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Anxious Attachment as a Mediator between Adverse Childhood Experiences and Relationship Satisfaction

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**Anxious Attachment as a Mediator
between Adverse Childhood
Experiences and Relationship
Satisfaction**



Honors Thesis

Rachel Banks

Department: Psychology

Advisor: Lee J. Dixon, Ph.D.

April 2023

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General Audience Project Summary

Adverse childhood experiences (ACEs) are traumatic events that occur in childhood. Items considered to be ACEs can include physical abuse, neglect, or negative issues occurring in a household. These traumatic occurrences have been shown to cause physical health and behavioral issues among individuals later in life, more so when an individual has experienced multiple ACE events. Additionally, behavioral issues caused by ACEs could lead to complications in developing healthy attachment styles in their relationships with family and peers. An attachment style is molded throughout childhood, usually by one's relationship with their guardians and how they were raised. Attachment style determines how one interacts with others in relationships through their behaviors and emotions. These attachment styles subsequently influence relationship functioning, and the type of relationships people seek, either romantically or platonically. It is important to understand the foundations of attachment styles and the types of relationships people form with others in order to figure out how they could have been molded by ACE events. This proposed project intends to explore the relationship between ACEs, attachment style, and relationship functioning through several questionnaires. A sample of 150 students enrolled in the introductory psychology course (PSY 101) at the University of Dayton, a private, midwestern, four-year college, will complete self-report questionnaires for this project. Participants will be recruited from Sona Systems, the University of Dayton Psychology Research System. Based on past research, I hypothesize that the relationship between ACEs and relationship functioning will be mediated by one's level of anxious attachment. More specifically, if one has higher levels of ACEs, they will in turn have higher levels of anxious attachment, which will be related to lower levels of relationship functioning. Further research on the relationship between ACEs, attachment style, and relationship functioning could potentially be beneficial to decreasing the severity of health issues caused by higher ACEs scores and aid in the progression of treatments for individuals who have experienced trauma.

Abstract

Adverse Childhood Experiences (ACEs) are defined as childhood events considered as traumatic. These events can lead to a plethora of physical and psychological health issues as the individual ages (Mosley-Johnson, 2019). Furthermore, ACEs can lead to the development of more insecure attachment styles (Thomson, 2017). It is predicted that those with an insecure attachment style will experience lower relationship satisfaction if they have a higher ACEs score. Participants will be recruited from the University of Dayton's Psychology Research Sign-Up titled Sona Systems, which is utilized by Introduction to Psychology courses at the university. Participants will complete several questionnaires to measure their ACEs score, level of satisfaction in relationships, and the security in their attachment style. There are not many studies that investigate the relationship between ACEs and relationship satisfaction, especially when using attachment styles as a means to connect those variables. This study intends to determine whether there is a relationship among these variables so that further methods of treatment and therapy can mitigate the negative health issues of ACEs. It is important to investigate the aspects that can increase the likelihood of physical and psychological health issues so that they can potentially be discovered and treated before becoming too detrimental. If ACEs, attachment style, and relationship satisfaction are found to have a relationship, then treatments can be developed in an attempt to decrease the severity of health issues caused by high ACE scores.

Keywords: Adverse childhood experiences, relationship satisfaction, attachment style

Disclaimer

As this thesis discusses content regarding abuse, reading it may lead to unpleasant thoughts or feelings. If these thoughts or feelings become overwhelming, please seek guidance from a qualified mental health professional.

Dedication

Dedicated to Amy Banks and in memory of my father.



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Anxious Attachment as a Mediator between Adverse Childhood Experiences and Relationship Satisfaction

Adverse childhood experiences (ACEs) are childhood events labeled as traumatic that could potentially cause health issues later in life (Boullier, 2018; Mosley-Johnson, 2019). According to the Center for Disease Control, ACEs can include any type of household or community violence, substance use within the home, exposure to caretakers with mental illnesses, and so on (Centers, 2019). Experiencing these types of events in childhood has been linked to the development of health issues like obesity, heart disease, and many mental illnesses (Centers, 2019). Furthermore, those who experience four or more ACEs have an even larger risk of chronic health issues (Boullier, 2018; Mosley-Johnson, 2019). ACEs are very common among the American population, with over 60% of survey respondents reporting at least one type of ACE in their childhood (Centers, 2019). Additionally, if ACEs are paired with other social problems like racial or economic inequalities, the health risks can increase and create a cycle of health issues in not only the individual, but in their descendants. The combination of ACEs and other societal issues can lead to toxic stress, which can cause even more issues with health, relationships, and occupations (Centers, 2019). Toxic stress is long-lasting and leaves little to no support or means of dealing with said stress; the body's continuous response to this stress can cause issues with development and lead to even more health problems (Felitti et al, 1998; Franke, 2014). Additionally, behavioral issues caused by ACEs could lead to complications in developing healthy attachment styles in their relationships with family and peers (Barnett, 2020; Butzer & Campbell, 2008).

An attachment style is molded throughout childhood, usually by an individual's guardians and how they were raised. This style determines how you interact with others in any of your relationships through your behaviors and emotions. Attachment theory describes the security in an infant-caregiver relationship (Ainsworth, 1978). Moreover, relationship performance can be determined by attachment style, with insecure attachment being correlated to poorer relationship functioning. According to a study done by Gleeson, they found that those with secure attachment styles had higher satisfaction in

their relationship than those with insecure attachment styles (Gleeson, 2014). These attachment styles subsequently influence relationship functioning, and the type of relationships people seek either romantically or platonically. It is important to understand the foundations of attachment styles and the types of relationships people form with others so you can figure out how they could have been molded by ACE events.

The style of parenting an individual's guardian uses can have a big impact on the attachment style that one develops. In a study done by Ainsworth, she divided attachment styles into avoidant, anxious-resistant, and secure (Ainsworth, 1978, as cited in Bartholomew, 1991). A secure attachment is developed when the parent-child relationship is considered healthy, giving the child independence while also keeping them protected. This attachment style can allow people to be more trustworthy of a partner and give them the independence to do tasks themselves. The anxious-resistant attachment style usually consists of an individual becoming constantly worried about their relationships and whether they are good enough. This style can be caused by a childhood that has inconsistent parenting practices (Carlson, 1998). The third type of attachment is avoidant, which can be classified as avoiding close relationships as a whole due to their caregiver being distant and unemotional (Carlson, 1998). Attachment styles can have a major impact on relationships and social skills as an individual gets older, so the development of healthy attachment styles is very important to romantic relationship functioning. Specifically, individuals with secure attachment styles have been found to be a part of longer-lasting relationships due to the levels of trust created in the individual (Feeney, 1990).

Relationship satisfaction measures evaluate different feelings, behaviors, and ideas within close relationships (Hendrick, 1988). Satisfaction in relationships has been shown to predict how long the relationship would last, as well as give insight into the quality of the relationship. An aspect of this quality can be determined by the type of attachment styles that the members of the relationship have. Measures of relationship satisfaction have been used to evaluate important elements of relationships while also staying general enough to apply the measure to types of relationships other than romantic.

This project intends to explore the relationship between ACEs, attachment style, and relationship functioning through several questionnaires. Participants will be recruited from Sona Systems, the University of Dayton Psychology Research System. Based on past research outlined above, I hypothesize that the relationship between ACEs and relationship functioning will be mediated by one's level of anxious attachment. More specifically, if one has higher levels of ACEs, they will in turn have higher levels of anxious attachment, which will be related to lower levels of relationship satisfaction. Further research on the relationship between ACEs, attachment style, and relationship functioning could potentially be beneficial to decreasing the severity of health issues caused by higher ACEs scores and aid in the progression of treatments for individuals who have experienced trauma.

Methods

Participants

Participants in this study will complete several comprehensive self-report questionnaires. The sample (N=150) will consist of women and men undergraduate students who are enrolled in the introductory psychology course (PSY 101) at the University of Dayton. The participants will be enrolled through Sona Systems, a psychology research sign-up system that the university uses in their introductory psychology courses. The sample will be restricted to participants between the ages of 18 and 25 that are currently in a romantic relationship of at least three months. To compensate participants for their participation, they will receive 1.0 credit toward their required research participation.

Materials

Participants will complete a questionnaire packet, a consent and confidentiality form, and be provided with a debriefing form. The study will be conducted in person to maximize data integrity. Each questionnaire packet will include measures asking the participants to provide us with information regarding demographic characteristics, attachment styles, relationship satisfaction, and Adverse Childhood Experiences.

Demographics. Each participant will complete a self-report questionnaire which will assess demographic information. Items will relate to age, sex, race/ethnicity, relationship status, length of relationship, etc. (see Appendix B).

Attachment. The Experiences in Close Relationships Scale-Revised (ECR-R; Fraley et al., 2000) is a 36-item Likert scale intended to measure one's self-reported level of anxious and avoidant attachment (e.g., "I am afraid that I will lose the love of my partner", "I rarely worry about my partner leaving me"). Participants rate the items on a seven-point scale: 1=strongly disagree, 7=strongly agree (see Appendix C).

Relationship Satisfaction. The Relationship Assessment Scale (RAS; Hendrick, 1988) is a 7-item scale, which is based on the 5-item Marital Assessment Questionnaire (Hendrick, 1981). Hendrick (1988) reported that the RAS has an alpha reliability of .86 and Hendrick, Dicke, and Hendrick (1998) found that the RAS has a 6-7 week test-retest reliability of .85. The RAS was also found to be correlated with commitment (.55) and the Dyadic Adjustment Scale (.80; Hendrick, 1988) (see Appendix D).

Adverse Childhood Experiences. The Adverse Childhood Experience (ACE) Questionnaire (Felitti et al., 1998) is a 10-item questionnaire intended to measure childhood trauma. It measures 10 types of childhood trauma: physical abuse, verbal abuse, sexual abuse, physical neglect, emotional neglect, parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death, or abandonment. The first five listed are personal trauma and the remaining five are related to other family members. This measure has been shown to have appropriate internal/external validity (see Appendix E).

Procedure

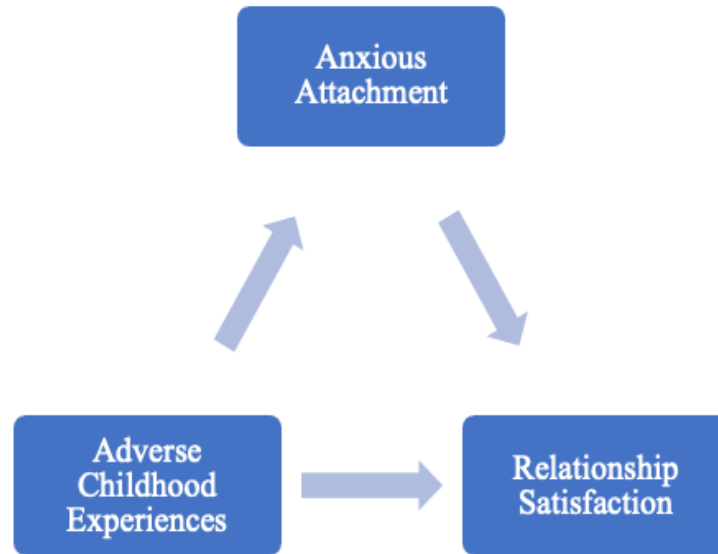
Participants would complete a preliminary informed consent form (see Appendix F). By completing the informed consent document, participants would be indicating their willingness to participate in this study. In order to establish anonymity, the informed consent document and contact information will be collected and distributed separately from the packet including the demographic information and questionnaires. The participants will complete the packets which include the scales, measures, and

demographic information. To control for the effects of order, the scales and measures will be in a randomized order. Additionally, a thorough debriefing form (see appendix G) and a shortened debriefing form (see appendix H) will be included in the packets and distributed upon the completion and submission of the questionnaire packet. Participants will be able to take the shortened version of the debriefing form with them after completion of the packets. To protect participants' confidentiality, while also giving them credit for participating, they will be asked to print their names on a piece of paper and place it in a manila envelope upon completion of the questionnaires (see appendix A). Additionally, researchers assisting with this study will be informed of the necessity to protect participants' confidentiality and will be expected to sign a confidentiality agreement (see appendix I).

Analysis of Major Model Questions

A bootstrapping technique would be used to test the main hypothesis. This method of mediational analysis, as described by Preacher and Hayes (2004), is preferred over Sobel's test, as it does not assume normal distribution of indirect effects, thereby reducing Type II error. The results would be based on bias corrected and accelerated confidence intervals, which would be set at 0.95 with 1000 resamples. If the values of the estimated effect sizes within the confidence interval include zero, then a non-significant effect would be indicated. Specifically, this bootstrapping method would be used to analyze the indirect relationship between experiences of ACEs and relationship satisfaction in adult relationships, through the mediating presence of anxious attachment, as depicted in the Mediation Model.

Figure 1: Mediation Model: Anxious-Attachment as the Mediator between Adverse Childhood Experiences and Relationship Satisfaction



Discussion

Implications of Supported Hypothesis

This discussion assumes that my hypothesis would be supported by the analyses of the data. Specifically, it would assume that there would be an indirect relationship between Adverse Childhood Experiences and relationship satisfaction through insecure-anxious attachment style. ACEs is a predictor of anxious attachment (Feeney, 1990), which is a predictor of lower relationship functioning (Gallo & Smith, 2001; Gleeson, 2014). To further existing research, I would study the interactions between ACEs, attachment style, and reports of relationship functioning to further understand the existing relationship between childhood trauma and relationship functioning. Further, adverse childhood experiences and higher ACEs scores can cause insecure attachment to form, which lead to more negative reports in the individual's relationship functioning. Attachment style is not the primary mediator between ACEs scores and relationship functioning, but if the hypothesis is supported, it will indicate that it is significant and useful in a clinical setting.

I predict that my hypothesis, which proposes that anxious attachment is a mediator for Adverse Childhood Experiences and relationship functioning in adulthood, will be supported. These findings can help emphasize the importance of preventing ACEs

by increasing the awareness of the benefits of support and resources to those who have experienced adverse childhood trauma. Since it has been proven that ACEs can increase the likelihood of health issues and chronic diseases, this experiment can help us determine the range of negative effects that can be caused by ACEs. Moreover, treatments can be developed to mitigate these issues through further investigation on the relationships between ACEs, relationship satisfaction, and attachment styles.

Recommendations for Future Research

This study would have several limitations to combat. First, many different variables can lead to the formation of insecure attachment styles and it fails to recognize these factors due to its focus on ACEs scores leading to insecure attachment. Additionally, the questionnaires used for each measure rely on self-report, which has the potential to be limited by unintentional biases. Since this study would be performed at a private, midwestern university, amongst a narrow subset of majors/minors, the demographics of the sample population may not accurately represent the total population.

In order to combat these limitations, future researchers should investigate the impact of other factors, like gender, race, age, and social support, on the development of anxious attachment styles in those affected by Adverse Childhood Experiences. These demographics could impact the types of relationships and the societal differences that come from populations with varying demographics. Future researchers should also expand the scope of their study to include people non-heterosexual relationships. Future researchers could additionally perform longitudinal studies measuring relationship satisfaction and attachment throughout the duration of relationships.

If the initial hypothesis of the proposed study is supported, it would provide us with valuable information on how ACEs can impair relationship functioning due to the development of insecure attachment styles. These findings could provide other researchers with empirical evidence so they can determine the reliability and validity of the study. These findings can help emphasize the importance of preventing ACEs and by increasing the awareness of how important it is to provide support and resources to those who have experienced adverse childhood trauma. The proposed findings could also help formulate therapeutic interventions for those experiencing relationship troubles due to

their development of anxious attachment styles. Additionally, the focus on treatment for those who have been impacted by ACEs could mitigate the physical effects of individuals, decreasing their likelihood to develop health issues and chronic diseases. Further research on the mediational relationship between Adverse Childhood Experiences, anxious attachment, and relationship functioning could help many clinicians and scientists develop more effective physical and psychological treatments for patients.

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Appendices

Appendix A

Participant Credit Form

To receive credit for participating, please print your name and date below. You will be asked to place this slip of paper in a manila envelope when you have completed the study.

Name (printed)

Date

Appendix B**Demographics/Background Information Questionnaire**

Please complete the following questionnaire by checking or circling the appropriate number. Your responses will remain confidential. Please do not place your name on this questionnaire.

1. Are you currently in a romantic relationship? Yes _____ No _____

If you answered “No” to question 1, please discontinue participation in this study. To do so, simply turn in your packet to the research assistant.

2. Gender: Male _____ Female _____

3. Race:

1. _____ Caucasian (White) 2. _____ Other

4. Age _____

5. Religion _____

6. How many romantic relationships have you been in? _____

7. Please indicate how long have you been with your romantic partner. (If more than one year, please respond with the number of years and months. If less than one year, simply respond with the number of months. If less than, one month, place a 1 next to “months.”)

Years _____ Months _____

8. Please indicate the nature of your current romantic relationship.

1. Friends with Benefits

2. Dating (open relationship)

3. Dating (exclusively)

4. Engaged (not living together)

5. Engaged (living together)

6. Married

7. Other (please specify) _____

Appendix C

Experiences in Close Relationships Scale-Revised

Directions: The statements below concern how you feel in your relationships with your romantic partner. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

1. I'm afraid that I will lose my partner's love.

1	2	3	4	5	6	7
	Strongly					Strongly
	Disagree					Agree

2. I often worry that my partner will not want to stay with me.

1	2	3	4	5	6	7
	Strongly					Strongly
	Disagree					Agree

3. I often worry that my partner doesn't really love me.

1	2	3	4	5	6	7
	Strongly					Strongly
	Disagree					Agree

4. I worry that romantic partners won't care about me as much as I care about them.

1	2	3	4	5	6	7
	Strongly					Strongly
	Disagree					Agree

5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.

1	2	3	4	5	6	7
	Strongly					Strongly
	Disagree					Agree

13. Sometimes romantic partners change their feelings about me for no apparent reason.

1	2	3	4	5	6	7
Strongly					Strongly	
Disagree					Agree	

14. My desire to be very close sometimes scares people away.

1	2	3	4	5	6	7
Strongly					Strongly	
Disagree					Agree	

15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

1	2	3	4	5	6	7
Strongly					Strongly	
Disagree					Agree	

16. It makes me mad that I don't get the affection and support I need from my partner.

1	2	3	4	5	6	7
Strongly					Strongly	
Disagree					Agree	

17. I worry that I won't measure up to other people.

1	2	3	4	5	6	7
Strongly					Strongly	
Disagree					Agree	

18. My partner only seems to notice me when I'm angry.

1	2	3	4	5	6	7
Strongly					Strongly	
Disagree					Agree	

19. I prefer not to show a partner how I feel deep down.

1	2	3	4	5	6	7
Strongly					Strongly	
Disagree					Agree	

20. I feel comfortable sharing my private thoughts and feelings with my partner.

1	2	3	4	5	6	7
					Strongly	Strongly
					Disagree	Agree

21. I find it difficult to allow myself to depend on romantic partners.

1	2	3	4	5	6	7
					Strongly	Strongly
					Disagree	Agree

22. I am very comfortable being close to romantic partners.

1	2	3	4	5	6	7
					Strongly	Strongly
					Disagree	Agree

23. I don't feel comfortable opening up to romantic partners.

1	2	3	4	5	6	7
					Strongly	Strongly
					Disagree	Agree

24. I prefer not to be too close to romantic partners.

1	2	3	4	5	6	7
					Strongly	Strongly
					Disagree	Agree

25. I get uncomfortable when a romantic partner wants to be very close.

1	2	3	4	5	6	7
					Strongly	Strongly
					Disagree	Agree

26. I find it relatively easy to get close to my partner.

1	2	3	4	5	6	7
					Strongly	Strongly
					Disagree	Agree

27. It's not difficult for me to get close to my partner.

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

28. I usually discuss my problems and concerns with my partner.

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

29. It helps to turn to my romantic partner in times of need.

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

30. I tell my partner just about everything.

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

31. I talk things over with my partner.

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

32. I am nervous when partners get too close to me.

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

33. I feel comfortable depending on romantic partners.

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

34. I find it easy to depend on romantic partners.

1	2	3	4	5	6	7
	Strongly				Strongly	
	Disagree				Agree	

35. It's easy for me to be affectionate with my partner.

1	2	3	4	5	6	7
	Strongly				Strongly	
	Disagree				Agree	

36. My partner really understands me and my needs.

1	2	3	4	5	6	7
	Strongly				Strongly	
	Disagree				Agree	

Appendix D

Relationship Assessment Scale

For the following items mark the number which best answers that item for you. Answers should reflect your feelings about your current romantic relationship.

1. How well does your partner meet your needs?

1 -----2-----3-----4-----5
Low Satisfaction *High Satisfaction*

2. In general, how satisfied are you with your relationship?

1 -----2-----3-----4-----5
Low Satisfaction *High Satisfaction*

3. How good is your relationship compared to most?

1 -----2-----3-----4-----5
Low Satisfaction *High Satisfaction*

4. How often do you wish you hadn't gotten into this relationship?

1 -----2-----3-----4-----5
Low Satisfaction *High Satisfaction*

5. To what extent has your relationship met your original expectations?

1 -----2-----3-----4-----5
Low Satisfaction *High Satisfaction*

6. How much do you love your partner?

1 -----2-----3-----4-----5
Low Satisfaction *High Satisfaction*

7. How many problems are there in your relationship?

1 -----2-----3-----4-----5
Low Satisfaction *High Satisfaction*

Note. Items 4 and 7 are reverse scored.

Appendix E**Adverse Childhood Experience (ACE) Questionnaire**

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

1. Did a parent or other adult in the household **often or very often**...

Swear at you, insult you, put you down, or humiliate you?

or

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

Yes No

If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**...

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Yes No

If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If yes enter 1 _____

4. Did you often or very often feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No
 If yes enter 1 _____

5. Did you often or very often feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No
 If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes No
 If yes enter 1 _____

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No
 If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No
 If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If yes enter 1 _____

10. Did a household member go to prison?

Yes No

If yes enter 1 _____

Appendix F

Informed Consent to Participate in a Research Project

Project Title: Anxious Attachment as a Mediator between Adverse Childhood Experiences and Relationship Satisfaction

Investigator(s): Rachel Banks and Lee J. Dixon

Description of Study: Participants will be asked to rate the severity of several situations that involve negative romantic and familial interactions and disclose information regarding past history with both physical and psychological abuse in familial relationships. Participants will be asked to complete a series of self-report questionnaires that assess various qualities of romantic relationships such as relationship satisfaction with current romantic relationships and the typical style of bonding or emotional attachment with others. Additionally, participants will be asked to complete a self-report questionnaire that assess traumatic experiences in childhood. Participants will be asked to submit demographic information that may be considered of personal nature such as, whether or not they are in a current romantic relationship, the nature of that relationship (i.e., Friends with Benefits, Dating exclusively, etc.), and the length of their current romantic relationship. Participants will also be asked to disclose other demographic information, such as gender, religion, and race.

Adverse Effects and Risks: Participants may be uniquely identified based off their responses to the demographic information. If participants feel uncomfortable responding to the demographic information, they may discontinue their participation and still receive credit for their participation. It is possible that you may experience some psychological distress when responding to questionnaires and scales regarding previous experience with different forms of abuse. If at any time while completing the questionnaires you begin to feel uncomfortable, please discontinue your participation, knowing that doing so will not affect your receiving credit for participating. Students who are experiencing distress are further encouraged to schedule an appointment at the university counseling center at XXX.XXX.XXXX. There is no charge for counseling services to undergraduates at UD.

Duration of Study: The study will take approximately 45-50 minutes to complete.

Confidentiality of Data: Your name will be kept separate from the data. You will not be asked to place your name on any of the questionnaires, and your responses will be identified with a research code. Both your name and the data will be kept in a locked filing cabinet. Only the investigators named above will have access to the locked filing cabinet. Please know that if you should choose to contact XXX or XXX, whose contact information is listed below, they are required as employees of the University of Dayton to report any and all harassment and/or dating/domestic violence, etc. to the university's Title IX coordinator. We do not mention this fact to discourage you from contacting either of us, but simply to help you make an informed decision. Having said this, UD employees who work at the UD Counseling Center, as clergy, and/or as doctors, are not required to report such information.

Contact Person: Participants may contact XXX in XXX (XXX.XXX.XXXX, XXX@udayton.edu). If you have questions about your rights as a research participant you may also contact the acting chair of the Research Review and Ethics Committee, XXX in XXX, XXX-XXX-XXXX, XXX@udayton.edu.

Consent to Participate: I have voluntarily decided to participate in this study. The investigators named above have adequately answered all questions I have about this study, the procedures involved, and my participation. I understand that the experimenters will be available to answer any questions about research procedures throughout this study. I also understand that I may voluntarily terminate my participation in this study at any time. I also understand that the investigators named above may terminate my participation in this study if s/he feels this to be in my best interest. In addition, I certify that I am 18 (eighteen) years of age or older. I understand that by beginning to complete the following questionnaires I am giving my informed consent to participate.

The University of Dayton supports researchers' academic freedom to study topics of their choice. The topic and/or content of each study are those of the principal investigator(s) and do not necessarily represent the mission or positions of the University of Dayton.

Appendix G

Debriefing Form

Information about the study *Anxious Attachment as a Mediator between Adverse Childhood Experiences and Relationship Satisfaction*

After you've read this form, please return it to the researcher, who will then give you a shortened version of this form to take with you.

Objective:

The parenting a child receives can, either positively or negatively, affect their physical and mental health and behaviors in adulthood. When a child experiences abuse or neglect from their caregiver, they often develop inadequate adjustment, due to insecurity in close relationships, which may continue throughout their lives. This insecurity, established in childhood, can manifest in adult romantic relationships, as assurance-seeking, jealousy, and hostility, which may lead to increased tension and dissatisfaction within close relationships. While existing research links adverse childhood experiences to insecure-attachment and insecure-attachment to relationship functioning, this study aims to mend the gap between endurance of adverse childhood experiences and relationship functioning, with the mediating role of insecure, anxious attachment. If this link is supported, then it indicates a need for community resources geared toward reversing anxious childhood attachment, which results from abuse.

Hypothesis:

We hypothesized that being higher in anxious attachment would mediate the relationship between adverse childhood experiences and relationship functioning as an adult.

Your Contribution:

Because of your participation in this study, we will better understand how different factors such as adverse childhood experiences and anxious attachment may contribute to partner attributions in romantic relationships in adulthood. Because of your help, we hope that answering these questions will assist other researchers as they attempt to find

answers to their questions related to this topic, and we hope that these answers will assist some psychologists as they attempt to help their clients who experience such problems as the ones addressed in this study.

Benefits:

By bettering our understanding of the dynamic roles of adverse childhood experiences and of insecure attachments in relationship functioning, clinicians can use this knowledge to identify abuse as a contributing factor for issues regarding blame and insecurity within romantic relationships. The results of this study may also help both researchers and clinicians better conceptualize the indicated need for community resources geared toward reversing the anxious childhood attachment, which results from abuse. Additionally, further research may increase the focus on treatment for those who have experienced ACEs, which could subsequently mitigate the physical effects on individuals, decreasing their likelihood to develop health issues and chronic diseases.

Assurance of Privacy:

Your responses will be kept completely confidential. Researchers will identify your responses by a participant number in the data set with other participant numbers. Your name will not be associated with any document resulting from this study. **As your name is not associated with your responses, there is no way for the researchers to contact you if any of your responses on the questionnaires indicate any potential psychological problems for which you could benefit from counseling; however, the researchers highly encourage you to follow up with the Counseling Center upon feeling any distress associated with your participation in this study. (See Counseling Center information below).**

Please note:

- We ask you to kindly refrain from discussing this study with others to help us avoid biasing future participants.
- If you have any questions, please do not hesitate to contact any of the individuals listed on this page.

- For further information about this area of research, you may consult the references cited on this page.

Contact Information:

Students may contact XXX in XXX (XXX.XXX.XXXX, XXX@udayton.edu) if they have questions or problems after the study. If you have questions about your rights as a research participant, you may also contact the acting chair of the Research Review and Ethics Committee, XXX in XXX, (XXX) XXX-XXXX, XXX@udayton.edu.

Please know that if you should choose to contact XXX and/or XXX, as employees of the University of Dayton, they are required to report any and all harassment and/or dating/domestic violence, etc. to the university's Title IX coordinator. We do not mention this fact to discourage you from contacting either of us, but simply to help you make an informed decision. Having said this, UD employees who work at the UD Counseling Center, as clergy, and/or as doctors, are not required to report such information.

Please note that some participants may have experienced some psychological distress when responding to questionnaires and scales, regarding previous experience with different forms of abuse. Some sample items may indicate physical abuse (e.g., **“Push, grab, slap, or throw something at you”**), or significant verbal, emotional, or psychological abuse (e.g., **“Swear at you, insult you, put you down, or humiliate you”**) has occurred in your romantic relationship. Furthermore, certain questions relating to sexual or physical abuse such as **“Touch or fondle you or have you touch their body in a sexual way”** may indicate more severe forms of abuse have occurred in their parental-child relationships. Individuals who endorse that they have experienced these items (or similar items) may benefit from receiving counseling. **If you believe you may currently be in a dangerous situation, it is strongly encouraged that you immediately contact law enforcement and/or inform a counselor for your safety and protection.**

It is possible that reading these interactions and completing various scales and measurements may bring awareness of abusive behaviors that have occurred in your

current romantic relationship or in past romantic relationships, which may be emotionally distressing.

IMPORTANT: If in reading these romantic and familial interactions and completing various measures, you felt distressed about your current romantic relationship, a past romantic relationship, or your familial relationships, **you may benefit from counseling and should consider contacting the University of Dayton Counseling Center at (XXX) XXX-XXX.** The Counseling Center is available free of charge to undergraduate students. If you find yourself experiencing distress after the Counseling Center is closed for the day, you may call the number and will be connected to an answering service, and a counselor will return your call.

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Appendix H

Debriefing Form

Thank you for participating in our study! Your responses will remain confidential. Researchers will identify your responses by a participant number in the data set with other participant numbers. Your name will not be associated with any document resulting from this study. **As your name is not associated with your responses, there is no way for the researchers to contact you if any of your responses on the questionnaires indicate any potential psychological problems for which you could benefit from counseling; however, the researchers highly encourage you to follow up with the Counseling Center upon feeling any distress associated with your participation in this study. Contact information for the Counseling Center can be found in the contact information section of this document.**

Please note:

- We ask you to kindly refrain from discussing this study with others in order to help us avoid biasing future participants.
- If you have any questions, please do not hesitate to contact any of the individuals listed on this page.
- For further information about this area of research, you may consult the references cited on this page.

Contact Information:

Students may contact XXX in XXX, (XXX) XXX-XXXX, XXX@udayton.edu if you have questions or problems after the study. If you have questions about your rights as a research participant you may also contact the acting chair of the Research Review and Ethics Committee, XXX in XXX, (XXX) XXX-XXXX, XXX@udayton.edu.

If you feel distressed after completing this study, or for any other reason, **you may benefit from counseling and should consider contacting the University of Dayton Counseling Center at (XXX) XXX-XXXX.** The Counseling Center is available free of charge to undergraduate students. If you find yourself experiencing distress after the

Counseling Center is closed for the day, you may call the number and will be connected to an answering service, and a counselor will return your call.

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Appendix I
Statement to Uphold Confidentiality
Romantic Relationships

As a researcher working on this study, I understand that I am required to take every step necessary to maintain the confidentiality of the participants. I will not discuss the participants, their surveys, or any other confidential information with anyone except those researchers working on this study. I will ensure that all data and identifying information remain secure in the research laboratory. If at any time I recognize a participant's information, I will notify the investigators Rachel Banks and Lee Dixon so that the appropriate steps may be taken to insure the participant's confidentiality.

By signing this form, I am making myself responsible for the confidentiality of the study participants. The investigator has discussed with me the importance of maintaining the confidentiality of the study participants. I understand that, if any questions about confidentiality or any other issues of ethicality arise, I must inform the investigator for clarification and assistance. If I knowingly jeopardize the confidentiality of any participant, I understand that I will not be permitted to participate in the study.

Research Assistant _____ Date _____

Investigator _____ Date _____