hunter, 1991; Kim et al., 2009), and could be a potential factor resulting in a dismissing attachment style with father. The negative view of others within their working model is continually reinforced in this abuse group due to perpetual conflict with their father. Adults may then utilize the avoidant behaviors that are so common amongst survivors of child sexual abuse to cope with conflict (Briere & Elliot, 1994; Drapeau & Perry, 2004; Gipple et al., 2006). Regardless of the reason, participants in the SA group preferred to be more self-reliant in their relationships with paternal figures.

### **Child Physical Abuse**

In comparison to current national averages, the Physical Abuse group in this study exceeded the 17.6% of maltreatment cases that consisted of child physical abuse (HHS, 2012). However, the sample was still deemed valuable in examining the impact of physical abuse in childhood on adult functioning. The third hypothesis relating to the PA group was not fully supported by data. As with the SA group, participants who reported physical abuse in childhood did not present with negative views of self in relationships with parents. However, participants did report significantly higher scores for attachment avoidance in relationships with father and mother than best friend. Only the avoidance score for father met the criteria of greater than 4.00 required for an insecure attachment style. Overall, participants in this abuse group exhibited a secure attachment style with mother and a dismissing attachment style with father in their adult relationships. Low scores on both anxiety and avoidance dimensions for relationship with best friend also revealed a secure attachment style for this type of relationship (Bartholomew, 1990).

Unlike previous research suggesting survivors of child physical abuse are likely to present with low self-esteem as adults (Mullen et al., 1996), the current study did not come across such a finding in any of the three relationships. Instead, the low levels of anxiety for relationship-specific attachment coincide more so with literature stating the opposite for those physically abused in childhood (Briere & Runtz, 1988; Gross & Keller, 1992). Despite a traumatic childhood, individuals with a history of physical abuse may perceive significant amounts of support from parents or friends, or obtain a sense of control in their lives, thus preventing their self-esteem being negatively impacted (Lopez & Heffer, 1998; Pitzer & Fingerman, 2010). This can certainly be considered a potential

explanation for this study's results after considering the secure attachment styles those in the PA group exhibited in relationships with their mother and best friend.

The PA group's dismissing attachment style with their father can be understood in relation to the detrimental effects child physical abuse has on adult relationships with family members. According to research, adults with a history of physical abuse in childhood are more likely to evaluate relationships with family members as more negative or conflictual (Savla et al., 2013; Shaw & Krause, 2002). One potential explanation for this is the fact that more males inflict physical abuse than females (McCarroll, Fan, Newby, & Ursano, 2008; Sedlak et al., 2010). Survivors abused by their father continue to perceive them as strict in adulthood (Drapeau & Perry, 2004) and no longer experience the low self-esteem that occurs in childhood (Wodarski, et al. 1990). However, they do continue to exhibit avoidant behaviors in their relationships with this parent (Finzi, Ram, Har-Even, Shnit, & Weizman, 2001). Despite lack of support for avoidant attachment styles in all three relationships, there still remains some evidence that a physically abusive childhood is related to interpersonal avoidance in adulthood.

In addition, it must be stated that identification of participants as having experienced childhood physical abuse was dependent upon CDC's criteria that was mentioned previously (CDC, 2013). Table 6 provides a summary of participants' responses regarding the frequency of each event measured. As indicated by these results, participants who endorsed physically abusive events in childhood may have experienced them only once. When interpreting the overall results for the PA group, frequency of each abusive event must be kept in mind due to its significant value in predicting negative long-term consequences (Briere & Jordan, 2009). The results reflecting secure attachment

styles with mother and best friend could be a potential result of physical abuse only occurring once or twice rather than for an extended period of time.

Table 6

*Categorization of Physical Abuse Frequency Responses*

Item	<i>Once, Twice</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very Often</i>
Actually push, grab, shove, slap you, or throw something at you?	—	12	5	9
Hit you so hard that you had marks or were injured?	18	6	5	5

*Note:* Items assessing the occurrence of physical abuse during childhood began as, “While you were growing up, that is, during your first 18 years of life, how often did a parent, step-parent, or adult living in your home:”

### **Child Emotional Abuse**

The percentage of participants with a history of emotional abuse in childhood exceeded the national rate of 9.0% of current maltreatment cases that involve psychological maltreatment (HHS, 2012). However, the sample permitted examination of the negative impact this type of child abuse has on interpersonal functioning later in life. The findings in this study did not provide evidence for the fourth hypothesis regarding child emotional abuse. Nonetheless, support was found for attachment avoidance in relationships with mother and father. None of the anxiety hypotheses were supported by data. Participants who endorsed either or both of the emotional abuse items on the FHH

reported having low anxiety and high avoidance attachment scores with their parents. Both anxiety and avoidance scores were low for relationships with best friend. Post hoc analyses reported avoidance scores with both parents were significantly greater than those with best friend. Only the scores for father and mother were high enough to suggest an insecure attachment style. As a result, individuals who were emotionally abused as children exhibited a dismissing attachment style with both their mother and father. Participants' relationships with their best friend were associated with a secure adult attachment style (Bartholomew, 1990).

Despite the results contradicting the overall hypotheses for both parents, the previously established link between emotional abuse in childhood and insecure attachment in adulthood was supported (Carbone, 2010; Glaser, 2002; Hankin, 2005; Rekart et al., 2007). Adult attachment styles that evaluate others as untrustworthy and exhibit avoidance of interpersonal rejection has been reported in prior child emotional abuse research (Krause, Mendelson, & Lynch, 2003; Messman-Moore & Coates, 2007; Rosenthal et al., 2006). One potential explanation for this is that emotional abuse is a form of abuse most perpetrated by both parents equally (Gilbert et al., 2009; McCarroll et al., 2008). Negative emotional experiences with parents shape a view of others as threatening (Hankin, 2005; Messman-Moore & Coates, 2007) and conditions children to cease whatever actions may have caused the abuse, including emotional expression (Rosenthal et al., 2006). The fact that avoidant attachment is used only with participants' parents is simply a reflection of the deleterious impact emotional abuse has on familial relationships in adulthood (Savla et al., 2013).

The second finding—no evidence for attachment-related anxiety—also reveals significant features of this abuse group. Low scores on anxiety in relationships with mother, father, and best friend conflict with the well-established association between low self-esteem in adulthood and child emotional abuse (Briere & Runtz, 1990; Dodge Reyome et al., 2010; Gross & Keller, 1992; Mullen et al., 1996). It is possible that participants who endorsed emotional abuse in childhood ultimately acknowledged their abuse, thus allowing them to view their trauma as a result of the parent-child relationship rather than their own personal qualities (Varia et al., 1996). Awareness of abuse could also prevent survivors from seeking adult relationships with individuals that parallel their emotionally abusive parent, which is expected for this group of survivors (Carbone, 2010). This explanation can potentially account for the secure attachment style exhibited in relationships with best friend in the current study.

As with the results pertaining to child physical abuse, the categorization of emotionally abusive events in childhood and the frequency at which they occurred must be taken into consideration (refer to Table 7). The CDC suggested that endorsement of certain times in which the emotionally abusive events measured in the two items occurred indicated a participant as having endured this type of abuse (CDC, 2013). However, due to the fact that frequency of abusive events in childhood has been established as a significant contributor to the negative consequences in adulthood (Briere & Jordan, 2009), consideration of participants' exposure to emotionally abusive events might be utilized as a potential reason for the secure attachment exhibited in relationships with best friends.

Table 7

*Categorization of Emotional Abuse Frequency Responses*

	<i>Sometimes</i>	<i>Often</i>	<i>Very Often</i>
Swear at you, insult you, or put you down?	—	9	14
Act in a way that made you afraid that you might be physically hurt?	10	7	13

*Note:* Items assessing the occurrence of physical abuse during childhood began as, “While you were growing up, that is, during your first 18 years of life, how often did a parent, step-parent, or adult living in your home:”

**Additional Results for Adult Functioning**

**Support system.** Results regarding number of emotionally supportive and available friends or relatives in the Abuse group suggest a potential explanation for avoidance with fathers. Adult participants who reported childhood trauma also reported having, on average, two friends or relatives that assist them with their emotional problems. Adults who obtain social support from friends report fewer negative effects of their abusive childhood later in life (Powers et al., 2009). It could be hypothesized that the resultant secure attachment with best friends for all three of the abuse groups is due these individuals being available when victims were distressed.

**Mental health treatment.** According to the post hoc results, the Non-Abuse group was more likely to have received mental health services than the Abuse group. This can be used to explain two of the results obtained in the initial analysis. Treatment focused on emotionally or behaviorally maladaptive functioning may not be necessary for some abuse survivors. Bowlby (1973) acknowledged the ability of children to adjust their

working models over time through experiences in other relationships. The three abuse groups' individual attachment results and absence of mental health treatment could potentially be explained by further examining various aspects of their relationships throughout development (Laviola, 1992; Lopez & Heffer, 1998).

The results could also be used to make the argument that individuals who were abused as children and later developed avoidant attachment styles in adulthood may also be avoidant of recalling past trauma in a therapeutic environment. In particular, the dismissing attachment has been associated with impaired recall of childhood memories (Riggs, 2010). Previous research has indicated that subjective trauma recollections result in more elaborate memories, but truly severe trauma results in the opposite (Reviere & Bakeman, 2001). If participants were not able to accurately recall a parent as truly abusive, it is assumed that they would either avoid re-examining these memories in treatment or dismiss the idea that treatment is even necessary.

**Sexual history.** After examining the variables related to participants' sexual history, some rather interesting results were obtained. Despite the Abuse and Non-Abuse groups' similarities in age of first sexual intercourse, the number of sexual partners reported by each group differs dramatically. The avoidant attachment style exhibited in each of the abuse groups is reflected in these results, and suggests simultaneous avoidance of intimate relationships and acceptance of physical contact (Bartholomew, 1990; Fairchild & Finney, 2006). It may be inferred that continuity of avoidant attachment styles (Bowlby, 1973; Cassidy, 2000) in the Abuse group makes them capable of exhibiting avoidant behaviors in various relationships throughout development.

According to Hazan and Shaver's (1987) definition of avoidant attachment, adults are capable of engaging in relationships despite their distrust for others. Survivors of child abuse utilize sexual behaviors later in life as a form of distraction from the inner pain they experience due to their trauma (Briere & Rickards, 2007). The high rate of sexual partners combined with avoidant attachment behaviors suggests that abused individuals prefer to establish unemotional relations to meet primarily their own needs (Mikulincer, 2006; Péloquin, Brassard, Delisle, & Bédard, 2013). Short-lived, sexual relationships could be the manner in which avoidant individuals with abusive pasts prevent feelings of rejection (Træen & Sørensen, 2008).

**Substance abuse.** Unfortunately, the results for drug and alcohol problems did not support previous research stating individuals with abusive childhoods oftentimes develop SUDs later in life (Afifi et al., 2012; Rorty, Yager, & Rossotto, 1994; Silverman et al., 1996). Due to the FHH being a self-report measure, perceiving oneself as not having an issue with alcohol consumption or drug use is reflected in the results. Acknowledgement of a problem may be masked by the denial that oftentimes accompanies SUDs (Dare & Derigne, 2010).

**Suicide attempts.** The Non-Abuse group in this study reported far more suicide attempts than the participants in the Abuse group. This finding does not reflect previous research linking childhood abuse and suicidal behaviors in adulthood (Afifi et al., 2008; Mullen et al., 1996). However, the item regarding history of suicide attempts did not assess self-harming behaviors, which has been associated with child abuse victims later in life (Bifulco et al., 2002; Buser & Hackney, 2012; Glassman et al., 2007).

### **Attachment Theory and Child Abuse History**

In the present study, data for the SA, PA, and EA groups indicate significant associations between at least one of the relationships assessed and a dismissing adult attachment style. These results parallel a negative working model that consists of a positive view of self and a negative view of others (Bowlby, 1973). Avoidant attachment styles such as dismissing first develop as a result of primary caregivers rejecting children's attachment needs (Bartholomew, 1990; Bowlby, 1973) and eventually influence the ability to trust others in adulthood (Bartholomew, 1990; Briere, 1992). Dismissing attachment styles specifically reflect adults' maintenance of their sense of self-worth and autonomy by refusing to engage in relationships that could ultimately lead to rejection (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Paradis & Boucher, 2010).

Assuming that parents were the perpetrators, participants may distance themselves from one or both parental figures later in life (Bartholomew, 1990). As they develop, child abuse survivors' behavioral and cognitive coping mechanisms carry over into their adult relationships (Briere, 1992). Finkelhor and Browne's (1985) traumagenic dynamics can be utilized in understanding these reactions for all three of the abuse groups. Sexually abused individuals feel betrayed by a parent, so they exert anger toward a parent for harming them, not protecting them from the abuse, or not responding with support after disclosing their abuse. Physically abused individuals fear being harmed again by the abusive parent, and thus maintain little contact to avoid feeling powerless again. Emotionally abused individuals may have been insulted or belittled by either parent in

response to seeking comfort or proximity, so they remain distant in order to protect their sense of control.

This study found that attachment avoidant behaviors are only evident in relationships with parents. However, the results for abused individuals' self-reported mental health treatment and number of sexual partners may suggest other aspects of their lives in which they avoid feeling vulnerable and protect their sense of self-worth. Overall, this study found evidence for both secure and avoidant attachment styles for victims of child sexual, physical, or emotional abuse in relationships with their mother, father, and best friend. Ultimately, there is evidence supporting the idea that despite exhibiting an avoidant attachment style, participants were able to also have a secure attachment in other relationships (Baldwin et al., 1996). Bowlby's (1973) assertion that working models are both continuous and discontinuous is reflected in this study's results.

### **Limitations and Future Research**

Limitations of this study must be discussed in order to fully grasp the results obtained. First, while the sample size for each of the four groups met the requirement for conducting repeated measures MANOVAs, a larger sample would have offered a broader and more accurate examination of the child abuse histories studied. Unfortunately, the length of the FHH, time required to complete the survey, and stress of recalling traumatic childhood events may have contributed in some degree to the final sample size.

The second limitation is related to participants providing subjective self-reports of childhood trauma. If participants did not wish to disclose being sexually, physically, or emotionally abused, they were provided the right to do so. This is consistent with previous prevalence rates that suggest it is not uncommon for adults to deny experiencing

child abuse early in life (Horton & Cruise, 1997). Reluctance related to endorsing abusive experiences in childhood might have then influenced participants to respond more optimistically on the attachment survey as a form of compensation (Varia et al., 1996).

Also, self-reporting may have contributed to the gender differences within the sample—significantly fewer males identified themselves as child abuse victims. Males, in particular, have significant difficulties acknowledging their abuse (Varia et al., 1996), especially sexual abuse (Holmes, Offen, & Waller, 1997; Putnam, 2003). The stigmatization involved in child abuse can, through feelings of shame and guilt, reinforce the consistent denial of abusive childhoods (Feiring, 2005; Feiring et al., 1996; Finkelhor & Browne, 1985). Unequal gender representation in this study could either be a result of males denying their abuse or the simple fact that fewer males overall participated in the study.

Third, despite the ECR-RS being a reliable and valid measure of relationship-specific adult attachment styles (Fraley et al., 2011), the limited number of items for assessing the broad and extensive attachment anxiety dimension may have interfered with a complete depiction of participants' overall working models. In the future, use of the 36-item Experiences in Close Relationships-Revised (ECR-R) survey (Fairchild & Finney, 2006; Fraley et al., 2000) or even a specified self-esteem assessment tool could potentially provide results suggestive of the current breadth of related literature to child abuse victims' low self-esteem in adulthood.

Researchers can further examine the link between history of child abuse (sexual, physical, emotional) and avoidant attachment styles with parents by identifying the perpetrator in each of the abuse types as well as the home environment. Unfortunately,

the FHH only allowed for identification of the perpetrator for one of the abuse categories—child sexual abuse. Even then, few participants in this study identified their abusers and only information regarding the abusers' relationship to participants (i.e., relative, non-relative, family friend, stranger) was elicited. In addition, the FHH did not allow for a detailed exploration of information pertaining to changes in the home environment, such as mothers' removal of the family from abusers by way of divorce, obtaining sole custody, or implementation of a restraining order. As a result, it can only be assumed from the overall results that fathers were more than likely the perpetrators of sexual and physical abuse, and both parental figures for emotional abuse. Secure attachment styles with mothers in the SA and PA groups could also be considered a result of protecting participants against further abuse, but this too is only an assumption. Studies could examine and potentially confirm these assertions by providing less ambiguous categories regarding perpetrators and more detailed items assessing childhood home environment.

This study found that adult victims of child sexual, physical, and emotional abuse were more secure with best friends and had reliable friends or relatives they were comfortable turning to for emotional support. However, adult attachment styles with parents, absence of mental health treatment, and involvement in superficial sexual relationships indicated that avoidance continued to play a significant role in abuse victims' adult functioning. Continual use of avoidant strategies has the ability to proliferate the numerous negative effects child abuse has on functioning later in life. By adding to the already existing child abuse literature, this study simply confirms the fear victims have about accepting their abuse and the steps they willingly take to mask it. If

acknowledged, victims may begin to heal the emotional damage experienced thus far; individuals associated with victims can offer their assistance by supporting emotional disclosure; and society can comprehend the impact childhood trauma has on every aspect of an individual's life. Awareness of these avoidant behaviors can also assist clinicians in formulating treatment plans and interventions geared toward establishing trust and comfort with clients in the process of confronting traumatic memories.

## Appendix A

*Family Health History (FHH)-Female Version*

1. What was the month and year of your birth?  
Month \_\_\_\_ Year \_\_\_\_\_
  2. What is your sex?  
1=Male; 2=Female
  - 3a. What is your race?  
1=Asian; 2=Black; 3=White; 4=American Indian; 5=Other
  - 3b. Are you of Mexican, Latino, or Hispanic origin?  
1=Yes; 2=No
  4. Please check how far you've gone in school.  
1=Didn't Go To High School; 2=Some High School; 3=High School Graduate Or GED; 4=Some College Or Technical School; 5=4 Year College Graduate
  5. What is your current marital status? Are you now...  
1=Married; 2=Not Married, But Living Together With A Partner;  
3=Widowed; 4=Separated; 5=Divorced; 6=Never Married
  - 6a. How many times have you been married?  
1=1; 2=2; 3=3; 4=4 Or More; 5=Never Married
  - 6b. During what month and year were you first married?  
Month \_\_\_\_ Year \_\_\_\_\_
  - 7a. Which of the following best describes your employment status?  
1=Full Time (35 Hours Or More); 2=Part-Time (1-34 Hours); 3=Not Employed Outside The Home
- If you are currently employed outside the home:*
- 7b. How many days of work did you miss in the past 30 days due to stress or feeling depressed?  
# of Days \_\_\_\_
  - 7c. How many days of work did you miss in the past 30 days due to poor physical health?  
# of Days \_\_\_\_
  8. For most of your childhood, did your family own there home?  
1=Yes; 2=No
  - 9a. During your childhood, how many times did you move residences, even in the same town?  
# of Times \_\_\_\_\_
  10. How old was your mother when you were born?  
Age \_\_\_\_\_
  - 11a. How much education does/did your mother have?  
1=Didn't Go To High School; 2=Some High School; 3=High School Graduate Or GED; 4=Some College Or Technical School; 5=College Graduate Or Higher
  - 11b. How much education does/did your father have?  
1=Didn't Go To High School; 2=Some High School; 3=High School Graduate Or GED; 4=Some College Or Technical School; 5=College Graduate Or Higher
  12. Have you ever been pregnant?  
1=Yes; 2=No

*If "No", skip to question 16*

13a. Are you pregnant now?

1=Yes; 2=No; 3=Don't Know

13b. How many times have you been pregnant?

# of Times \_\_\_\_\_

13c. How many pregnancies resulted in the birth of a child?

# of Times \_\_\_\_\_

13d. How old were you the first time you became pregnant?

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

13e. The first time you became pregnant, how old was the person who got you pregnant?

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

13f. During what month and year did your first pregnancy end?

Month \_\_\_\_\_ Year \_\_\_\_\_

13g. How did your first pregnancy end?

1=Live Birth; 2=Stillbirth/Miscarriage; 3=Tubal Or Ectopic; 4=Elective Abortion;  
5=Other

13h. When your first pregnancy began, did you intend to get pregnant at that time in your life?

1=Yes; 2=No; 3=Didn't Care

14. Were you ever pregnant a second time?

1=Yes; 2=No

*If "No", skip to question 16*

15a. What month and year did your second pregnancy end?

Month \_\_\_\_\_ Year \_\_\_\_\_

15b. How did your second pregnancy end?

1=Live Birth; 2=Stillbirth/Miscarriage; 3=Tubal Or Ectopic; 4=Elective Abortion;  
5=Other

15c. When your second pregnancy began, did you intend to get pregnant at that time in your pregnancy life?

1=Yes; 2=No; 3=Didn't Care

*In order to get a more complete picture of the health of our patients, the next three questions are about voluntary sexual experiences.*

16. Have you ever had sexual intercourse?

1=Yes; 2=No

17. How old were you the first time you had sexual intercourse?

Age \_\_\_\_\_

18. With how many different partners have you ever had sexual intercourse?

# of Partners \_\_\_\_\_

19. During the past year, with how many different partners have you ever had sexual intercourse?

# of Partners \_\_\_\_\_

20a. Have you smoked at least 100 cigarettes in your entire life?

1=Yes; 2=No

20b. How old were you when you began to smoke cigarettes fairly regularly?

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

- 20c. Do you smoke cigarettes now?  
1=Yes; 2=No
- 20d. If yes, on average, about how many cigarettes a day do you smoke?  
# Cigarettes: \_\_\_\_\_
- 21a. If you used to smoke cigarettes but don't smoke now, about how many cigarettes a day did you smoke?  
# Cigarettes: \_\_\_\_\_
- 21b. How old were you when you quit?  
Age \_\_\_\_\_
- 22a. During your first 18 years of life did your father smoke?  
1=Yes; 2=No
- 22b. During your first 18 years of life did your mother smoke?  
1=Yes; 2=No
- 23a. During the past month, about how many days per week did you exercise for recreation or to keep in shape?  
0=0; 1=1-19; 2=20-29; 3=30-39; 4=40-49; 5=50-59; 6=60 or more
- 23b. During the past month, when you exercised for recreation or to keep in shape, how long did you usually exercise (minutes)?  
\_\_\_\_\_ Minutes
- 24a. What is the most you have ever weighed (in pounds)?  
Weight: \_\_\_\_\_
- 24b. How old were you then?  
Age: \_\_\_\_\_
25. Have you ever drank more than a few sips of alcohol?  
1=Yes; 2=No
- 25a. How old were you when you had your first drink of alcohol other than a few sips?  
Age: \_\_\_\_\_
- During each of the following age intervals, what was your usual number of drinks of alcohol per week?*
- 25b1. Age 19-29  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 25b2. Age 30-39  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 25b3. Age 40-49  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 25b4. Age 50 and older  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 25c. During the past month, have you had any beer, wine, wine coolers, cocktails or liquor?  
1=Yes; 2=No
- 25d. During the past month, how many days per week did you drink any alcoholic beverages on average?  
# of Days \_\_\_\_\_
- 25e. On the days when you drank, about how many drinks per day did you have on average?

1=1; 2=2; 3=3; 4=4 Or More; 5=Didn't Drink In Past Month

25f. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

# of Times \_\_\_\_\_

25g. During the past month, how many times have you driven when you've had perhaps too much to drink?

# of Times \_\_\_\_\_

25h. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

# of Times \_\_\_\_\_

26. Have you ever had a problem with your use of alcohol?

1=Yes; 2=No

27. Have you ever considered yourself to be an alcoholic?

1=Yes; 2=No

28a. During your first 18 years of life did you live with anyone who was a problem drinker or alcoholic?

1=Yes; 2=No

28b. If "yes" check all who were:

Father; Mother; Brothers; Sisters; Other relatives; Other non-relative

29. Have you ever been married to someone (or lived with someone as if you were married) who was a problem drinker or alcoholic?

1=Yes; 2=No

30a. Have you ever used street drugs?

1=Yes; 2=No

30b. If "yes" how old were you the first time you used them?

Age \_\_\_\_\_

30c. About how many times have you used street drugs?

0=0; 1=1-2; 2=3-10; 3=11-25; 4=26-99; 5=100+

30d. Have you ever had a problem with street drugs?

1=Yes; 2=No

30e. Have you ever considered yourself to be addicted to street drugs?

1=Yes; 2=No

30f. Have you ever injected street drugs?

1=Yes; 2=No

31. Have you ever been under the care of a psychologist, psychiatrist, or therapist?

1=Yes; 2=No

32a. Has a doctor, nurse, or health professional ever asked you about family or household problems during your childhood?

1=Yes; 2=No

32b. How many close friends or relatives would you help you with your emotional problems or feelings if you needed it?

1=None; 2=1; 3=2; 4=3 or More

*During your first 18 years of life, was anyone in your household...*

33. Did you live with anyone who used street drugs?

1=Yes; 2=No

- 34a. Were your parents ever separated or divorced?  
1=Yes; 2=No
- 34b. Did you ever live with a stepfather?  
1=Yes; 2=No
- 34c. Did you ever live with a stepmother?  
1=Yes; 2=No
35. Did you ever live in a foster home?  
1=Yes; 2=No
- 36a. Did you ever run away from home for more than one day?  
1=Yes; 2=No
- 36b. Did your brothers or sisters run away from home for more than one day?  
1=Yes; 2=No
37. Was anyone in your household depressed or mentally ill?  
1=Yes; 2=No
38. Did anyone in your household attempt to commit suicide?  
1=Yes; 2=No
- 39a. Did anyone in your household go to prison?  
1=Yes; 2=No
- 39b. Did anyone in your household ever commit a serious crime?  
1=Yes; 2=No
- 40a. Have you ever attempted to commit suicide?  
1=Yes; 2=No
- 40b. If "yes", how old were you the first time you attempted suicide?  
Age \_\_\_\_\_
- 40c. If "yes", how old were you the last time you attempted suicide?  
Age \_\_\_\_\_
- 40d. How many times have you attempted suicide?  
# of Times \_\_\_\_\_
- 40e. Did any suicide attempt ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?  
1=Yes; 2=No
- Sometimes physical blows occur between parents. While you were growing up in your first 18 years of life, how often did our father (or stepfather) or mother's boyfriend do any to these things to your mother (or stepmother)?*  
1=Never; 2=Once, Twice; 3=Sometimes; 4=Often; 5=Very Often
- 41a. Push, grab, slap or throw something at her?
- 41b. Kick, bite, hit her with a fist, or hit her with something hard?
- 41c. Repeatedly hit her over at least a few minutes?
- 41d. Threaten her with a knife or gun, or use a knife or gun to hurt her?
- Sometimes parents spank their children as a form of discipline. While you were growing up during your first 18 years of life:*
- 42a. How often were you spanked?  
1=Never; 2=Once Or Twice; 3=A Few Times A Year; 4=Many Times A Year;  
5=Weekly Or More
- 42b. How severely were you spanked?

1=Not Hard; 2=A Little Hard; 3=Medium; 4=Quite Hard; 5=Very Hard

42c. How old were you the last time you remember being spanked?

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

*While you were growing up, during your first 18 years of life, how true were each of the following statements?*

1=Never True; 2=Rarely True; 3=Sometimes True; 4=Often True; 5=Very Often True

43. You didn't have enough to eat?
44. You knew there was someone to take care of you and protect you?
45. People in your family called you things like "lazy" or "ugly"?
46. Your parents were too drunk or high to take care of the family?
47. There was someone in your family who helped you feel important or special?
48. You had to wear dirty clothes?
49. You felt loved?
50. You thought your parents wished you had never been born?
51. People in your family looked out for each other?
52. You felt that someone in your family hated you?
53. People in your family said hurtful or insulting things to you?
54. People in your family felt close to each other?
55. You believe that you were emotionally abused?
56. There was someone to take you to the doctor if you needed it?
57. Your family was a source of strength and support?.

*Sometimes parents or other adults hurt children. While you were growing up, that is, during your first 18 years of life, how often did a parent, step-parent, or adult living in your home:*

1=Never; 2=Once, Twice; 3=Sometimes; 4=Often; 5=Very Often

- 58a. Swear at you, insult you, or put you down?
- 58b. Threaten to hit you or throw something at you, but didn't do it?
- 58c. Actually push, grab, shove, slap you, or throw something at you?
- 58d. Hit you so hard that you had marks or were injured?
- 58e. Act in a way that made you afraid that you might be physically hurt?

*Some people, while growing up in their first 18 years of life, had a sexual experience with an adult or someone at least five years older than themselves. These experiences may have involved a relative family friend or stranger. During the first 18 years of life, did an adult or older relative, family friend or stranger ever:*

59a. Touch or fondle your body in a sexual way?

1=Yes; 2=No

*If "Yes": The first time this happened, how old were you?*

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

60a. Have you touch their body in a sexual way?

1=Yes; 2=No

*If "Yes"*: The first time this happened, how old were you?

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

61a. Attempt to have any type of sexual intercourse (oral, anal, or vaginal) with you?

1=Yes; 2=No

*If "Yes"*: The first time this happened, how old were you?

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

62a. Actually have any type of sexual intercourse with you (oral, anal, or vaginal) with you?

1=Yes; 2=No

*If "Yes"*: The first time this happened, how old were you?

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

*If you answered "No" to each of the last 4 questions (59a- 62a) about sexual experiences with older persons, please skip to question 67a.*

*Mark all that apply. Did any of these sexual experiences with an adult or person at least 5 years older than you involve:*

63a. A relative who lived in your home?

1=Yes; 2=No

63b. A non-relative who lived in your home?

1=Yes; 2=No

63c. A relative who didn't live in your home?

1=Yes; 2=No

63d. A family friend or person who you knew and who didn't live in your household?

1=Yes; 2=No

63e. A stranger?

1=Yes; 2=No

63f. Someone who was supposed to be taking care of you?

1=Yes; 2=No

63g. Someone you trusted?

1=Yes; 2=No

*Did any of these sexual experiences involve:*

64a. Trickery, verbal persuasion, or pressure to get you to participate?

1=Yes; 2=No

64b. Being given alcohol or drugs?

1=Yes; 2=No

64c. Threats to harm you if you didn't participate?

1=Yes; 2=No

64d. Being physically forced or overpowered to make you participate?

1=Yes; 2=No

65a. Have you ever told a doctor, nurse, or other health professional about these sexual experiences?

1=Yes; 2=No

65b. Has a therapist or counselor ever suggested to you that you were sexually abused as a child?

1=Yes; 2=No

66. Do you think that you were sexually abused as a child?

1=Yes; 2=No

*Apart from other sexual experiences you have already told us about, while you were growing up during your first 18 years of life...*

67a. Did a boy or group of boys about your own age ever force or threaten to harm you in order to have sexual contact?

1=Yes; 2=No

67b. If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

67c. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

67d. Did the contact involve a person actually having intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

67e. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

68a. As an adult, (age 19 or older) did anyone ever force or threaten you with harm in order to have sexual contact?

1=Yes; 2=No

68b. If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

68c. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

68d. Did the contact involve a person actually having intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

68e. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

## Appendix B

*Family Health History (FHH)-Male Version*

1. What was the month and year of your birth?  
Month \_\_\_\_ Year \_\_\_\_\_
  2. What is your sex?  
1=Male; 2=Female
  - 3a. What is your race?  
1=Asian; 2=Black; 3=White; 4=American Indian; 5=Other
  - 3b. Are you of Mexican, Latino, or Hispanic origin?  
1=Yes; 2=No
  4. Please check how far you've gone in school.  
1=Didn't Go To High School; 2=Some High School; 3=High School Graduate Or GED; 4=Some College Or Technical School; 5=4 Year College Graduate
  5. What is your current marital status? Are you now...  
1=Married; 2=Not Married, But Living Together With A Partner;  
3=Widowed; 4=Separated; 5=Divorced; 6=Never Married
  - 6a. How many times have you been married?  
1=1; 2=2; 3=3; 4=4 Or More; 5=Never Married
  - 6b. During what month and year were you first married?  
Month \_\_\_\_ Year \_\_\_\_\_
  - 7a. Which of the following best describes your employment status?  
1=Full Time (35 Hours Or More); 2=Part-Time (1-34 Hours); 3=Not Employed Outside The Home
- If you are currently employed outside the home:*
- 7b. How many days of work did you miss in the past 30 days due to stress or feeling depressed?  
# of Days \_\_\_\_
  - 7c. How many days of work did you miss in the past 30 days due to poor physical health?  
# of Days \_\_\_\_
  8. For most of your childhood, did your family own there home?  
1=Yes; 2=No
  - 9a. During your childhood, how many times did you move residences, even in the same town?  
# of Times \_\_\_\_\_
  10. How old was your mother when you were born?  
Age \_\_\_\_\_
  - 11a. How much education does/did your mother have?  
1=Didn't Go To High School; 2=Some High School; 3=High School Graduate Or GED; 4=Some College Or Technical School; 5=College Graduate Or Higher
  - 11b. How much education does/did your father have?  
1=Didn't Go To High School; 2=Some High School; 3=High School Graduate Or GED; 4=Some College Or Technical School; 5=College Graduate Or Higher
  - 12a. Have you smoked at least 100 cigarettes in your entire life?  
1=Yes; 2=No

- 12b. How old were you when you began to smoke cigarettes fairly regularly?  
Age: \_\_\_\_\_
- 12c. Do you smoke cigarettes now?  
1=Yes; 2=No
- 12d. If yes, on average, about how many cigarettes a day do you smoke?  
# Cigarettes: \_\_\_\_\_
- 13a. If you used to smoke cigarettes but don't smoke now, about how many cigarettes a day did you smoke?  
# Cigarettes: \_\_\_\_\_
- 13b. How old were you when you quit?  
Age \_\_\_\_\_
- 14a. During your first 18 years of life did your father smoke?  
1=Yes; 2=No
- 14b. During your first 18 years of life did your mother smoke?  
1=Yes; 2=No
- 15a. During the past month, about how many days per week did you exercise for recreation or to keep in shape?  
0=0; 1=1-19; 2=20-29; 3=30-39; 4=40-49; 5=50-59; 6=60 or more
- 15b. During the past month, when you exercised for recreation or to keep in shape, how long did you usually exercise (minutes)?  
\_\_\_\_\_ Minutes
- 16a. What is the most you have ever weighed (in pounds)?  
Weight: \_\_\_\_\_
- 16b. How old were you then?  
Age: \_\_\_\_\_
17. Have you ever drank more than a few sips of alcohol?  
1=Yes; 2=No
- 17a. How old were you when you had your first drink of alcohol other than a few sips?  
Age: \_\_\_\_\_
- During each of the following age intervals, what was your usual number of drinks of alcohol per week?*
- 17b1. Age 19-29  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 17b2. Age 30-39  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 17b3. Age 40-49  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 17b4. Age 50 and older  
1=None; 2=Less than 6 per week; 3=7-13 per week; 4=14 or more per week
- 17c. During the past month, have you had any beer, wine, wine coolers, cocktails or liquor?  
1=Yes; 2=No
- 17d. During the past month, how many days per week did you drink any alcoholic beverages on average?  
# of Days \_\_\_\_\_

17e. On the days when you drank, about how many drinks per day did you have on average?

1=1; 2=2; 3=3; 4=4 Or More; 5=Didn't Drink In Past Month

17f. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

# of Times \_\_\_\_\_

17g. During the past month, how many times have you driven when you've had perhaps too much to drink?

# of Times \_\_\_\_\_

17h. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

# of Times \_\_\_\_\_

18. Have you ever had a problem with your use of alcohol?

1=Yes; 2=No

19. Have you ever considered yourself to be an alcoholic?

1=Yes; 2=No

20a. During your first 18 years of life did you live with anyone who was a problem drinker or alcoholic?

1=Yes; 2=No

20b. If "yes" check all who were:

Father; Mother; Brothers; Sisters; Other relatives; Other non-relative

21. Have you ever been married to someone (or lived with someone as if you were married) who was a problem drinker or alcoholic?

1=Yes; 2=No

22a. Have you ever used street drugs?

1=Yes; 2=No

22b. If "yes" how old were you the first time you used them?

Age \_\_\_\_\_

22c. About how many times have you used street drugs?

0=0; 1=1-2; 2=3-10; 3=11-25; 4=26-99; 5=100+

22d. Have you ever had a problem with street drugs?

1=Yes; 2=No

22e. Have you ever considered yourself to be addicted to street drugs?

1=Yes; 2=No

22f. Have you ever injected street drugs?

1=Yes; 2=No

23. Have you ever been under the care of a psychologist, psychiatrist, or therapist?

1=Yes; 2=No

24a. Has a doctor, nurse, or health professional ever asked you about family or household problems during your childhood?

1=Yes; 2=No

24b. How many close friends or relatives would you help you with your emotional problems or feelings if you needed it?

1=None; 2=1; 3=2; 4=3 or More

*During your first 18 years of life, was anyone in your household...*

25. Did you live with anyone who used street drugs?  
1=Yes; 2=No
- 26a. Were your parents ever separated or divorced?  
1=Yes; 2=No
- 26b. Did you ever live with a stepfather?  
1=Yes; 2=No
- 26c. Did you ever live with a stepmother?  
1=Yes; 2=No
27. Did you ever live in a foster home?  
1=Yes; 2=No
- 28a. Did you ever run away from home for more than one day?  
1=Yes; 2=No
- 28b. Did your brothers or sisters run away from home for more than one day?  
1=Yes; 2=No
29. Was anyone in your household depressed or mentally ill?  
1=Yes; 2=No
30. Did anyone in your household attempt to commit suicide?  
1=Yes; 2=No
- 31a. Did anyone in your household go to prison?  
1=Yes; 2=No
- 31b. Did anyone in your household ever commit a serious crime?  
1=Yes; 2=No
- 32a. Have you ever attempted to commit suicide?  
1=Yes; 2=No
- 32b. If “yes”, how old were you the first time you attempted suicide?  
Age \_\_\_\_\_
- 32c. If “yes”, how old were you the last time you attempted suicide?  
Age \_\_\_\_\_
- 32d. How many times have you attempted suicide?  
# of Times \_\_\_\_\_
- 32e. Did any suicide attempt ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?  
1=Yes; 2=No
- In order to get a more complete picture of the health of our patients, the next three questions are about voluntary sexual experiences.*
- 33a. Have you ever had sexual intercourse?  
1=Yes; 2=No
- 33b. How old were you the first time you had sexual intercourse?  
Age \_\_\_\_\_
- 33c. With how many different partners have you ever had sexual intercourse?  
# of Partners \_\_\_\_\_
- 33d. During the past year, with how many different partners have you ever had sexual intercourse?  
# of Partners \_\_\_\_\_
- 34a. Have you ever gotten someone pregnant?

1=Yes; 2=No

34b. How old were you the first time you got someone pregnant?

Age \_\_\_\_\_

34c. What was the age of the youngest woman you ever got pregnant?

Age \_\_\_\_\_

34d. How old were you then?

Age \_\_\_\_\_

*Sometimes physical blows occur between parents. While you were growing up in your first 18 years of life, how often did our father (or stepfather) or mother's boyfriend do any to these things to your mother (or stepmother)?*

1=Never; 2=Once, Twice; 3=Sometimes; 4=Often; 5=Very Often

35a. Push, grab, slap or throw something at her?

35b. Kick, bite, hit her with a fist, or hit her with something hard?

35c. Repeatedly hit her over at least a few minutes?

35d. Threaten her with a knife or gun, or use a knife or gun to hurt her?

*Sometimes parents spank their children as a form of discipline. While you were growing up during your first 18 years of life:*

36a. How often were you spanked?

1=Never; 2=Once Or Twice; 3=A Few Times A Year; 4=Many Times A Year;  
5=Weekly Or More

36b. How severely were you spanked?

1=Not Hard; 2=A Little Hard; 3=Medium; 4=Quite Hard; 5=Very Hard

36c. How old were you the last time you remember being spanked?

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

*While you were growing up, during your first 18 years of life, how true were each of the following statements?*

1=Never True; 2=Rarely True; 3=Sometimes True; 4=Often True; 5=Very Often True

37. You didn't have enough to eat?

38. You knew there was someone to take care of you and protect you?

39. People in your family called you things like "lazy" or "ugly"?

40. Your parents were too drunk or high to take care of the family?

41. There was someone in your family who helped you feel important or special?

42. You had to wear dirty clothes?

43. You felt loved?

44. You thought your parents wished you had never been born?

45. People in your family looked out for each other?

46. You felt that someone in your family hated you?

47. People in your family said hurtful or insulting things to you?

48. People in your family felt close to each other?

49. You believe that you were emotionally abused?

50. There was someone to take you to the doctor if you needed it?

51. Your family was a source of strength and support?.

*Sometimes parents or other adults hurt children. While you were growing up, that is, during your first 18 years of life, how often did a parent, step-parent, or adult living in*

*your home:*

1=Never; 2=Once, Twice; 3=Sometimes; 4=Often; 5=Very Often

52a. Swear at you, insult you, or put you down?

52b. Threaten to hit you or throw something at you, but didn't do it?

52c. Actually push, grab, shove, slap you, or throw something at you?

52d. Hit you so hard that you had marks or were injured?

52e. Act in a way that made you afraid that you might be physically hurt?

*Some people, while growing up in their first 18 years of life, had a sexual experience with an adult or someone at least five years older than themselves. These experiences may have involved a relative family friend or stranger. During the first 18 years of life, did an adult or older relative, family friend or stranger ever:*

53a. Touch or fondle your body in a sexual way?

1=Yes; 2=No

*If "Yes":* The first time this happened, how old were you?

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

54a. Have you touch their body in a sexual way?

1=Yes; 2=No

*If "Yes":* The first time this happened, how old were you?

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

55a. Attempt to have any type of sexual intercourse (oral, anal, or vaginal) with you?

1=Yes; 2=No

*If "Yes":* The first time this happened, how old were you?

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

56a. Actually have any type of sexual intercourse with you (oral, anal, or vaginal) with you?

1=Yes; 2=No

*If "Yes":* The first time this happened, how old were you?

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

The first time, did this happen against your wishes?

1=Yes; 2=No

The last time this happened, how old were you?

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

About how many times did this happen to you?

# Times: \_\_\_\_\_

How many different people did this to you?

# People: \_\_\_\_\_

What was the sex of the person(s) who did this?

1=Male; 2=Female; 3=Both

*If you answered "No" to each of the last 4 questions (59a- 62a) about sexual experiences with older persons, please skip to question 67a.*

*Mark all that apply. Did any of these sexual experiences with an adult or person at least 5 years older than you involve:*

57a. A relative who lived in your home?

1=Yes; 2=No

57b. A non-relative who lived in your home?

1=Yes; 2=No

57c. A relative who didn't live in your home?

1=Yes; 2=No

57d. A family friend or person who you knew and who didn't live in your household?

1=Yes; 2=No

57e. A stranger?

1=Yes; 2=No

57f. Someone who was supposed to be taking care of you?

1=Yes; 2=No

57g. Someone you trusted?

1=Yes; 2=No

*Did any of these sexual experiences involve:*

58a. Trickery, verbal persuasion, or pressure to get you to participate?

1=Yes; 2=No

58b. Being given alcohol or drugs?

1=Yes; 2=No

58c. Threats to harm you if you didn't participate?

1=Yes; 2=No

58d. Being physically forced or overpowered to make you participate?

1=Yes; 2=No

59a. Have you ever told a doctor, nurse, or other health professional about these sexual experiences?

1=Yes; 2=No

59b. Has a therapist or counselor ever suggested to you that you were sexually abused as a child?

1=Yes; 2=No

60. Do you think that you were sexually abused as a child?

1=Yes; 2=No

*Apart from other sexual experiences you have already told us about, while you were growing up during your first 18 years of life...*

61a. Did a boy or group of boys about your own age ever force or threaten to harm you in order to have sexual contact?

1=Yes; 2=No

61b. If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

61c. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

61d. Did the contact involve a person actually having intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

61e. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

62a. As an adult, (age 19 or older) did anyone ever force or threaten you with harm in order to have sexual contact?

1=Yes; 2=No

62b. If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

62c. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

62d. Did the contact involve a person actually having intercourse with you (oral, anal, vaginal)?

1=Yes; 2=No

62e. If yes how many times did someone do this to you?

1=Once; 2=Twice; 3=3-5 Times; 4=6-10 Times; 5=More Than 10 Times

Appendix C  
*Experiences in Close Relationships-Relationship Structures (ECR-RS)*

This questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your parents, your romantic partners, and your friends. Please indicate the extent to which you agree or disagree with each statement by selecting a number for each item.

-----  
 Please answer the following questions about your *mother* or a *mother-like figure*.  
 -----

1. It helps to turn to this person in times of need.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
2. I usually discuss my problems and concerns with this person.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
3. I talk things over with this person.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
4. I find it easy to depend on this person.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
5. I don't feel comfortable opening up to this person.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
6. I prefer not to show this person how I feel deep down.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
7. I often worry that this person doesn't really care for me.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
8. I'm afraid that this person may abandon me.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree
  
9. I worry that this person won't care about me as much as I care about him or her.  
 Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

-----  
Please answer the following questions about your *father* or a *father-like figure*.  
-----

1. It helps to turn to this person in times of need.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

2. I usually discuss my problems and concerns with this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

3. I talk things over with this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

4. I find it easy to depend on this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

5. I don't feel comfortable opening up to this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

6. I prefer not to show this person how I feel deep down.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

7. I often worry that this person doesn't really care for me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

8. I'm afraid that this person may abandon me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

9. I worry that this person won't care about me as much as I care about him or her.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

-----  
Please answer the following questions about your *best friend*.  
-----

1. It helps to turn to this person in times of need.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

2. I usually discuss my problems and concerns with this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

3. I talk things over with this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

4. I find it easy to depend on this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

5. I don't feel comfortable opening up to this person.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

6. I prefer not to show this person how I feel deep down.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

7. I often worry that this person doesn't really care for me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

8. I'm afraid that this person may abandon me.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

9. I worry that this person won't care about me as much as I care about him or her.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Appendix D  
*Institutional Review Board (IRB) Approval Letter*



**FORT HAYS STATE  
 UNIVERSITY**

*Forward thinking. World ready.*

**OFFICE OF SCHOLARSHIP AND SPONSORED PROJECTS**

DATE: February 14, 2014

TO: Sarah Landry  
 FROM: Fort Hays State University IRB

STUDY TITLE: [549866-1] Child Sexual, Physical, and Emotional Abuse: The Long-Term Impact of Child Abuse on Adult Interpersonal Functioning

IRB REFERENCE #: 14-061  
 SUBMISSION TYPE: New Project

ACTION: APPROVED  
 APPROVAL DATE: February 13, 2014  
 EXPIRATION DATE: February 12, 2015  
 REVIEW TYPE: Full Committee Review

Thank you for your submission of New Project materials for this research study. Fort Hays State University IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Full Committee Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form unless documentation of consent has been waived by the IRB. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document. The IRB-approved consent document must be used.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

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