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Examining the Associations among Lifetime Interpersonal Trauma, Attachment, and Romantic
Relationship Conflict

by

Ahva R. Mozafari

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RE: Study Number IRB-FY2021-28: Examining the Associations among Interpersonal Trauma, Attachment, And Romantic Relationship Conflict

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Sincerely,

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Examining the Associations among Lifetime Interpersonal Trauma, Attachment, and Romantic Relationship Conflict

Dissertation Abstract – Idaho State University 2021

Romantic relationships are important as they influence physical health, general happiness, and overall well-being. However, they are not immune to disagreements. Conflicts can be a common occurrence in relationships, and poor conflict management can have negative consequences for relationship satisfaction, mental health, and relationship longevity. Attachment theory provides a lens through which to examine interpersonal functioning, and research has suggested that severe attachment disruptions such as interpersonal trauma may negatively influence relational functioning. Both interpersonal trauma exposure and insecure attachment style have been independently linked with impairments in interpersonal functioning, decreased romantic relationship satisfaction, and poor conflict management. However, there is little research that simultaneously examines how trauma and attachment are associated with relationship conflict management. The present study aimed to address this knowledge gap and expand upon current literature by simultaneously assessing these associations among a sample of college students in established romantic relationships ($N = 365$) using structural equation modeling. Measurement of a latent factor of insecure attachment was supported, and insecure attachment was significantly positively associated with interpersonal trauma. Interpersonal trauma did not predict conflict management strategies in the full model; however, insecure attachment was significantly negatively associated with compromise and positively associated with interactional reactivity, domination, submission, and separation in the modified model. These associations held while controlling for gender, relationship length, and religion. The results of this study contribute to

our knowledge of relational difficulties and trauma among college students and have important implications for treatment for individuals with conflict management concerns.

Keywords: romantic relationships, interpersonal trauma, insecure attachment, conflict, conflict management

CHAPTER ONE

Introduction

Romantic relationships play an important role in people's lives and are a common part of the human experience. They have been linked with well-being (Reis, Collins, & Berscheid, 2000; Deci et al., 2006), physical health (Cohen, 2004), and overall happiness (Demir, 2008). More recent studies (Kawamichi et al., 2016) have demonstrated that being in a positive romantic relationship is associated with subjective happiness and positive experiences. Relationships are also influential on health behaviors and outcomes. For example, Chen, Waite, and Lauderdale (2015) found that better marital quality was associated with more positive self-reported sleep characteristics and simply being married was associated with better objectively measured sleep. Additionally, a meta-analysis of more than 250,000 elderly participants demonstrated that those who were married were at lower risk of mortality, an effect that did not significantly differ by gender (Manzoli et al., 2007).

Establishing close romantic relationships is an especially important developmental task during the transition to adulthood (Arnett, 2000; Erikson, 1982). There is a substantial body of research showing outcomes of both positive and negative romantic relationships in adolescents, such as decreased internalizing and externalizing behaviors as a consequence of positive relationships (Collibee & Furman, 2015) and increased depression and suicidality as a consequence of negative relationships (Soller, 2014). However, the romantic relationships experienced during adolescence differ from those during emerging adulthood. Age is a primary factor that differentiates these stages of life. Adolescence is typically characterized by ages 10-18, while emerging adulthood is roughly 18-25 years (Arnett, 2004). However, some literature documents this transitional period of life ranging from 18-29 (Arnett, 2012). The pursuit of

romantic relationships during adolescence occur most often with the intent of experiencing companionship and having fun (Roscoe, Dian, & Brooks, 1987). Furthermore, adolescents in these relationships often focus on affiliative characteristics, such as physical attraction and positive personality traits, and they also report that their relationships do not last very long (Feiring, 1996). As emerging adults are often searching for long term partners, romantic relationships become more intimate and committed (Arnett, 2000; Montgomery, 2005) and the formation and maintenance of these relationships can be a central focus in this stage of life (Kan & Cares, 2006; Roisman et al., 2004). In addition, romantic relationships constitute an integral part of the everyday lives of university students (Gable et al., 2004), supporting the notion that the university environment provides important context for the trajectory of these relationships during young adulthood.

Romantic relationships have important implications for health and well-being during this period in life. For example, young adults in low quality relationships (compared to those in high quality relationships) report significantly greater depressive symptoms and worse physical health (Barr, Culatta, & Simons, 2013). Similarly, partner support within romantic relationships in young adults is associated with fewer depressive symptoms in both men and women and fewer substance use problems in men (Simon & Barrett, 2010). Furthermore, college students in committed relationships experience fewer mental health problems and engage in less risky behavior (e.g. binge drinking, driving while intoxicated) than single individuals (Braithwaite et al., 2010).

Given the importance of romantic relationships during this phase of life, the proposed study focused on college students and the following literature review will highlight relevant findings for this population. However, the study included all ages as much of the literature (e.g.,

Bistricky et al., 2017; McClure & Permenter, 2017; Wiltgen et al., 2015) demonstrates similar patterns of findings across age ranges (e.g. young adulthood to middle adulthood). Also, as the subject pool was drawn from Idaho State University college students, and a significant portion of these students are nontraditional (>25 years of age), not limiting participation to a specific age range allowed for participants who are representative of the students at the institution. This study explored the impact of prior interpersonal trauma exposure and current attachment style on various conflict management styles in romantic relationships. Identification of problematic conflict resolution strategies and how they relate to interpersonal trauma exposure and attachment style may have important implications for treatment. This introduction includes the following subsections: conflict, interpersonal trauma, attachment, conflict and romantic relationships, interpersonal trauma and romantic relationships/conflict, attachment and romantic relationships/conflict, interpersonal trauma and attachment, and interpersonal trauma, attachment, and conflict.

Conflict

Interpersonal conflict has been defined as “a dynamic process that occurs between interdependent parties as they experience negative emotional reactions to perceived disagreements and interference with the attainment of their goals” (Barki & Hartwick, 2004, p. 234). While relationships can serve as a primary source of support, this definition of interpersonal conflict assumes that relationships are not immune to negative experiences and disagreements. Common topics of conflict in relationships include parenting disagreements (Chen & Johnston, 2012), household chores, jealousy, finances, communication, or the extent to which a partner exhibits affection (Cupach, 2000). When dissonance occurs in these or other areas within relationships, partners will often make an effort to challenge the behaviors or

perceptions of one another in an attempt to promote change (Johnson & Roloff, 2000). Many researchers have studied these confrontations and have identified specific strategies commonly used during conflict (Lulofs & Cahn, 2000; Peterson, 1983; Zacchilli et al., 2009).

Earlier research by Peterson (1983) identified five conflict strategies: domination, separation, compromise, integrative agreement, and structural improvement. Domination is enacted by attempting to convince or coerce the other into changing their side to match the side of the dominator. Separation includes a period in which the two partners take a break with the intention of returning to the issue at a later time. Compromise is described as a search for an outcome acceptable to both members in the relationship, often involving one or both members not having their full requests met. Similarly, an attempt to satisfy the expectations of both partners, typically without either having to give up part of their request, is labeled as integrative agreement. Lastly, structural improvement shifts focus from a particular issue to general areas of the relationship, such as increasing open communication or intimacy. Lulofs and Cahn (2000) also described five strategies of conflict: avoidance, competition, accommodation, compromise, and collaboration. When utilizing avoidance strategies, individuals may avoid discussing the problem or even deny the presence of conflict. Much like Peterson's (1983) domination, competition is characterized by coercing the other into agreement. With accommodation, a partner may give into the other's needs just to end the conflict. Parallel to previous work (Peterson, 1983) compromise is used in attempts to find a middle ground, whereas the goal of collaboration, similar to integrative agreement, is to satisfy both partners.

More recently, the field has reached some consensus regarding conflict strategies, building off earlier work and as more recent theorists have described similar approaches to conflict. Zacchilli and colleagues (2009) identified six common strategies used by relational

partners: compromise, domination, interactional reactivity, separation, avoidance, and submission. Styles of conflict that include concern for both partners are thought to be more beneficial than approaches which, at the expense or detriment to the other partner, only serve to meet the needs of one member in the relationship (Canary & Cupach, 1988). That is, compromise is considered a positive strategy as it utilizes collaborative problem-solving and meets aspects of each partners' needs. While domination (attempting to control a partner) and interactional reactivity (partners acting aggressively toward one another) tend to be used when one is focused on meeting their own needs rather than their partner's needs, and thus are typically associated with negative relational outcomes. In contrast, submission occurs when an individual has low concern for their own needs and a high concern for their partner's. While submission serves to satisfy the other partner, this strategy is not typically associated with a high level of satisfaction for the partner enacting it. According to Zacchilli et al. (2009), avoidance is thought of as a more neutral style of conflict, occurring when one actively circumvents conflict through avoidance or denial. Finally, separation is considered a non-valenced strategy of conflict as well, and it is not clear in the literature if it is associated with positive or negative outcomes (Zacchilli et al., 2009).

Although conflict is a common part of all romantic relationships, a number of studies indicate that serious conflict management problems in relationships may lead to psychological distress, self-esteem difficulties, and academic problems (Connolly & Konarski, 1994; Larson, Clore, & Wood, 1999). Partner strain in romantic relationships is also associated with increased depressive symptoms in both men and women and increased substance use problems in men (Simon & Barrett, 2010). Therefore, conflict and conflict management are important factors to understand in romantic relationship research.

Interpersonal Trauma

Trauma has been defined as the exposure to actual or threatened death, sexual violence, or serious injury (American Psychological Association [APA], 2013). This definition stems from the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), which states that exposure may occur through directly experiencing the event, witnessing the traumatic event in person, learning that the event happened to a close other, or experiencing repeated or extreme exposure to details of the traumatic event (APA, 2013). While the DSM-5 provides important information regarding diagnoses, the definition of a traumatic event may not be bound to diagnostic criteria. A trauma could be defined as a threatening incident likely to have an extensive impact on the individual experiencing it, given that the event is severely unsettling and overwhelms their psychological resources for at least a brief period (López-Martínez et al., 2018). Thus, a traumatic incident is a perceived threat to an individual's physical or psychological safety (Briere & Scott, 2012). In addition, it is widely acknowledged that experiences of trauma do not have an equal likelihood of resulting in a posttraumatic stress response. There is documentation that individuals exposed to interpersonal trauma have increased risk for developing posttraumatic stress disorder (PTSD) compared to individuals exposed to other types of trauma due to the betrayal and violation that is more common for interpersonal trauma (Breslau, 2002; Fetzner et al., 2011; Huang et al., 2016; Iverson et al., 2013).

Frequent forms of interpersonal trauma include emotional, physical, and sexual abuse as well as experiencing emotional and physical neglect during childhood (Anda et al., 2010). Additionally, women are more likely to experience kidnapping, physical assault by a romantic partner, rape, sexual assault, and stalking, whereas men are more likely to experience mugging or

physical assault by someone other than a romantic partner or their parent (Iverson et al., 2013). Individuals in college, particularly women, are at greater risk of experiencing sexual assault (Krebs et al., 2009). In a recent study of nine colleges 14.4% of college women and 3.9% of college men reported experiencing sexual violence (Krebs et al., 2016). Other studies have demonstrated that individuals who are of traditional college age are at increased risk, with 80% of women reporting that their first sexual assault occurred before age 24 (Black et al., 2011). Furthermore, in a sample of 19 colleges, 54% of male and female college students reported experiencing psychological, physical, or sexual victimization in the last 12 months (Sabina & Straus, 2008).

It is possible for these types of trauma to co-occur and recur throughout the lifespan of an individual. Various studies have demonstrated that survivors of sexual trauma have a greater risk of experiencing additional interpersonal trauma, cumulative trauma, and revictimization (for a review, see Classen et al., 2005). Specifically, college students who have experienced interpersonal trauma are more likely to report multiple traumas and multiple victimizations. In one study, 77.4% of individuals who had experienced interpersonal trauma reported a history of multiple traumatic events, whereas the prevalence of multiple exposures was 37.3% in the impersonal trauma group (Boyras & Waits, 2018). Individuals who have experienced repeated interpersonal trauma, or several types of interpersonal trauma often develop problems with emotion regulation, dissociative symptoms (e.g. a sense of being detached from self or others, loss of time, distorted perception of reality, etc.), or physical health symptoms (Briere & Scott, 2012, Boyraz & Waits, 2018; Cloitre et al., 2001; van der Kolk et al., 1996). Although experiences of interpersonal trauma may not always threaten death or physical injury, they can be particularly damaging due to the betrayal involved in the violation of basic assumptions

underlying interpersonal relationships (Freyd, 1996). Specifically, these violations can be detrimental for well-being when they involve higher levels of betrayal, such as when the perpetrator is close other (Freyd et al., 2005). Interpersonal trauma that occurs within the context of an ongoing relationship are associated with greater symptoms anxiety, depression and other symptoms of emotional distress (Freyd et al., 2005). In addition, interpersonal trauma with high betrayal (i.e. perpetrated by a close other) is strongly correlated with psychological difficulties such as dissociation, depression, and anxiety, as well as physical health complaints (Goldsmith et al., 2012). A meta-analysis including 37 studies and 3,162,318 participants demonstrated that a history of sexual victimization during childhood or adulthood was linked to a greater risk of PTSD, an anxiety disorder, depression, eating disorders, or suicide attempts (Chen et al., 2010).

In summary, college populations report increased rates of interpersonal trauma exposure, multiple exposures, and polyvictimization. In addition, these experiences may result in a variety of outcomes that are detrimental to overall health and well-being. The current study examined outcomes of interpersonal trauma in the context of romantic relationships. This will be discussed further in subsequent sections.

Attachment

Attachment theory, initially developed by Bowlby (1969, 1973, 1980), was the first model that sought to understand the deep and enduring bonds (attachment) that develop and connect individuals starting from infancy. This perspective on attachment focuses on the interactions between a child and its caregiver through experiences of perceived threat and novelty. When a threat is perceived, these attachment processes become activated and the child exhibits an adaptive tendency to seek physical proximity to the caregiver as a means of obtaining a sense of safety. The psychological availability of the caregiver then soothes the child during

experiences of emotional distress and provides a sense of security and support. Consequently, experiencing attachment to a caregiver becomes a fundamental developmental task during early childhood for survival (Cassidy, 2008).

These early patterns of interaction between a child and their caregiver provide a foundation for internal working models of self and others. Through consistent positive experiences with the psychological availability of the caregiver while experiencing emotional distress, the child will develop a secure attachment, perceiving themselves as worthy and capable, and viewing others as trustworthy and supportive. In contrast, when a caregiver is absent or dysregulated in their response to a child's distress, the child develops an insecure attachment, internalizing negative beliefs of themselves, and perceiving others as untrustworthy. Attachment extends beyond early childhood, in that the individual develops an internal working model of self and others and becomes increasingly reliant on these models throughout life.

Based on early attachment research, adult attachment theory describes how interpersonal patterns can greatly influence mental health and wellbeing throughout adult life. As internal working models include both appraisals and cognitive representations of oneself in relation to others, individuals begin creating meaning through interpersonal experiences (Bretherton & Munholland, 2008). Adult attachment theorists have proposed a three-stage model of attachment that parallels the process in early attachment (Mikulincer & Shaver, 2007). First, after monitoring and evaluating potential dangers, an individual will seek proximity or emotional support from their attachment figure (who in adulthood is often no longer the caregiver but another individual such as a romantic partner). In the next stage, an individual evaluates how accessible and responsive the attachment figure is when turned to for support. In contrast to early attachment, adult attachment is more complex due to the wide variety of experiences with

different attachment figures. Mikulincer and Shaver's (2007) last stage differentiates between individuals classified as insecurely attached. Based on Brennan and colleagues' (1998) conceptualization, insecure attachment can be characterized as resting along dimensions of anxious and avoidant attachment. For anxiously attached individuals, a hyperactivating emotion regulation strategy may be employed, amplifying the call for help. This style is associated with excessive dependency and proximity-seeking. In contrast, avoidantly attached individuals have learned to avoid invalidating reactions from attachment figures by suppressing the need for support. This style is characterized by exaggerated self-reliance and decreased expression of affection.

As securely attached individuals have typically had successful experiences seeking comfort and support, thus reinforcing this type of coping, they often have positive views of themselves and others and are able to form relationships easily (Fraley et al., 2000). Individuals with high levels anxious or avoidant attachment learn to avoid reliance on others due to their invalidating experiences soliciting support. In turn, they may fear abandonment and/or intimacy (Fraley et al., 2000), viewing themselves as unworthy of support, love and protection, and see attachment figures as not being accessible or responsive. In addition to seeking support, adults can also utilize mental representations of attachment figures when experiencing distress in order to cope and self-soothe. Mental representations become automatic responses to perceived threat, in that for securely attached individuals, positive feelings may be triggered, whereas feelings and memories of abandonment or mistrust may arise for those with insecure attachment (Mikulincer & Shaver, 2008). From this stance, adult attachment serves an important role in coping styles and provides a lens in which to examine interpersonal functioning.

Conflict and Romantic Relationships

As reviewed above, relationships are not immune to conflict, which can be a typical occurrence as partners navigate their shared experiences. However, an individual's conflict resolution strategies can have important implications for overall relationship functioning. Studies have demonstrated that individuals with higher use of positive problem-solving conflict resolution strategies have higher empathy toward their partners as well as higher relationship satisfaction (Perrone-McGovern et al., 2014). Furthermore, those with greater use of compliant conflict resolution strategies tend to have higher physiological arousal as measured through interbeat intervals of the heart. Individuals who have this more passive style, capitulating to their partner's desires without attempting to assert their position, may have increased physiological arousal due to acting in contrast with their own wishes. In addition, the motivation for this response may be the result of a "fear" reaction to one's unsettled partner, and thus be associated with physiological arousal (Perrone-McGovern et al., 2014). Previous research has linked physiological arousal to poor conflict management and decreased relationship quality between partners in romantic relationships (Levenson & Gottman, 1985; Nealey-Moore et al., 2007). Knapp and colleagues (2017) demonstrated that a non-validating conflict resolution style is linked to lower relationship satisfaction and stability. Specifically, hostility was more strongly negatively associated with relationship satisfaction and stability for both men and women than any other non-validating conflict resolution style, such as avoidant or volatile behaviors.

Problems with conflict management may also represent a future concern for young adults in romantic relationships. Individuals in marriages with high conflict have reported high frequency of depressive symptoms and low life satisfaction across thirty years (Roberson et al., 2018). Studies have documented that couples who engage in negative conflict management

behaviors (e.g., criticism, yelling; Orbuch et al., 2002) are more likely to divorce than couples who use more positive conflict management behavior (e.g., humor; Gottman, 1993, 1994). Researchers have found that marital conflict has important implications for children's behavioral problems. Specifically, cooperation between spouses is associated with less externalizing and internalizing problems in their children while avoidance-capitulation, verbal aggression, and stonewalling are associated with greater externalizing and internalizing behaviors (Hosokawa & Katsura, 2019). In addition, increased marital conflict has been shown to influence children's emotional security, in turn influencing their psychological well-being (Harold et al., 2004).

Overall, increased conflict and poor conflict management strategies can have both short-term and long-term effects for individuals and within families. Thus, it is important to examine factors that may influence conflict-related outcomes.

Interpersonal Trauma and Romantic Relationships/Conflict

In addition to mental health outcomes that are often experienced by survivors of interpersonal trauma, there are also important interpersonal consequences. Following an experience of interpersonal trauma, specifically sexual assault, as many as 61% of survivors refrain from seeking support from anyone (Dworkin et al., 2018), likely impacting the ability to engage in their romantic relationships. Furthermore, the experience of sexual assault is associated with a wide range of interpersonal outcomes. Survivors of sexual trauma report greater difficulty with emotional intimacy as well as fear and mistrust of others, including their romantic partner (Georgia et al., 2018). Physical intimacy or sex is also reported to be burdensome and/or physically painful (Goodcase et al., 2015). Women who have experienced sexual assault during adulthood (compared to those who have not) report lower frequency of sex (Georgia et al., 2018), higher levels of sexual dissatisfaction (De Silva, 2001), and higher anxiety

during physical intimacy (Jozkowski & Sanders, 2012). Sexual trauma experienced during college has been associated with lower emotional and sexual intimacy 9 years post-assault (Rothman et al., 2019). Sexual assault has also been associated with increased negative communication and hostility between romantic partners (Marshall & Kuijer, 2017). Mental health outcomes of traumatic experiences also play a role in relationship functioning. Increased PTSD symptoms have been linked with poorer relationship satisfaction in women who have survived sexual assault, particularly when they are not in treatment (DiMauro & Renshaw, 2018).

Negative relationship outcomes are not limited to experiences of sexual assault, but also occur when an individual has experienced childhood maltreatment. When both women and men experienced higher levels of childhood maltreatment, they reported that their partner was less likely to disclose intimate thoughts and feelings, and that they felt less understood, validated, accepted, and cared for by their partners (Vaillancourt-Morel et al., 2019). In addition, history of childhood emotional maltreatment predicted lower relationship satisfaction for women, specifically when the dyadic conflict resolution style was characterized by low to average levels of hostility (Peterson et al., 2018). Childhood maltreatment has also been associated with lower sexual and relationship satisfaction in women (Rellini et al., 2012).

Conflict resolution in romantic relationships is an area that is particularly influenced by experiences of interpersonal trauma. Women with histories of sexual abuse report more controlling or distancing behaviors in relationships (Cloitre et al., 1997), communication problems in romantic relationships (DiLillo et al., 2001), and have higher rates of separation and divorce (Colman & Widom, 2004). In addition, women who have experienced sexual abuse have reported higher levels of conflict with intimate partners (Kim et al., 2009). Specifically, they

report high levels of self-perpetrated verbal aggression and high levels of partner-perpetrated physical aggression. Furthermore, researchers have demonstrated that female survivors of incestual childhood sexual abuse report high use of hostile and volatile conflict resolution styles (Knapp et al., 2017). Prior exposure to interpersonal trauma is a risk factor for experiences of later intimate partner violence. Males who have witnessed high levels of domestic violence are more likely to harbor beliefs about the acceptability of violence in relationships as well as more likely to inflict dating violence (O’Keefe, 1998). In addition, females who have experienced childhood abuse are at greater risk to both experience and perpetrate violence in romantic relationships.

Taken together, interpersonal trauma can play an important role in relationship satisfaction and functioning. Specifically, it is related to conflict and conflict management within romantic relationships and may even influence perceptions about appropriate and adaptive relationship behaviors. Therefore, examining the influence of interpersonal trauma on specific conflict management strategies is important in identifying potential areas of focus for psychoeducation and treatment.

Attachment and Romantic Relationships/Conflict

Attachment has been shown to play an important role in romantic relationships. Studies have demonstrated that individuals hold ideals of romantic partners that are low in anxious and avoidant attachment (Strauss et al., 2012). Similarity between perceptions of an ideal partner’s and current partner’s attachment style is associated with higher relationship quality. In addition, individuals are more satisfied in their romantic relationships when their current partners have similar levels of anxious attachment to themselves (Strauss et al., 2012). Other researchers have demonstrated that among individuals in romantic relationships, anxious and avoidant attachment

patterns were predictive of lower relationship quality (Meyer et al., 2015). Several reviews and meta-analyses have reported that both anxious and avoidant attachment are detrimental to relationship satisfaction (Feeney, 2016; Hadden et al., 2014; Li & Chan, 2012). A recent meta-analysis documented the link between anxious and avoidant attachment and relationship satisfaction (Candel & Turliuc, 2019), such that higher levels of insecure attachment were associated with lower self-reported relationship satisfaction and lower partner-reported relationship satisfaction. These associations were significant and equally strong for both men and women. In addition, these results continued to remain significant after controlling for the possible effects of partner's attachment insecurity on one's satisfaction (Candel & Turliuc, 2019). Avoidant attachment has been linked with low perceived support from a partner (Chi Kuan Mak et al., 2010) and issues with trust (Givertz et al., 2013), variables that are, in turn associated with less relationship satisfaction. Anxious attachment has also been linked to satisfaction damaging variables, such as a pessimistic attributional style in relationships (Kimmes et al., 2015) and greater perceived conflict (Brassard et al., 2009). Insecure attachment has been linked to low relationship satisfaction in both cross-sectional (Chung & Choi, 2014; Liu & Jackson, 2018) and longitudinal research (Beaulieu-Pelletier et al., 2011; Fitzpatrick & Lafontaine, 2017).

Cooper and colleagues (2018) examined the associations between attachment insecurity and relationship quality. Overall, avoidant attachment was linked with lower levels of relationship quality for both partners in a relationship, regardless of gender. For women, attachment anxiety was linked to higher volatility in both their own and their partner's relationship quality, whereas avoidant attachment was linked to lower volatility in their partner's relationship quality. An important factor that emerged in this study was conflict. Individuals

reported lower relationship quality on days that they reported having greater conflict than usual. Furthermore, this association was stronger for individuals whose partners scored high in anxious attachment (Cooper et al., 2018).

Researchers have examined the impact of attachment styles on conflict management behaviors (Creasey, 2002; Shi, 2003). Avoiding conflict resolution behaviors were greater in those who scored high in avoidant attachment (Shi, 2003). Avoidant attachment was negatively associated with obliging, compromising, and integrating, such that those who scored lower in attachment avoidance were more likely to oblige to their partner's wishes, make compromises, or integrate their partner's opinions during conflict. In contrast, attachment anxiety predicted obliging behaviors. Both anxious and avoidant attachment were linked to use of dominating strategies (Shi, 2003). Shi (2003) also found that women were more integrative during conflict and men were more avoidant during conflict. There were no gender differences for relationship satisfaction or for compromising, dominating and obliging behaviors (Shi, 2003). Creasy (2002) found that dismissing and preoccupied individuals have difficulties managing conflict in romantic relationships. Furthermore, female attachment security predicted joint couple positive behaviors, but male insecure attachment predicted the frequency of negative behaviors. Based on theories of sex role development (Gilligan, 1982) and intimacy development (Feiring, 1999) it is possible that women are socialized earlier than men to develop interpersonal skills, and in turn are expected to display more positive behavior in romantic relationships. Men may eventually learn these skills, but as they may have not yet learned them, they will demonstrate greater difficulty with conflict management. However, gender does not ensure the expression of positive behaviors as secure women displayed more positive behaviors than insecurely attached women (Creasey, 2002). Furthermore, perceptions of daily conflicts within relationships have

been shown to negatively impact perceived satisfaction, closeness, and relationship futures of highly anxiously attached individuals (Campbell et al., 2005). In addition, anxiously attached individuals escalated the severity of conflicts (rated by observers), appeared more distressed, and reported feeling more distressed during conflicts.

Although existing research demonstrates a strong association between attachment and relationship satisfaction and conflict, there is little work examining this with the specific conflict management strategies proposed by Zachilli et al. (2009). The current study offers to add to the literature by examining these associations using the Romantic Partner Conflict Scale (RPCS; Zachilli et al., 2009), as well as offer further insight regarding patterns of interpersonal trauma and attachment.

Interpersonal Trauma and Attachment

Experiences of interpersonal trauma, especially with important close others, can be conceptualized as a significant disruption in attachment. Through the lens of attachment theory, these disruptions may influence an individual's attachment style and interpersonal orientation. There is a large body of literature documenting the associations between interpersonal trauma and patterns of attachment. For example, decreased levels in secure attachment have been seen in children who have experience maltreatment (Hasket et al., 2006) and in adults who have been previously abused (Bakermans-Krenenburg & van IJzendoorn, 2009; Muller et al., 2000). In particular, Muller and colleagues (2000) reported that 76% of their sample of previously abused adults endorsed an insecure attachment style. In addition, individuals who experience psychological abuse tend to demonstrate difficulty forming secure attachments (Iwaniec et al., 2007). Muller et al. (2012) demonstrated that psychological abuse, physical maltreatment, and

exposure to family violence were all significant predictors of insecure attachment, with psychological abuse having the strongest association.

Frequency of interpersonal trauma has been associated with avoidant attachment (Bistricky et al., 2017; Wiltgen et al., 2015). Previous findings also suggest that repeated trauma experiences are linked to difficulties with interpersonal self-regulatory capacities, typically including avoidance of interpersonal intimacy (Cloitre et al., 2009). In contrast, one study that examined the association between experiences of interpersonal trauma and both anxious and avoidant attachment found that survivors reported higher levels of attachment anxiety, but not attachment avoidance (Elwood & Williams, 2007). In a sample of college women, intimate partner violence and sexual victimization significantly predicted attachment anxiety (Sandberg et al., 2010). In addition, Fowler and colleagues (2013) reported that interpersonal trauma predicted greater anxious and avoidant attachment, but impersonal trauma did not, highlighting the differential impact of types of trauma.

Exposure to interpersonal violence and an individual's attachment style have important implications for mental health outcomes. In Taiwanese young adults who have experienced interpersonal trauma, attachment anxiety, but not avoidant attachment, predicted greater severity of PTSD symptoms (Huang et al., 2016). In an inpatient adult sample from the southwestern United States, interpersonal trauma and insecure attachment significantly predicted anxiety symptoms; however, interpersonal trauma was only significantly associated with attachment avoidance, but not attachment anxiety (Wiltgen et al., 2015). Researchers have also demonstrated the influence of interpersonal trauma and attachment on romantic relationship quality in longitudinal data collected from community samples of women in Dallas, Texas. Weston (2008) demonstrated a link between emotional abuse and poor relationship quality, which was mediated

by insecure attachment. There was also a link between physical violence and relationship quality, however this association was not mediated by insecure attachment (Weston, 2008).

Interpersonal trauma has been associated with insecure attachment styles; however, there has been some mixed results in the literature. Overall, attachment theory is supported in that research indicates that disruptions in attachment (i.e. interpersonal trauma) is influential in later psychological and interpersonal functioning. The present study examined the associations between interpersonal trauma and attachment and romantic relationship conflict strategies.

Interpersonal Trauma, Attachment, and Conflict

Few studies have examined the influence of interpersonal trauma and attachment on romantic relationship conflict. One study demonstrated an indirect effect of interpersonal trauma (measured by assessing physical/sexual violence) frequency on interpersonal competence (e.g., initiation of interactions, assertion of displeasure with others, management of interpersonal conflict), through individual's avoidant attachment and self-compassion (Bistricky et al., 2017). Other studies examining conflict related outcomes in relationships focus on intimate partner violence or psychological aggression. Researchers have found results supporting the link between childhood interpersonal trauma and dating violence in college students (McClure & Permenter, 2017). Specifically, childhood physical abuse, physical neglect, and emotional abuse were related to both perpetration and victimization of physical intimate partner violence. In addition, threatening behavior perpetration was associated with childhood emotional abuse, emotional neglect, physical abuse, and physical neglect; however, childhood physical abuse was not related to experiencing threatening behavior. Furthermore, attachment anxiety was related to intimate partner violence victimization (McClure & Permenter, 2017). Recent work has demonstrated that attachment influences how partners in early marriage attribute hypothetical

aggressive behaviors, such that they may attribute the cause of the aggression to the self, or that the motivation was intentional (Chandler & Lawrence, 2021). In addition, these associations also covaried with psychological aggression in a longitudinal design.

Interpersonal trauma within romantic relationships has also been examined as an outcome of attachment and conflict. Researchers have demonstrated that within a college sample, anxiously attached individuals report a higher use of conflict engagement by themselves and their partners (Bonache et al., 2019). In addition, conflict engagement reported by the self and perceived in their partner was linked to an increased probability of experiencing psychological abuse and sexual coercion in their relationships. Avoidant attachment was linked to higher withdrawal in conflict situations, but the reported withdrawal was not associated with sexual coercion or psychological abuse. There were no gender differences among these associations.

Overall, there is a gap in the literature regarding the influence of interpersonal trauma and attachment on relationship conflict. Specifically, data examining conflict management strategies as an outcome of interpersonal trauma and attachment is sparse. Furthermore, much of the research in this area varies in the measurement of interpersonal trauma, often measuring one form of trauma or trauma occurring in a certain period of life (e.g. childhood trauma, sexual abuse, etc.).

The Present Study

The present study sought to add to the existing literature by examining the associations among lifetime interpersonal trauma exposure, adult attachment, and conflict within romantic relationships. Specifically, this study simultaneously examined the impact of interpersonal trauma and adult attachment on specific conflict management strategies. Previous studies have

examined some of these associations independently; however, this study offers a strong contribution to the literature as it is the first to examine all the identified variables in one model. In addition, it is the first to examine the variables of interest using the RPCS (Zachilli et al., 2009), a measure developed to assess conflict management strategies in romantic relationships. There is one study to date that utilizes this scale to examine the role of attachment style on conflict management strategies. Overall, MacDonald and colleagues (2019) found that both anxious and avoidant attachment was associated with lower compromise, greater interactional reactivity, greater separation, and greater domination. In contrast with earlier studies (e.g., Shi, 2003), neither anxious nor avoidant attachment was significantly associated with avoidance strategies during conflict. Women and anxiously attached individuals were more likely to report higher submission (MacDonald et al., 2019). Given the predominantly consistent results for anxious and avoidant attachment in MacDonald et al. (2019), and to create a parsimonious model, the present study examined insecure attachment as a latent factor. In addition, given the mixed effects of gender across studies, with several studies citing no differences, this study included both men and women. Based on the above literature review, my study examined the following hypotheses:

Hypothesis 1. The avoidant and anxious attachment subscales will load onto a common factor of insecure attachment (see Figure 1). Note: Weston (2008) utilized a latent factor of insecure attachment with anxious and avoidant subscales. For the purpose of this study, a measurement model with one latent variable will be tested.

The following hypotheses are outlined in the hypothesized structural model in Figure 2:

Hypothesis 2. Interpersonal trauma and insecure attachment will be significantly positively associated.

Hypothesis 3. Interpersonal trauma will be significantly positively associated with domination.

Hypothesis 4. Interpersonal trauma will be significantly positively associated with interactional reactivity.

Hypothesis 5. Interpersonal trauma will be significantly positively associated with avoidance.

Hypothesis 6. Interpersonal trauma will be significantly positively associated with submission.

Hypothesis 7. Interpersonal trauma will be significantly positively associated with separation.

Hypothesis 8. Interpersonal trauma will be significantly negatively associated with compromise.

Hypothesis 9. Insecure attachment will be significantly positively associated with domination.

Hypothesis 10. Insecure attachment will be significantly positively associated with interactional reactivity.

Hypothesis 11. Insecure attachment will be significantly positively associated with avoidance.

Hypothesis 12. Insecure attachment will be significantly positively associated with submission.

Hypothesis 13. Insecure attachment will be significantly positively associated with separation.

Hypothesis 14. Insecure attachment will be significantly negatively associated with compromise.

Hypothesis 15. Overall, the proposed model will demonstrate that interpersonal trauma and insecure attachment will explain the nature of conflict management strategies.

CHAPTER TWO

Method

Power Analysis

The current study examined data using structural equation modeling (SEM) and the proposed model contained 1 latent variable and 9 observed variables. A commonly used method of determining sample size is done through the foundational work of MacCullum and colleagues (1996). These authors offered a framework for estimating the sample size necessary in achieving adequate statistical power based on the ability to detect models with different levels of fit relative to observed data. Degrees of freedom was calculated by subtracting the number of estimated parameters in the model from the number of distinct observations. Distinct observations are calculated with the following formula: $p(p+1)/2$, where p = # of observed variables in the model. Based on this calculation, the degrees of freedom for the proposed model is 30. As the authors outlined that a model with 30 degrees of freedom with an alpha value of .05 would require a minimum sample size of 314 to obtain a power of .8, the proposed model should have a sample size equal or greater to this to be sufficiently powered. A hypothesized alternative model containing only observed variables was proposed if the latent factor did not hold (see Figure 3) This model has 26 degrees of freedom. A model with 25 degrees of freedom with an alpha value of .05 requires a minimum sample of 363 to be sufficiently powered (MacCullum et al., 1996). For the purpose of this study, 365 participants were needed to achieve desired power.

Participants

This study recruited 377 participants who were attending a university in the northwestern U.S. A total of 4 participants did not pass attention checks and a total of 8 participants did not meet inclusion criteria of being in an established relationship for at least 6 months, thus they

were excluded from the final sample. The final sample consisted of 365 participants, of which 64.7% identified as women ($N = 236$), 33.7% identified as men ($N = 123$), and 1.1% identified as non-binary/third gender ($N = 4$). In addition, one participant (0.3%) self-described as a transman, and one participant (0.3%) preferred not to say. Participant ages ranged from 18 to 70+ years ($M = 23.12$, $SD = 6.70$).

The sample was 71.8% White/Caucasian ($N = 262$), 11.2% Hispanic/Latinx ($N = 41$), 2.7% Asian-American/Asian ($N = 10$), 1.1% Native-American/American Indian ($N = 4$), 0.8% African American/Black ($N = 3$), 0.5% Native Hawaiian/Pacific Islander ($N = 2$), and 0.5% other ($N = 2$). Eleven percent of the sample was Multiracial, with 23 participants identifying as White/Caucasian and Hispanic/Latinx, 3 participants identifying as White/Caucasian and Middle Eastern/North African, 3 participants identifying as White/Caucasian and Asian American/Asian, 2 participants identifying as White/Caucasian and Native American/American Indian, 1 participant identifying as White/Caucasian and African American/Black, and 1 participant identifying as Hispanic/Latinx and Asian American/Asian.

Eighty-two percent of participants identified as heterosexual ($N = 302$), 3.3% identified as gay ($N = 12$), 1.6% identified as lesbian ($N = 6$), 10.1% identified as bisexual ($N = 37$), 0.8% identified as other ($N = 3$, i.e. queer, pansexual, unknown), and 1.4% preferred not to say ($N = 5$). The sample consisted of freshman (36.2%, $N = 132$), sophomores (23.8%, $N = 87$), juniors (22.5%, $N = 82$), seniors (14.8%, $N = 54$), and enrolled post-graduate students (2.7%, $N = 10$). Household incomes ranged from \$0-\$9,999 to \$130,000+. Forty-one percent of students reported a yearly household income of below \$25,000 ($N = 151$), 37.5% reported income between \$25,000-\$69,999 ($N = 136$), and 20.8% reported income above \$70,000 ($N = 76$).

There was a breadth of religious affiliation among the sample. Twenty-nine percent of participants reported affiliation with the Church of Jesus Christ of Latter Day Saints ($N = 108$), 27.4% reported no affiliation ($N = 100$), 12.6% reported affiliation with the Catholic church ($N = 46$), 12.3% reported affiliation with an unlisted religion ($N = 45$), 8.5% described themselves as Agnostic ($N = 31$), 5.2% reported affiliation with the Protestant religion ($N = 19$), 1.9% reported affiliation with the Lutheran church ($N = 7$), 1.6% described themselves as Buddhist ($N = 6$). One participant (0.3%) described themselves as Muslim, one (0.3%) as Hindu, and one (0.3%) was affiliated with a Native American Religion. Relationship length ranged from 6 months to 48 years ($M = 35.43$ months, $SD = 50.85$).

Seventy-seven percent of participants reported that they were in a relationship with their partner but not married ($N = 281$) and 23% reported that they were married ($N = 84$). Finally, 42.7% of the sample indicated that they lived with their partner ($N = 156$).

Measures

Demographics. Participants completed a brief demographics questionnaire to obtain general demographic information such as age, gender, ethnicity, education and income, religious affiliation, relationship status, relationship length, and sexual orientation.

Life Stressors Checklist – Revised (LSC-R). The LSC-R (Wolfe & Kimerling, 1997) is a 30-item self-report measure that assesses an individual's lifetime exposure to traumatic events. A broad range of traumatic experiences are assessed, including exposure to natural disasters, accidents, familial stress (e.g., divorce, adoption), and interpersonal violence. Questions are listed in a yes/no format; for example, "Has someone close to you died suddenly or unexpectedly?" This study utilized an LSC-R adaptation used by previous researchers (Lynch et al., 2013; Lynch et al., 2017) which obtains frequency of events rather than presence/absence of

trauma exposure. Specifically, participants' responses to the 12 items that target exposure to, or direct experience of, interpersonal trauma were considered and a total score of the frequency of these experiences was calculated by summing the ratings across interpersonal trauma items. Participants will rate the frequency of stressful events on the following scale: 0 (never), 1 (once), 2 (twice), 3 (3 times), 4 (4 times), 5 (5 times), and 6 (more than 5 times). The LSC-R has demonstrated fair test-retest reliability and good criterion validity for detecting stressful life events (McHugo et al., 2005). Cronbach's alpha for this study was good at .84.

Romantic Partner Conflict Scale (RPCS). Conflict within the relationship was assessed using the RPCS (Zachilli et al., 2009). The scale is designed to measure normative episodes of romantic conflict and consists of 39 items that have been divided into 6 subscales: compromise, submission, separation, avoidance, domination, and interactional reactivity. Respondents are asked to "think about a significant conflict issue that you and your partner have disagreed about recently. Using the scale below, fill in which response is most like how you handled conflict. If you do not have a romantic partner, respond with your most current partner in mind. If you have never been in a romantic relationship, answer in terms of what you think your responses would most likely be." The measure was adapted to exclude the last two sentences of these instructions as they will not be relevant to the sample given the relationship status/length exclusion criteria. The compromise subscale consists of 14 items including items like "In order to resolve conflicts, we try to find a compromise." A typical item from the 5-item submission scale has items like "I surrender to my partner when we disagree on an issue." The separation subscale has 5 items including items like "When we experience conflict, we let each other cool off before discussing it further." The 3-item avoidance subscale includes items like "My partner and I try to avoid arguments." The Domination subscale consists of 6 items and contains items like "I rarely let my

partner win an argument.” A typical item from the 6-item Interactional Reactivity subscale is “When my partner and I disagree, we argue loudly.” All items are answered on a 5-point Likert scale with 0 being “strongly disagree with statement” and 4 being “strongly agree with statement. High scores on each subscale indicate endorsement of that strategy of dealing with partner conflict. Test-retest reliabilities for the subscales are strong and Cronbach’s alphas have ranged from .82 to .96 (Zachilli et al., 2009). McCutcheon et al. (2016) demonstrated Cronbach’s alphas of .93, .88, .88, .82, .91, and .85 for the respective subscales. For this study, Cronbach’s alphas ranged from .86 to .93.

Experiences in Close Relationships-Revised (ECR-R). Adult attachment was examined using the Experiences in Close Relationships- Revised questionnaire (ECR-R; Fraley et al., 2000). The ECR-R is a 36-item self-report questionnaire designed to generally assess anxious and avoidant attachment in close relationships. The ECR-R presents a series of statements regarding one’s experiences within relationships. Participants respond to these statements on a likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). A score was obtained for the avoidance and anxiety dimensions separately by computing an average score for the 18 items pertaining to each domain. This measure has been shown to have high internal consistency and good test-retest reliability (Wei et al., 2007). Wright and colleagues (2017) reported Cronbach’s alpha of 0.91 for attachment anxiety and 0.88 for attachment avoidance. Cronbach’s alphas for this study were .93 and .94, respectively.

Abbreviated Religiousness Measure (ARM). Religiosity was examined using the Abbreviated Religiousness Measure (ARM; McGraw et al., 2018). The ARM is a 10-item self-report questionnaire that assesses religiosity with 3 subscales: Religious influence in daily life, religious involvement, and religious hope. Participants respond to items on a likert scale ranging

from 1 (strongly disagree or not at all influential) and 7 (strongly agree or extremely influential) on both the religious influence in daily life and religious hope scales. On the religious involvement scale, participants respond to items on likert scale ranging from 1 (less than once a month) to 6 (more than daily). Items were totaled for each subscale, with higher scores indicating increased religiousness. A total score was obtained through calculating the average among the three subscales. McGraw et al. (2018) demonstrated good overall internal reliability ($\alpha = .82$) as well as Cronbach's alphas of .93 (religious influence in daily life), .92 (religious involvement), and .81 (religious hope) for the respective subscales. Cronbach's alpha for the total score in this study was .92.

Procedures

Study measures and procedures were approved by the Idaho State University Human Subjects Committee. In order to participate, participants had to be at least 18 years of age, able to read English, and report being in an exclusive romantic relationship of at least 6 months (8 participants were dropped from the dataset for not meeting the relationship length requirement). Previous researchers have demonstrated that participants in established or exclusive relationships report relationship lengths ranging from 1 month to 2+ years (Perrone-McGovern et al., 2014; Peterson et al., 2017). Other studies have included relationship length inclusion criteria ranging from at least 3 months (Campbell et al., 2005; Strauss et al., 2010) to at least one year (Weston, 2008). In addition, some authors have required participants to cohabitate for at least 6 months (Brassard et al., 2009). This study's relationship length inclusion criteria was decided upon based on the ranges most commonly presented in the literature. Furthermore, as the study was aiming to examine the proposed associations across genders, the target sample was to include roughly 60% women. Study recruitment was adjusted biweekly; however, participation among men was

slightly lower than targeted and 64.7% of the final sample were women. Participants were recruited through the online student pool, SONA systems, where they were anonymously tracked and awarded course credit for their participation. Participants completed a written informed consent where they were screened for relationship length (i.e. 6 months or longer). After consenting, participants completed a series of online questionnaires regarding trauma history, attachment, and romantic relationship conflict¹. The order of questionnaires was randomized for each participant to control for potential order effects.

In order to ensure quality data, several measures were taken as recommended by Aust and colleagues (2013). Participant answers were checked for inconsistent responding by examining responses on demographic information. For example, responses that were inconsistent with eligibility criteria or responses that are implausible (e.g. reporting an age of 18 and graduate degree for education) would have been dropped from the dataset, there were no instances of these types of inconsistent or implausible responses. Three attention checks (e.g., “for this item, please select ‘3’”) were placed in the survey and participants who failed more than 1 of these checks were not included in the final dataset ($n = 4$). In addition, a seriousness check was utilized by asking a yes/no question at the end of the survey about the seriousness of the participant’s responses (e.g., “were you serious in your responses to this survey”), in which individuals who responded “no” were been dropped (one participant responded “no” in this study, but had already been removed due to failing the attention check). Seriousness checks are predictors of motivation to complete a study (Reips, 2008, 2009) and have been shown to be useful in several studies as non-serious participants often identify themselves (Musch & Klauer, 2002).

¹ Participants also completed measures of intimacy and relationship satisfaction during data collection. These measures will be used for another project and are not a part of the current dissertation.

CHAPTER THREE

Results

Descriptive Statistics

Participants in this sample reported a wide range of interpersonal trauma experiences. Of the 365 individuals in the study, 97 reported experiencing childhood physical abuse (26.6%) and 95 indicated experiencing physical abuse during adulthood (26%). Ninety-eight participants reported experiencing childhood sexual abuse (26.8%) and 101 participants indicated that they had experienced sexual abuse during adulthood (27.6%). Of the 144 individuals who reported sexual abuse during their lifetime, 69.4% of them indicated experiencing a completed rape ($N = 100$, 27.4%). Specifically, 65 participants reported experiencing a completed rape 2 or more times (17.8%). Participants in this sample also reported caregiver and family dysfunction, such as experiencing physical neglect (18.6%, $N = 68$) and witnessing violence between family members during childhood (46.6%, $N = 170$). Furthermore, 91 participants reported witnessing a robbery, mugging, or physical attack (24.9%) and 44 participants reported being robbed, mugged, or physically attacked by someone they did not know (12.1%). Over half of the sample (63.3%, $N = 231$) reported that they had experienced emotional abuse during their lifetime, with 127 participants indicating that they experienced emotional abuse 6 or more times (34.8%). Overall, 311 participants (85.2%) indicated at least one experience of interpersonal trauma during their lifetime. There was a significant difference in the experiences of interpersonal trauma between men and women ($t(356) = -3.30$, $p = .001$), such that women ($M = 13.30$, $SD = 13.42$) reported more experiences of interpersonal trauma than men ($M = 8.68$, $SD = 11.19$). Notably, participants who identified as non-binary/third gender reported a mean of 33.5 ($SD =$

24.47) of interpersonal trauma experiences; however, given that there were only 4 participants in this group, there was not sufficient power to statistically compare to other groups.

Participants were also asked to share any other experiences that were not included in the measure. Of note, out of the 23 participants that shared additional traumatic experiences, 10 participants reported instances of interpersonal trauma (e.g. molestation, sexual assault, physical assault, etc.). While many of these instances had overlap with questions that were asked in the LSC-R, and thus were not included in LSC-R interpersonal trauma total scores, they are indicative that these questions may not fully capture the experience of every individual. Further, participants were asked if any of the LSC-R questions had occurred to someone close to them. Out of the 100 individuals who reported knowledge of traumatic events experienced by close others, 72 of them reported knowledge of interpersonal trauma (e.g. sexual assault, rape, physical assault, neglect, abuse, etc.), indicating that a sizeable portion of the sample (19.7%) are aware that these events occur.

On the ECR-R, anxious and avoidant attachment subscales scores can range from 1-7 with higher scores suggesting higher anxious or avoidant attachment styles. For the anxious attachment subscale, scores ranged from 1-6.56 ($M = 3.21$, $SD = 1.35$), with a modal score of 3.78. Scores ranged from 1-6.22 on the avoidant attachment subscale ($M = 2.59$, $SD = 1.15$), with a modal score of 1. The RPCS subscale scores can range from 0-4, with higher scores suggesting higher use of that conflict style. On the compromise subscale, scores ranged from 0.5-4 ($M = 3.11$, $SD = 0.68$), with a modal score of 4. On the avoidance subscale, scores ranged from 0-4 ($M = 2.51$, $SD = 1.10$), with a modal score of 4. On the interactional reactivity subscale, scores ranged from 0-4 ($M = .86$, $SD = .87$), with a modal score of 0. On the separation subscale, scores ranged from 0-4 ($M = 1.80$, $SD = 1.10$), with a modal score of 0. On the domination subscale,

scores ranged from 0-4 ($M = 1.08$, $SD = .93$), with a modal score of 0. Lastly, scores on the submission subscale ranged from 0-4 ($M = 1.58$, $SD = 1.00$), with a modal score of 1.20. See Table 1 for descriptive statistics for variables of interest.

Preliminary Analyses

Prior to addressing the hypotheses of the current study, the identified variables were assessed for normality. For the purposes of this study, measures were assessed for normality with total scores and/or with their subscales. This was done to ensure that the variables of interest met assumptions of normality which allowed for use in the primary analyses. Results demonstrated that the interpersonal trauma variable derived from the LSC-R was non-normal (skewness = 1.57, kurtosis = 2.48). The skewed and kurtotic nature of this data was in part due to the inclusion of zeros (14%); however, the decision to include zeros in analyses is founded in previous studies on exposure to violence (McLean et al., 2014). Trauma exposure is often skewed or bimodal, therefore not including zeros may artificially alter the nature of the observed data. A square root transformation was used to resolve the non-normality of this variable (skewness = .341, kurtosis = -.536 after data transformation). Both variables were assessed in the preliminary analyses, and due to the only minor differences in results (See Table 2), the nature of the data, and the robust nature of SEM to handle non-normality (Brown, 2006), the interpersonal trauma variable was utilized in its original state. Several authors have noted that a skew of $-/+2$ can be accepted as normal distribution (George & Mallery, 2010; Gravetter & Wallnow, 2012) and when utilizing SEM, acceptable skewness and kurtosis are $-/+3$ and $-/+10$, respectively (Brown, 2006). Thus, the original LSC-R data fall within these guidelines.

Regarding attachment, both anxious attachment (skewness = .227, kurtosis = -.824) and avoidant attachment (skewness = .753, kurtosis = .078) subscales were normally distributed. All

six RPCS subscales were normally distributed: compromise (skewness = $-.818$, kurtosis = $.650$), avoidance (skewness = $-.336$, kurtosis = $-.808$), separation (skewness = $-.145$, kurtosis = $-.993$), interactional reactivity (skewness = 1.17 , kurtosis = $-.780$), domination (skewness = $.641$, kurtosis = $-.255$), and submission (skewness = $.337$, kurtosis = $-.557$). Further, the ARM total score was normally distributed (skewness = $.733$, kurtosis = $-.997$).

Missing data for study variables ranged from 0.3% ($N = 1$, i.e., LSC-R, ECR avoidance subscale) to 0.5% ($N = 2$, i.e., RPCS avoidance subscale). Four total participants (1%) had missing data, each on separate items. Researchers have proposed handling missing data when proportions are above 10% (Dong & Peng, 2013). Given the notably low proportion of missing data in this sample, no additional corrections were made.

Demographic variables were analyzed for associations with study outcomes. There were no mean differences between sexual orientation, race/ethnicity, level of current education, and all romantic partner conflict subscales (See Table 3). Regarding gender, there was a significant difference in submission scores, with men ($M = 1.81$, $SD = 0.89$) reporting significantly greater usage of submission strategies than women ($M = 1.46$, $SD = 1.03$, $p = .002$). Further, there was a significant difference in compromise, interactional reactivity, and submission scores for religion. Given the number of religious groups that had few participants endorse affiliation, religious groups were condensed into Christian, Latter Day Saints, Catholic, Agnostic, Other, and None. Specifically, individuals who reported no religious affiliation ($M = 2.94$, $SD = 0.71$) reported significantly lower use of compromise than individuals who identified as Agnostic ($M = 3.38$, $SD = 0.60$, $p = .020$) and members of the Church of Jesus Christ of Latter Day Saints ($M = 3.26$, $SD = 0.62$, $p = .007$). There were no significant differences reported in posthoc multiple comparison tests for interactional reactivity or submission. Significant negative associations

emerged between age and three romantic partner conflict subscales: compromise, interactional reactivity, and submission. There was also a significant negative association between income and submission (See Table 4).

Relationship variables were also assessed. Relationship status (i.e. not married vs. married) was not significantly correlated with any of the romantic partner conflict subscales. Whether the participant was living with their significant other or not was also not significantly correlated with any of the conflict subscales. Relationship length was significantly negatively associated with compromise, $r(365) = -.248, p < .001$, and avoidance, $r(363) = -.137, p = .009$ and positively associated with interactional reactivity, $r(365) = .156, p = .003$.

Associations between study variables were assessed and many variables were associated with one another in the expected directions (See Table 2). Anxious and avoidant attachment were significantly positively correlated and interpersonal trauma was significant positively correlated with both anxious and avoidant attachment. Anxious attachment was significantly positively correlated with interactional reactivity, submission, domination, and separation, and negatively correlated with compromise. Avoidant attachment was significantly positively correlated with interactional reactivity, submission, domination, and separation, and negatively correlated with compromise. Interpersonal trauma was only significantly associated with interactional reactivity and separation. Further, there were significant associations between all RPCS subscales; however, the avoidance subscale was only significantly associated with submission. An exploratory analysis found that religiousness was negatively associated with interpersonal trauma, anxious and avoidant attachment, interactional reactivity, and positively associated with compromise. (See Table 2).

There were several significant associations among demographic variables and study outcomes. Given that no hypotheses about covariates were made for this study, the original hypothesized model was evaluated. An alternative model including covariates was also evaluated to assess for model fit and to compare models.

Primary Analyses

Study hypotheses were evaluated using structural equation modeling (SEM). SEM is used to simultaneously test associations among multiple predictor and outcome variables. This method also allows for the estimation of error terms for observed variables, and the evaluation of measurement models for latent or unobserved variables included in the analysis. Given that the analyses included one unobserved construct (i.e., insecure attachment), structural equation modeling offers the ability to evaluate a measurement model for this latent variable. Before examining the structural model, a confirmatory factor analysis was conducted to identify the measurement model that is theoretically specified. Next, the structural model examined the prediction of significant associations among interpersonal trauma, insecure attachment, and all 6 conflict management strategies (i.e. domination, interactional reactivity, submission, separation, avoidance, and compromise).

Fit indices were examined to determine model fit. Fit indices that are commonly examined include the Chi Square test of model fit (χ^2), Comparative Fit Index (CFI), Non-Normed Fit Index/Tucker Lewis Index (TLI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Square Mean Residual (SRMR; Hooper et al., 2008; Kline, 2005). The chi-square test of model fit assesses the overall fit and the discrepancy between the observed values and expected values given the model; however, this statistic is not a standalone measure due to its' sensitivity to sample size. The CFI compares the fit of the target

model to the fit of the baseline or null model (which assumes no correlations between observed variables), while being insensitive to sample size. The TLI also compares the chi-square value of the model to the chi-square value of the null or baseline model but accounts for degrees of freedom and prefers parsimony. The RMSEA assesses the discrepancy between the target model, with optimally chosen parameter estimates, and the population covariance matrix. The SRMR assesses the square-root of the difference between the residuals of the sample covariance matrix and the hypothesized model. The following recommended cutoffs are suggested in order to determine good model fit: $\chi^2, p > .05$; CFI $\geq .90$; TLI $\geq .95$; RMSEA $< .08$, SRMR $< .08$ with values closer to zero representing good fit for the latter two indices (Hooper et al., 2008; Kline, 2005).

Measurement Model

Prior to examining the structural model, a confirmatory factor analysis was conducted to identify and assess the model that is theoretically specified. This step tested the prediction that the observed variables of anxious and avoidant attachment would load onto the common factor of insecure attachment (hypothesis 1). Given that the predicted model had one latent factor with only two observed variables, the measurement model that was produced had negative degrees of freedom and could not be evaluated. I then parceled the two observed variables into four variables by calculating two subscales for anxious attachment and avoidant attachment, a common practice in confirmatory factor analysis (Little et al., 2013). These calculations were made by randomly selecting an equal number of items from each subscale to create the new subscales (i.e., anxious attachment 1, anxious attachment 2, avoidant attachment 1, avoidant attachment 2). The new measurement model was run with these four indicators.

Based on the initial analysis of model fit with four indicators for Insecure Attachment, the measurement model had poor fit to the observed data ($\chi^2 (2) = 453.69, p < .001$; RMSEA = .79; CFI = .64, TLI = -.09; SRMR = .17). Two model modifications were supported based on theory and modification indices. Specifically, the error terms of the parceled observed variables of anxious attachment 1 and anxious attachment 2 were significantly correlated, and the error terms of the parceled observed variables of avoidant attachment 1 and avoidant attachment 2 were significantly correlated. The model was rerun with only the first modification provided by the modification indices (correlation error terms of anxious attachment 1 and anxious attachment 2) in order to avoid producing a model with zero degrees of freedom that could not be evaluated. The resulting measurement model demonstrated excellent fit to the data ($\chi^2 (1) = 1.83, p = .176$; RMSEA = .05; CFI = 1.00, TLI = 1.00; SRMR = .004). The latent variable of insecure attachment was significantly represented by observed indicators (all at $p < .001$) with standardized coefficients ranging from .46 to .98. See Table 5 for the factor loadings of the measurement model and Figure 4 for a visual representation of the measurement model.

Structural Model

The hypothesized structural model tested the predictions that interpersonal trauma and attachment would be positively associated (hypothesis 2); that interpersonal trauma would be positively associated with domination, interactional reactivity, submission, separation, and avoidance (hypotheses 3-7); interpersonal trauma would be negatively associated with compromise (hypothesis 8); insecure attachment would be positively associated with domination, interactional reactivity, submission, separation, and avoidance (hypotheses 9-13; and insecure attachment would be negatively associated with compromise (hypothesis 14). This model demonstrated poor fit to the observed data ($\chi^2 (37) = 267.67, p < .001$; RMSEA = .13; CFI = .86,

TLI = .80; SRMR = .09). See Table 6 for structural model description and Figure 5 for a visual representation of the model.

Theoretically derived correlations were selected from modification indices in order to examine changes in model fit. Specifically, error terms of avoidant attachment 1 and avoidant attachment 2 continued to be significantly correlated. Compromise was significantly correlated with interactional reactivity, domination, and both error terms for avoidant attachment variables. Further, interactional reactivity was significantly correlated with domination and separation, and domination was significantly correlated with separation. Therefore, I tested an alternative model including these modifications: correlating error terms of avoidant attachment 1 and 2, correlating compromise with interactional reactivity, domination, and both error terms for avoidant attachment variables, correlating interactional reactivity with domination and separation, and correlating domination with separation. The resulting structural model demonstrated excellent fit to the observed data ($\chi^2(29) = 38.84, p = .105$; RMSEA = .03; CFI = .99, TLI = .99; SRMR = .03). The original structural model described above was then compared to the alternative model using chi-square. The computed difference in chi-square statistics from the alternative model and the original model (chi square difference: $\chi^2(8) = 228.83, p < .05$) was compared to 15.51 (the chi-square cut-off value for a difference in 8 degree of freedom), and indicated a significant difference in the models. Results for the alternative model demonstrate significantly better fit than the hypothesized model.

In this model, insecure attachment and interpersonal trauma were significantly associated, as hypothesized (hypothesis 2). Further, hypotheses (9-10, 12-14) that insecure attachment would predict greater interactional reactivity, domination, submission, separation, and lower compromise styles of conflict was supported. Neither insecure attachment nor interpersonal

trauma were significantly associated with avoidance styles of conflict (hypotheses 5, 8). Further, interpersonal trauma did not predict compromise, interactional reactivity, or separation styles of conflict management (hypotheses 4, 7, 8). There were significant associations between interpersonal trauma and domination and submission in opposite directions than what was predicted (hypothesis 3, 6); however, these associations were weak. See Table 7 for structural model description and Figure 6 for a visual representation of the model.

Inclusion of Covariates

Preliminary analysis demonstrated that demographic variables of gender, age, income, and relationship length were significantly correlated with one or several of the RPCS conflict variables. Specifically, gender and income were associated with submission, age was associated with compromise, interactional reactivity, and submission, and relationship length was associated with compromise, interactional reactivity, and avoidance. For the purpose of this model, gender was used as a binary variable examining only those who identified as men or women. An alternative model was assessed while controlling for these associations and demonstrated poor fit to the data ($\chi^2 (65) = 173.06$, $p < .001$; RMSEA = .07; CFI = .94, TLI = .91; SRMR = .06). Of note, when covariates were included in the model, age and income were no longer associated with RPCS conflict variables. Thus, further analyses excluded age and income from the model. Two model modifications were supported based on theory and modification indices. Specifically, submission and avoidance were significantly correlated. Further, gender was significantly associated with interpersonal trauma. The model was rerun without age and income and with the modifications and continued to demonstrate less than desirable fit ($\chi^2 (45) = 82.05$, $p = .001$; RMSEA = .05; CFI = .98, TLI = .97; SRMR = .04).

However, overall fit improved, and aside from the chi square test, all other fit indices fell within acceptable ranges.

The parameter estimates for this model did not significantly differ from the model that did not account for covariates. Two differences emerged, such that interpersonal trauma was significantly associated with compromise in the opposite direction than expected, and that interpersonal trauma no longer had a significant negative association with submission. See Table 8 for structural model description and Figure 7 for a visual representation.

Exploratory Analysis: Assessing Religion

Religion was a demographic variable that demonstrated significant associations with several RPCS subscales. Specifically, scores on compromise, interactional reactivity, and submission significantly differed among religious groups. These associations were controlled for within the alternative model. Due to the nominal nature of the religion variable, dummy variables were created for each religious group and controlled for in the model. This model demonstrated less than desirable fit ($\chi^2 (76) = 137.15, p < .001$; RMSEA = .05; CFI = .97, TLI = .95; SRMR = .05). However, all fit indices aside from chi-square were within acceptable ranges. Inclusion of religion did not significantly alter parameter estimates in the overall model. See Table 9 for structural model description and Figure 8 for a visual representation (parameter estimates for religion that could not fit in the model are in Table 9).

CHAPTER FOUR

Discussion

This study examined associations between interpersonal trauma, adult attachment, and conflict management styles. It was the first study to date to examine the variables of interest together in one model, and one of the first to assess interpersonal trauma broadly when examining these associations in college students in established romantic relationships. College student populations have been previously described as “at-risk” for various forms of interpersonal trauma. Specifically, research including samples from 19 colleges reported that 54% of male and female college students had experienced psychological, physical, or sexual violence in the previous 12 months (Sabina & Straus, 2008). Findings from the current study indicate a high prevalence of lifetime interpersonal trauma, with 85% of the sample reporting at least one experience of interpersonal trauma. Further, the sample indicated a wide range of experiences of interpersonal trauma including witnessing violence, experiencing neglect or emotional abuse, or experiencing physical or sexual violence. Approximately 39% of the sample reported experiencing sexual abuse during their lifetime, with 26.8% reporting experiencing this during childhood and 27.6% during adulthood. These findings corroborate previous work regarding the prevalence of sexual violence, primarily among women (10-30%; Krebs et al., 2016). The high frequency and reports of multiple forms of interpersonal trauma support the literature that college students are an at-risk population for interpersonal trauma exposure and related outcomes (Boyras & Waits, 2018), and extends the literature by showing that the vast majority of college students at a northwestern US institution experienced at least one type of interpersonal trauma throughout their lifetime.

In addition to trauma, this sample was also assessed for attachment style and conflict management styles. Attachment was assessed on continuums of anxious and avoidant attachment. Previous work in college samples showed a mean anxious attachment score of 3.01 and mean avoidant attachment score of 2.38 (MacDonald et al., 2019). The mean attachment scores for this sample (anxious attachment = 3.21, avoidant attachment = 2.59) are consistent with past work and previous norms of samples described by the authors of the measure (N= 17,000, Fraley, 2012). Conflict management styles were also assessed in this sample. Previous work utilizing the RPCS is sparse; however, MacDonald and colleagues (2019) reported mean scores for all six styles from their college sample: compromise (5.79), avoidance (4.88), interactional reactivity (2.27), separation (3.30), domination (3.32), and submission (3.03). Mean scores in the current sample were notably lower: compromise (3.11), avoidance (2.51), interactional reactivity (.86), separation (1.80), domination (1.08), and submission (1.58). These lower mean scores in the study sample may have impacted results (see below for discussion of Hypotheses 3-8).

Regarding study hypotheses, hypothesis one asserted that anxious and avoidant attachment subscales would significantly load onto the common factor of insecure attachment. After parceling out each subscale in order to increase degrees of freedom and to evaluate model fit and accounting for correlations between the error terms of anxious attachment parceled subscales, this hypothesis was supported by the data and replicated previous research assessing insecure attachment as a latent factor with ECR-R subscales in a sample of women (Weston, 2008). These findings extend previous work by examining the latent factor in a sample of men and women, suggesting that insecure attachment is a construct that holds across the gender binary. The sample also consisted of a small portion of individuals who identified as non-binary

or transgender; however, given the small sample size conclusions could not be reached for these subsamples and future research should examine insecure attachment in these populations specifically.

The remaining hypotheses were related to the study's proposed structural model. Subsequent to the development of a strong measurement model, the hypothesized structural model was assessed and demonstrated poor fit to the data. Poor model fit was in part due to the significant associations supported by theory and modification indices that were not estimated in the hypothesized model: associations between error terms of parceled avoidant attachment subscales, associations between several of the conflict style outcomes, and associations between compromise and the error terms of the avoidant attachment subscales. Once these parameters were estimated in the model it demonstrated good fit to the data and the remaining hypotheses were evaluated. Hypothesis 2 was supported in this model, demonstrating a significant association between interpersonal trauma and insecure attachment, such that individuals who reported greater experiences of interpersonal trauma also reported greater insecure attachment. This association supports the extant literature's findings that higher rates of interpersonal trauma result in greater insecure attachment (Bistricky et al., 2017; Elwood & Williams, 2007; Fowler et al., 2013; Wiltgen et al., 2015).

Hypotheses 3-8 posited that interpersonal trauma would be significantly associated with conflict management styles. Specifically, the hypothesis that interpersonal trauma would be negatively associated with compromise was not supported (hypothesis 8). Further, hypotheses that interpersonal trauma would be positively associated with avoidance, interactional reactivity, separation, domination, and submission was also not supported (hypotheses 3-7). Significant associations emerged such that interpersonal trauma predicted domination and submission scores

in opposite directions than expected. Although these associations were weak, it is possible that when accounting for all other significant associations (i.e. interpersonal trauma and attachment, associations between conflict management subscales), the expected effects of interpersonal trauma are reversed. Based on the current study's results, it is possible that interpersonal trauma does not predict normative conflict management styles in college samples. Within the current sample, levels of conflict management styles were generally low, and these numbers were lower than other college samples (MacDonald et al., 2019). A lack of variability in conflict management subscale scores may have also contributed to the lack of significant associations between interpersonal trauma and conflict management styles. Future researchers may want to adapt study procedures to ensure they are collecting conflict management data with greater variability, and perhaps in clinical samples where conflict management is of concern.

Hypotheses 9-14 asserted that insecure attachment would significantly predict conflict management styles. In particular, the hypothesis that insecure attachment would be negatively associated with compromise was supported (hypothesis 14). Further, the hypotheses that insecure attachment would be positively associated with interactional reactivity, separation, domination, and submission was supported (hypotheses 9-10 & hypotheses 12-13), suggesting that these conflict management styles are areas to consider in conflict research as well as in clinical work with insecurely attached individuals. Insecure attachment was not significantly associated with conflict avoidance (hypothesis 11), a finding that parallels work done by MacDonald and colleagues (2019) but is in contrast with previous studies using different conflict management measures (Shi, 2003). The avoidance subscale on the RPCS strictly assesses the act of avoidance of conflict or disagreements, while Shi (2003) utilized a measure originally created to evaluate organizational conflict (The Rahim Organizational Conflict Inventory-II; Rahim, 1983). In

addition to items regarding avoiding conflict, this measure included items that also assessed avoiding encounters, unpleasant exchanges, as well as avoiding conflict in order to preserve feelings. It is possible that these measures are assessing slightly different concepts relating to avoidance, and the contrast in findings suggests that researchers thoroughly evaluate measures prior to choosing them for studies. Further, although previous authors examined anxious and avoidant attachment as separate constructs (MacDonald et al., 2019), similar findings were demonstrated regarding associations between insecure attachment and all conflict styles, further supporting the use of insecure attachment as a latent construct. While there are conceptual differences in the varying styles of insecure attachment, these styles may often co-occur, or result in similar outcomes. This may indicate some generalizability for individuals who are insecurely attached and could allow for more parsimonious models in further research when examining attachment.

The last hypothesis was in regard to the complete structural model of insecure attachment and interpersonal trauma explaining the nature of conflict management styles. While the overall model had good fit, only insecure attachment significantly predicted conflict management styles, suggesting a particularly important role of attachment style in conflict management within romantic relationships. Specifically, attachment style should be a key area of focus for intervention when conflict in relationships is a concern and should be considered in conflict management research. An earlier study demonstrated an indirect effect of interpersonal trauma frequency on interpersonal competence (a measure that included management of interpersonal conflict), through an individual's avoidant attachment (Bistricky et al., 2017). Given the significant association between interpersonal trauma and insecure attachment, it is possible that interpersonal trauma would have an indirect effect on conflict management through insecure

attachment. Future studies should examine these associations. In particular, utilizing a longitudinal design could establish directionality in these associations, further identifying areas for prevention (e.g. interpersonal trauma) and intervention (e.g. attachment and conflict in relationships).

Bivariate correlations and the tested hypothesized model demonstrated significant associations between interpersonal trauma and interactional reactivity; however, when examined in the overall model that accounted for significant correlations between conflict style variables, this association was no longer significant. Much of the literature on conflict related outcomes of interpersonal trauma focuses on more severe forms of conflict, such as interpersonal violence, and specifically intimate partner violence in the context of romantic relationships (Knapp et al., 2017; McClure & Permenter, 2017; O’Keefe, 1998). Interactional reactivity, defined as when partners act aggressively towards each other during conflict, is a style that may parallel behaviors in relationships with intimate partner violence more so than the other conflict styles in this study. It may be possible that experiencing interpersonal trauma has a greater impact on more volatile and aggressive forms of conflict than the normative styles of conflict that the RPCS assesses. Future research should further examine the role interpersonal trauma may have on romantic relationship conflict, as well as possible mechanisms for these associations, such as emotion regulation.

Attachment style has been conceptualized as a way to understand emotion regulation (Mikulincer & Shaver, 2008); however, an individual’s attachment style encompasses much more than how they regulate emotional responses, such as how they relate to themselves and others. Specifically, those with insecure attachment may view themselves as unworthy and unlovable, and view others as untrustworthy and unresponsive (Fraley et al., 2000). As these

mental representations are often employed when an individual is experiencing threat or distress, it is understandable that when conflict arises attachment plays a role in how the conflict is then managed. In particular, these negative mental representations of the self and others may provide more incentive for an individual to act in ways that benefits or protects themselves, such as being more dominating and reactive, or compromising less. Further, they might also cause an individual to engage in conflict management styles that minimize the conflict at their expense, such as submission. An interesting finding of this study was that insecure attachment predicted separation, a conflict style thought to be of neutral valence (Zachilli et al., 2009). In terms of negative outcomes of poor conflict management, this may be a protective factor for individuals with insecure attachment, as separation is an often-recommended method to avoid escalating conflict and prevent violence in relationships (Holtzworth-Munrow et al., 1995). While individuals who endorse utilizing separation during conflict have the intent to return to discussing the conflict when they have “cooled-off”, it is unclear how often this occurs. Future research could examine this in couples who report higher levels of separation, and how this might influence further conflict and overall relationship satisfaction.

Several demographic variables were significantly associated with conflict styles. Specifically, income was negatively associated with submission, age was negatively associated with compromise, interactional reactivity and submission, and relationship length was negatively associated with compromise, and positively associated with interactional reactivity and avoidance. Further, gender was associated with submission, with men reporting greater submission than women. In assessing an alternative model controlling for covariates, hypotheses concerning interpersonal trauma and conflict outcomes continued to have no support; however, a significant association between interpersonal trauma and attachment remained. In addition,

hypotheses regarding attachment and conflict management styles were supported in this model, aside from a significant association with conflict avoidance. When examined in the overall model, gender continued to have a significant association with submission, with men reporting greater submission than women, a finding opposite to that of MacDonald and colleagues (2019). Gender also had a significant association with interpersonal trauma, with women reporting greater frequency of interpersonal trauma than men; a finding that has been replicated in the literature (Iverson et al., 2013; Krebs et al., 2009). Lastly, relationship length continued to be significantly positively associated with interactional reactivity, and negatively associated with compromise and avoidance. This suggests that individuals in longer lasting relationships are at greater risk for more aggressive styles of conflict management. In addition, those earlier in their relationships may be more likely to compromise, but also more likely to avoid conflict.

Controlling for these covariates is important in further understanding the associations among interpersonal trauma, attachment, and conflict management styles. Given the similar results in hypothesis testing among the two models, as well as the poorer fit of the model with covariates, it can be argued that the model without covariates is sufficient in explaining the nature of these associations. This was also seen in the exploratory analyses examining the model with religion, as it had adequate fit, but worse fit than the model without covariates. However, researchers and clinicians may want to consider these demographics as they conduct future research or engage with clients. Assessing for demographics may provide more insight into how conflict may present or evolve in relationships and may assist in identifying specific areas to focus on in treatment or in research.

Preliminary analyses indicated significant differences in religious groups among compromise, interactional reactivity, and submission conflict styles. After controlling for

religion in the overall model, there were no longer significant associations among the religious groups and interactional reactivity. Members of the Church of Latter Day Saints, Christians, Agnostic individuals, Catholics, individuals who were grouped as “other”, and non-religious individuals all reported lower use of submission during conflict. Further, Agnostic individuals, members of the Church of Latter Day Saints, and Catholics reported greater use of compromise. The research examining the role of religion in romantic relationship conflict is nascent; however, some literature suggests that religious teachings can be construed to encourage adaptive or maladaptive methods of conflict resolution within marriage (Mahoney et al., 2001). For example, Judeo-Christian literature encourages partners experiencing marital conflict to acknowledge mistakes, relinquish fears of rejection, disclose vulnerabilities, forgive transgressions, inhibit hostile expressions, and be patient and kind (Giblin, 1993; Stanley et al., 1998). Adhering to these ideals may then facilitate adaptive communication methods (e.g. compromise, empathic listening; Fincham & Bradbury, 1991). This may warrant further research on the role of religion in conflict management in romantic relationships and other relationship outcomes. The current study had small numbers in certain religions groups (e.g. Buddhist, Muslim, Jewish, etc.) and grouped many of these religions into the ‘other’ category. Future research should focus on religion and ensure adequate sample sizes for each religious group to be able to more accurately capture the role religion might play on conflict management.

Implications

Overall, there are several implications for the current study. Given the high rates of interpersonal trauma and wide range of interpersonal trauma experiences in this sample, it may be beneficial to offer greater support on college campuses in the form of psychoeducation, treatment, and other resources regarding experiencing trauma and trauma-related outcomes.

Although interpersonal trauma was not significantly related to conflict management styles in this study, there is a dearth of literature that demonstrates negative outcomes of trauma that may impair the functioning of college students (e.g. mental health, physical health, etc.; Boyraz & Waits, 2018; Freyd et al., 2005; Goldsmith et al., 2012), and additional research is needed to better understand the impact of trauma on conflict management.

In regard to increasing support for survivors of interpersonal trauma on college campuses, providing a safe environment for disclosure is an important step for individuals to explore options and gain access to necessary services. A recent systematic review of the literature identified various factors that have been linked to negative social reactions to disclosures, such as race/ethnicity (i.e. Black and Hispanic), sexual orientation (i.e. bisexual identity), lower education level, and assault characteristics (e.g. alcohol use, relationship with the offender, etc.; Ullman, 2021). This information could be used in clinical work to identify and intervene with survivors in order to reduce psychological impacts of negative reactions to disclosure. Further, recent research has identified that an intervention designed to increase positive reactions and decrease negative reactions to interpersonal trauma disclosures was associated with decreased PTSD symptoms in individuals who subsequently experienced sexual or dating violence (Edwards et al., 2021). Interventions like these could be utilized on college campuses to inform staff, faculty, and even students on appropriate ways to respond to disclosures.

Further, while this sample endorsed low levels of negative conflict management styles, insecure attachment significantly predicted lower usage of compromise, and higher usage of submission, domination, and interactional reactivity. These findings highlight specific skills to incorporate into treatment for individuals or couples who are seeking treatment regarding

relational difficulties. Specifically, interpersonal effectiveness skills from Dialectical Behavior Therapy are used to effectively communicate wants and needs in relationships while balancing respect for the self and the other (Linehan, 2014). The development of these skills allows for greater usage of positive conflict management styles (e.g. compromise) and less usage of negative conflict management styles (e.g. interactional reactivity, dominating, submission, avoidance). During conflicts that begin to escalate, utilizing “time-outs” or separation can be an important strategy to prevent further escalation and violence (Holtzworth-Munrow et al., 1995). The significant association between insecure attachment and separation in this study may suggest a protective factor for these individuals and may be a strategy to capitalize on in treatment in order to prevent more severe forms of conflict.

Positive communication and conflict management strategies characterize healthy relationships (Gottman, 1994) and problems in these areas are among one of the most common reasons for couples to seek treatment. Couples counseling often focuses on strengthening the relationship through emotion-focused work, skill-building, psychoeducation, and increasing positive interactions (Clearly Bradley & Gottman, 2012; Gottman, 1994; Greenberg & Goldman, 2008). While these are important areas of intervention, they may not be sufficient for individuals with histories of interpersonal trauma, betrayal, and attachment disruptions. Specifically, the results of this study may be suggestive of the benefits of utilizing attachment-based treatments in both individual and couples’ therapy when conflict management in romantic relationships is a presenting concern. Interpersonal process (Teyber & Teyber, 2011) is an approach that integrates the individual’s mental representations of self and others and their relational experiences to bring awareness about their current circumstances. It also challenges these internal working models of self and others and provides corrective emotional experiences. Utilizing this in treatment could

facilitate better understanding of how attachment influences their communication and conflict management styles within relationships, as well as providing a model for trusting relationships. There is a lack of empirical work examining interpersonal process in treatment; however, studies have demonstrated that when research assistants utilized aspects of interpersonal process with participants, such as high responsiveness, it significantly increased feelings of closeness in high fear-of-intimacy individuals (Manbeck et al., 2020). Future studies should continue investigating the effectiveness of interpersonal process interventions.

Given that interpersonal trauma experiences were significantly associated with insecure attachment for individuals in romantic relationships, trauma-related interventions in the context of couples' treatment may also be beneficial. Cognitive-Behavioral Conjoint Therapy is a manualized treatment for PTSD delivered in couple therapy format that is designed to simultaneously reduce trauma-related symptoms and build relationship satisfaction. There are three phases of treatment that focus on establishing rationale for the treatment and creating safety within the relationship, learning skills to combat experiential avoidance and enhance communication, and then addressing core beliefs that maintain trauma-related symptoms and relationship problems. Randomized control trials have demonstrated that this treatment is efficacious in decreasing trauma-related symptoms and increasing relationship satisfaction (Monson et al., 2012)

Limitations

There are several important limitations regarding this study. The first limitation is that the present study relied on retrospective data. Much like other types of self-report, retrospective data is subject to biased reporting. Specifically, this type of data collection is dependent on the individual's ability to accurately recall and report details surrounding historic events. The current

study also relied on participant's reports of many details concerning their previous experiences (e.g., interpersonal trauma experiences) that sometimes occurred during childhood. In addition, self-report studies may increase risk for social-desirability bias, a tendency to respond to items in a favorable manner (Krumpal, 2013). These reporting limitations may have impacted the accuracy of the results. A second limitation is that the study relied on a correlational and cross-sectional design; as such, it cannot infer causality or ascertain temporal relationships. Future research could address both issues by using a longitudinal design.

Data collection for this study occurred during the COVID-19 pandemic. This posed unique challenges for empirical research and online data collection in social sciences. Peyton et al. (2020) examined the generalizability of COVID-19-era research through 33 replications of 12 pre-pandemic designs and found that pre-pandemic studies replicated in expected directions and significance; however, at somewhat reduced magnitudes. One explanation for this is the potential increased share of inattentive participants during this time, which may have contributed to decreased effect sizes. While this study included attention checks, it is still possible that the changed landscape of online education and research influenced the ways in which participants responded, and the magnitudes of effects may have been dampened. A future replication study, once schools have returned to in-person norms and college students' lives are no longer significantly impacted by the pandemic, would be highly beneficial.

Another limitation of the current study is its generalizability. Individuals in the study were from one university in a northwestern state, which may have resulted in a unique subsample of the college population. For instance, this university sample was largely representative of the regional population and was primarily White/Caucasian. This study utilized a convenience sample of college-level individuals who were functioning well enough to attend university; thus,

results may not be generalizable to individuals who have not had the opportunity to pursue higher education. Moreover, although the current study will add to the dearth of literature on college samples, it is unclear if the findings will generalize to other populations, such as community or clinical samples. Future studies should be conducted to clarify whether similar results would be demonstrated for individuals who are not in college or who are in treatment.

Conclusion

It is important that researchers continue to empirically evaluate the needs of college students in order to guide best practice in resources regarding areas of prevention, assessment, and intervention. The current study supported assessing insecure attachment as a latent construct and demonstrated significant relationships between interpersonal trauma and insecure attachment, as well as between attachment and conflict management styles. Data from this sample suggest that interpersonal trauma is associated with higher levels of insecure attachment; and insecure attachment is associated with lower levels of compromise and higher interactional reactivity, submission, domination, and separation. These associations were unchanged when controlling for demographic covariates of age, gender, income, relationship length, and religion.

Overall, these findings highlight the importance of understanding the development of relational difficulties among college students. Specifically, this study highlights the complex associations between lifetime interpersonal trauma and insecure attachment, and their roles in positive and negative conflict management styles, and the importance of investigating these complex associations simultaneously. A better understanding of these associations may aid in the increased availability of effective treatments on college campuses, as well in the development and empirical evaluation of more efficacious treatments in order to minimize negative outcomes of trauma and insecure attachment among this at-risk population.

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Appendix A: Tables

Table 1

Descriptive statistics for variables of interest

Variable	<i>M</i>	<i>SD</i>	<i>α</i>	<i>n</i>	Skew	Kurtosis
<u><i>LSC- IPT Total Score</i></u> (12 items)	11.91	13.17	.84	364	1.57	2.48
<u><i>ECR Subscales:</i></u>						
Anxious Attachment (18 items)	3.21	1.35	.93	365	.227	-.824
Avoidant Attachment (18 items)	2.59	1.15	.94	364	.753	.078
<u><i>RPCS Subscales:</i></u>						
Compromise (14 items)	3.11	0.68	.93	365	-.818	.650
Avoidance (3 items)	2.51	1.10	.86	363	-.336	-.808
Interactional Reactivity (6 items)	.86	.87	.86	365	1.17	.780
Submission (5 items)	1.58	1.00	.90	365	.337	-.557
Domination (6 items)	1.08	0.93	.89	365	.641	-.255
Separation (5 items)	1.80	1.10	.90	365	-.145	-.993
<u><i>ARM Total Score</i></u> (24 items)	11.14	4.97	.92	365	.373	-.997

Note. LSCR- IPT= Life Stressors Checklist-Revised interpersonal trauma, ECR= Experiences in Close Relationships, RPCS= Romantic Partner Conflict Scale, ARM= Abbreviated Religiousness Measure

Table 2

Associations among variables of interest

Variable	1	2	3	4	5	6	7	8	9	10
1. LSCR- IPT	-	-	-	-	-	-	-	-	-	-
2. LSCR- IPT	-	-	-	-	-	-	-	-	-	-
Transformed										
3. ECR- Anxious	.256***	.271***	-	-	-	-	-	-	-	-
4. ECR- Avoidant	.192***	.187***	.492***	-	-	-	-	-	-	-
5. RPCS- Compromise	-.092	-.078	-.336***	-.525***	-	-	-	-	-	-
6. RPCS- Avoidance	-.048	-.064	-.001	.053	.078	-	-	-	-	-
7. RPCS- Interactional	.186***	.184***	.372***	.356***	-.578***	-.093	-	-	-	-
Reactivity										
8. RPCS- Submission	.094	.046	.287***	.253***	-.276***	.214**	.336***	-	-	-
9. RPCS- Domination	.006	-.011	.207***	.191***	-.369***	-.022	.462***	.196***	-	-
10. RPCS- Separation	.110*	.102	.217***	.182***	-.204***	.030	.309***	.226***	.232***	-
11. ARM- Total	-.240***	-.261***	-.162**	-.149**	.167**	.039	-.121*	.073	.034	-.081

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. LSCR- IPT= Life Stressors Checklist-Revised interpersonal trauma, ECR= Experiences in Close Relationships, RPCS= Romantic Partner Conflict Scale, ARM= Abbreviated Religiousness Measure

Table 3

Associations among socio-demographic variables and variables of interest

Variables	<i>F</i>	df	<i>p</i>
Gender			
RPCS- Compromise	.718	4, 364	.580
RPCS- Avoidance	1.14	4, 362	.339
RPCS- Interactional Reactivity	.756	4, 364	.555
RPCS- Submission	3.13*	4, 364	.015
RPCS- Domination	.660	4, 364	.620
RPCS- Separation	.131	4, 364	.971
Sexual Orientation			
RPCS- Compromise	1.12	5, 364	.352
PCS- Avoidance	.800	5, 362	.550
RPCS- Interactional Reactivity	.772	5, 364	.571
RPCS- Submission	.621	5, 364	.684
RPCS- Domination	1.28	5, 364	.272
RPCS- Separation	.035	5, 364	.999
Religion			
RPCS- Compromise	4.08**	5, 364	.001
RPCS- Avoidance	1.64	5, 362	.148
RPCS- Interactional Reactivity	2.57*	5, 364	.027
RPCS- Submission	2.75*	5, 364	.047
RPCS- Domination	1.09	5, 364	.366
RPCS- Separation	1.24	5, 364	.288
Level of Education			
RPCS- Compromise	.938	4, 364	.442
RPCS- Avoidance	1.16	4, 362	.330
RPCS- Interactional Reactivity	.739	4, 364	.566
RPCS- Submission	1.16	4, 364	.327
RPCS- Domination	.621	4, 364	.648
RPCS- Separation	.445	4, 364	.776
Race/Ethnicity			
RPCS- Compromise	1.461	7, 364	.180
RPCS- Avoidance	.995	7, 362	.434
RPCS- Interactional Reactivity	.842	7, 364	.553
RPCS- Submission	.569	7, 364	.781
RPCS- Domination	1.70	7, 364	.107
RPCS- Separation	1.57	7, 364	.142

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4

Associations among age and income and variables of interest

Variables	<i>r</i>	<i>p</i>
Age		
RPCS- Compromise	-.196***	< .001
RPCS- Avoidance	-.094	.073
RPCS- Interactional Reactivity	-.160**	.002
RPCS- Submission	-.105*	.046
RPCS- Domination	.032	.548
RPCS- Separation	.065	.216
Income		
RPCS- Compromise	.008	.880
RPCS- Avoidance	-.007	.898
RPCS- Interactional Reactivity	-.080	.126
RPCS- Submission	-.135*	.010
RPCS- Domination	.008	.880
RPCS- Separation	.034	.515

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 5

Measurement model

Measurement Model Description	Estimate	S.E.	Est./S.E.	<i>p</i> -value
Insecure Attachment By:				
Anxious Attachment 1	.46	.04	10.55	< .001
Anxious Attachment 2	.52	.04	12.77	< .001
Avoidant Attachment 1	.98	.02	42.88	< .001
Avoidant Attachment 2	.90	.02	38.58	< .001

$\chi^2(1) = 1.83, p = .18$

RMSEA = .05 (90% CI = .00 - .16)

CFI = 1.00; TLI = 1.00

Note. Estimates are standardized

Table 6

Hypothesized Structural Model

Structural Model Description	Estimate	S.E.	Est./S.E.	<i>p</i> -value
Insecure Attachment				
Compromise	-.57	.04	-14.51	< .001
Interactional Reactivity	.39	.05	8.23	< .001
Submission	.15	.06	2.72	.006
Domination	.24	.05	4.57	< .001
Separation	.19	.05	3.61	< .001
Avoidance	.05	.05	.85	.396
Interpersonal Trauma				
Compromise	.03	.05	.73	.464
Interactional Reactivity	.10	.05	2.00	.045
Submission	-.07	.05	-1.34	.189
Domination	-.06	.05	-1.11	.265
Separation	.06	.05	1.21	.225
Avoidance	-.06	.05	-1.10	.271
Interpersonal Trauma with Insecure Attachment	.95	.27	3.47	.001

$\chi^2(37) = 267.67, p < .001$

RMSEA = .13 (90% CI = .12 - .15)

CFI = .86; TLI = .80

Note. Estimates are standardized

Table 7

Alternative Structural Model

Structural Model Description	Estimate	S.E.	Est./S.E.	<i>p</i> -value
Insecure Attachment				
Compromise	-.48	.06	-7.60	< .001
Interactional Reactivity	.54	.06	9.31	< .001
Submission	.22	.07	3.29	.001
Domination	.32	.07	4.94	< .001
Separation	.27	.07	3.96	< .001
Avoidance	.01	.07	.08	.935
Interpersonal Trauma				
Compromise	.07	.05	1.31	.190
Interactional Reactivity	-.01	.06	-.18	.860
Submission	-.12	.06	-2.02	.044
Domination	-.12	.06	-2.14	.033
Separation	.01	.06	.20	.843
Avoidance	-.05	.06	-.89	.374
Interpersonal Trauma with Insecure Attachment	.35	.06	6.01	< .001

$\chi^2(29) = 38.84, p = .105$

RMSEA = .03 (90% CI = .00 - .05)

CFI = .99; TLI = .99

Note. Estimates are standardized

Table 8

Alternative Structural Model with Covariates

Structural Model Description	Estimate	S.E.	Est./S.E.	<i>p</i> -value
Insecure Attachment				
Compromise	-.55	.06	-9.28	< .001
Interactional Reactivity	.62	.06	10.75	< .001
Submission	.49	.06	8.30	< .001
Domination	.36	.07	5.43	< .001
Separation	.31	.07	4.65	< .001
Avoidance	-.00	.07	.01	.993
Interpersonal Trauma				
Compromise	.15	.05	2.87	.004
Interactional Reactivity	-.08	.06	-1.44	.150
Submission	-.11	.06	-1.82	.069
Domination	-.15	.06	-2.62	.009
Separation	-.02	.06	-.26	.797
Avoidance	-.03	.06	-.52	.604
Interpersonal Trauma with Insecure Attachment	.37	.06	6.20	< .001

$\chi^2(45) = 82.05, p = .001$

RMSEA = .05 (90% CI = .03 - .06)

CFI = .98; TLI = .97

Note. Estimates are standardized

Table 9

Alternative Structural Model Controlling for Religion

Structural Model Description	Estimate	S.E.	Est./S.E.	p-value
Insecure Attachment				
Compromise	-.50	.06	-7.92	< .001
Interactional Reactivity	.57	.06	9.43	< .001
Submission	.45	.06	7.26	< .001
Domination	.35	.07	5.34	< .001
Separation	.31	.07	4.54	< .001
Avoidance	.01	.07	.10	.922
Interpersonal Trauma				
Compromise	.09	.05	1.80	.072
Interactional Reactivity	-.02	.06	-.34	.738
Submission	-.05	.06	-.87	.384
Domination	-.14	.06	-2.35	.019
Separation	-.01	.06	-.10	.917
Avoidance	-.05	.06	-.89	.373
Interpersonal Trauma with Insecure Attachment	.36	.06	5.99	< .001
Christian				
Compromise	.18	.12	1.55	.121
Interactional Reactivity	.06	.12	.55	.582
Submission	-.37	.13	-2.82	.005
Catholic				
Compromise	.21	.11	1.97	.049
Interactional Reactivity	.05	.11	.49	.622
Submission	-.29	.12	-2.44	.015
Latter Day Saints				
Compromise	.32	.14	2.23	.026
Interactional Reactivity	.05	.14	.32	.752
Submission	-.32	.16	-1.98	.047
Agnostic				
Compromise	.26	.09	2.80	.005
Interactional Reactivity	-.05	.10	-.54	.590
Submission	-.37	.11	-3.52	< .001
Other				
Compromise	.10	.09	1.13	.257
Interactional Reactivity	.05	.09	.56	.573
Submission	-.20	.08	-2.10	.038
None				
Compromise	.17	.14	1.24	.214
Interactional Reactivity	.16	.14	1.18	.237
Submission	-.43	.15	-2.83	.005

$\chi^2(76) = 137.14, p < .001$

RMSEA = .05 (90% CI = .03 - .06)

CFI = .97; TLI = .95

Note. Estimates are standardized. See Figure 8 for remaining parameter estimates.

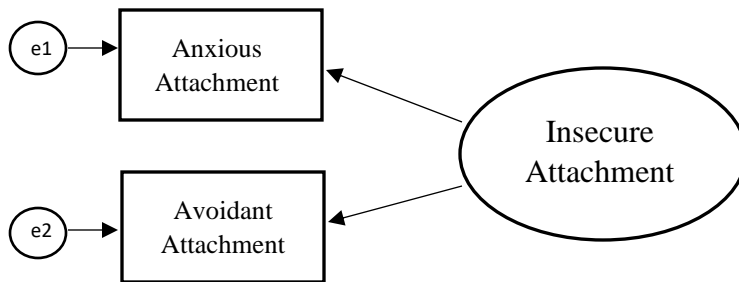
Appendix B: Figures

Figure 1. Hypothesized measurement model.

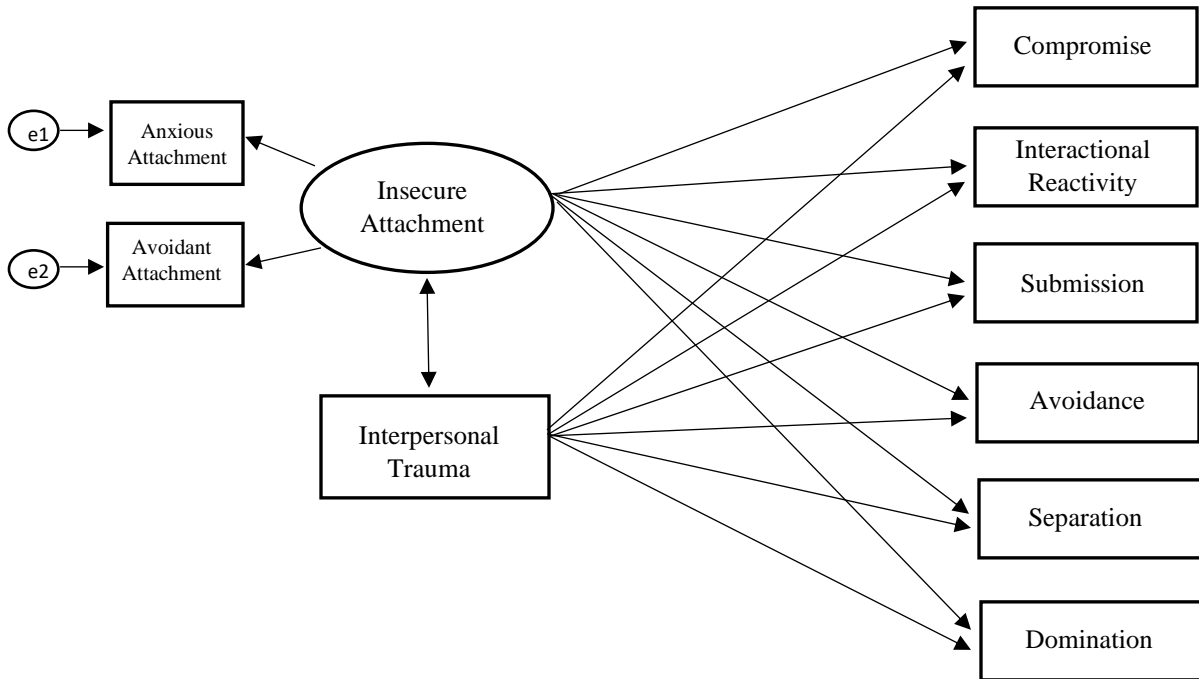


Figure 2. Hypothesized structural model.

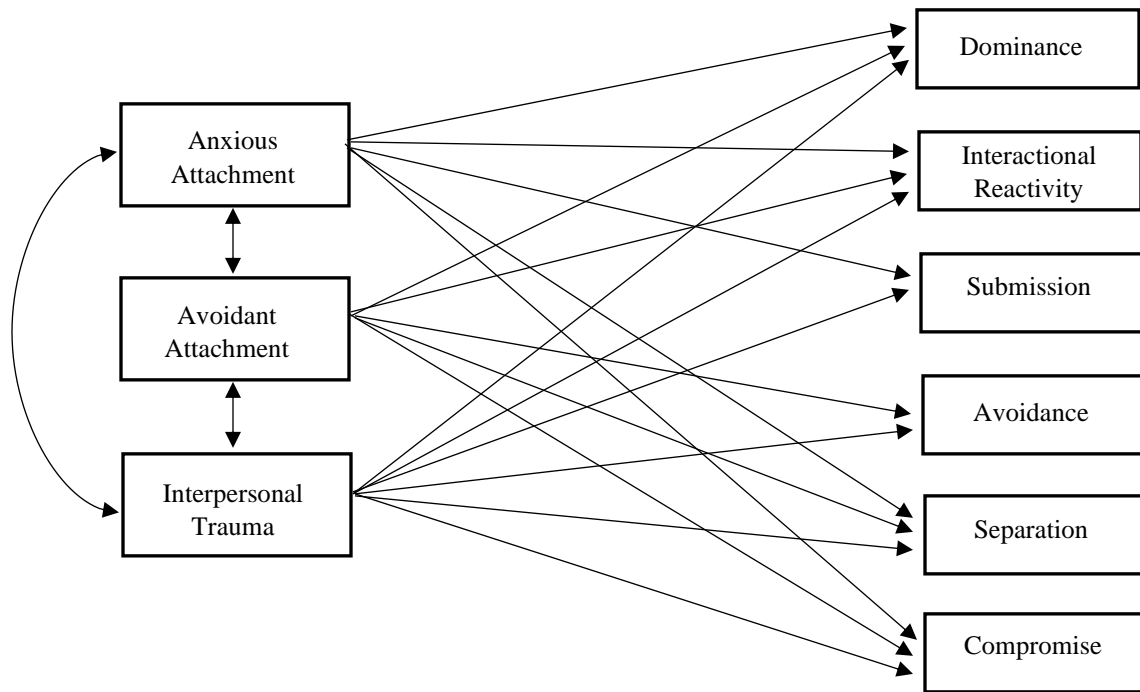


Figure 3. Hypothesized model with observed variables.

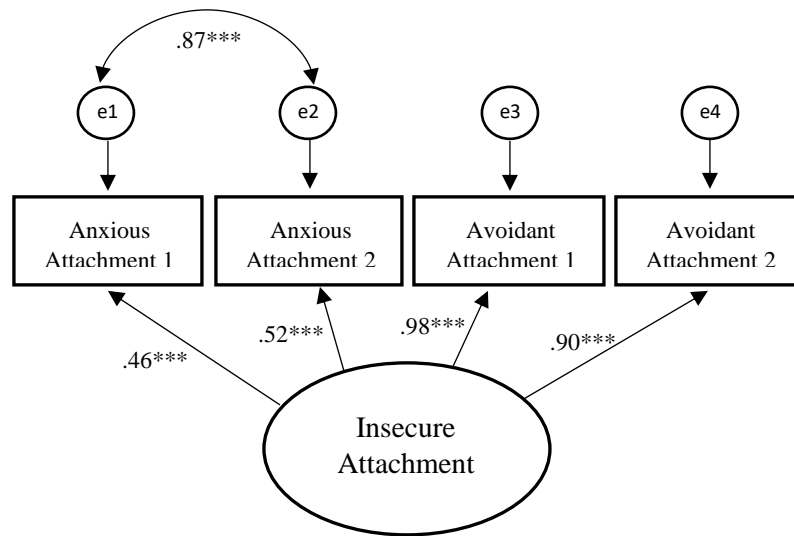


Figure 4. Final measurement model.

*** $p < .001$

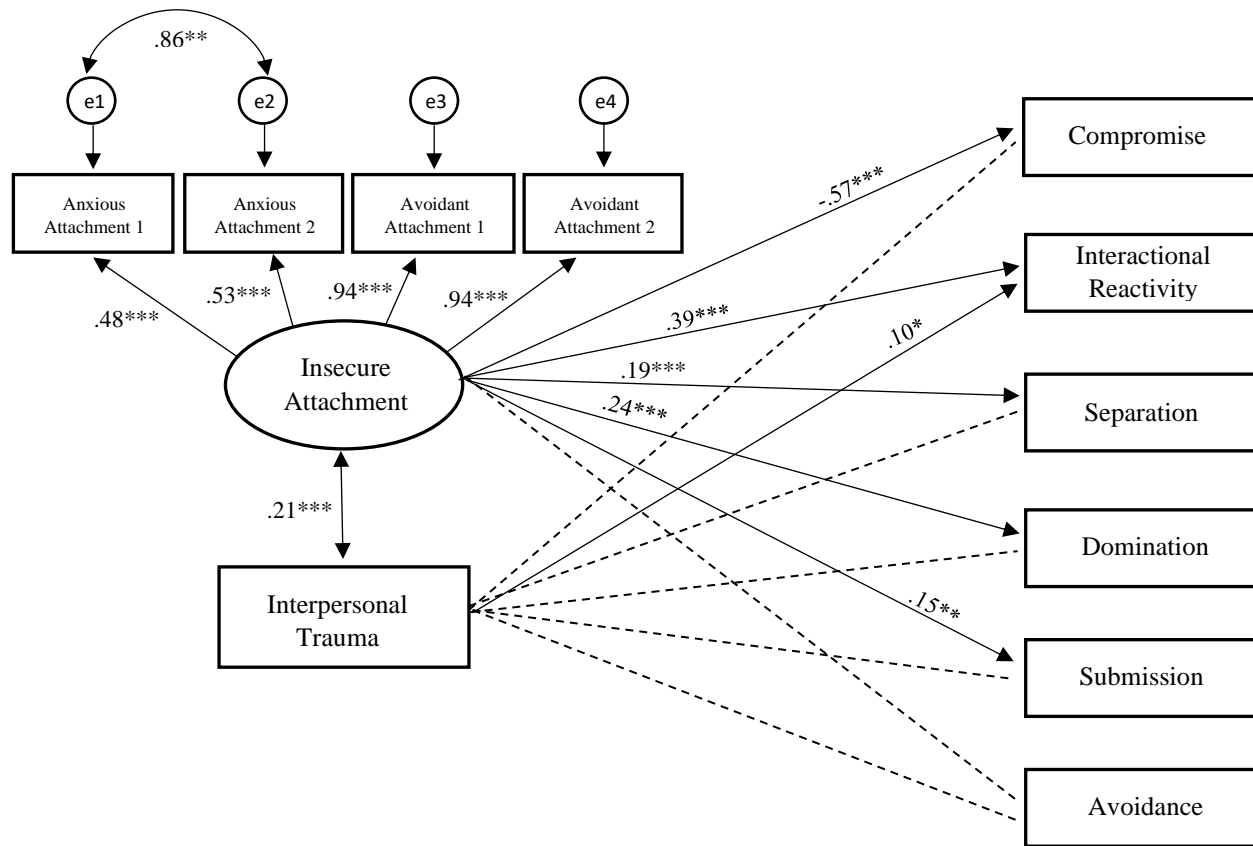


Figure 5. Hypothesized structural model. Dashed lines represent nonsignificant pathways.

* $p < .05$, ** $p < .01$, *** $p < .001$

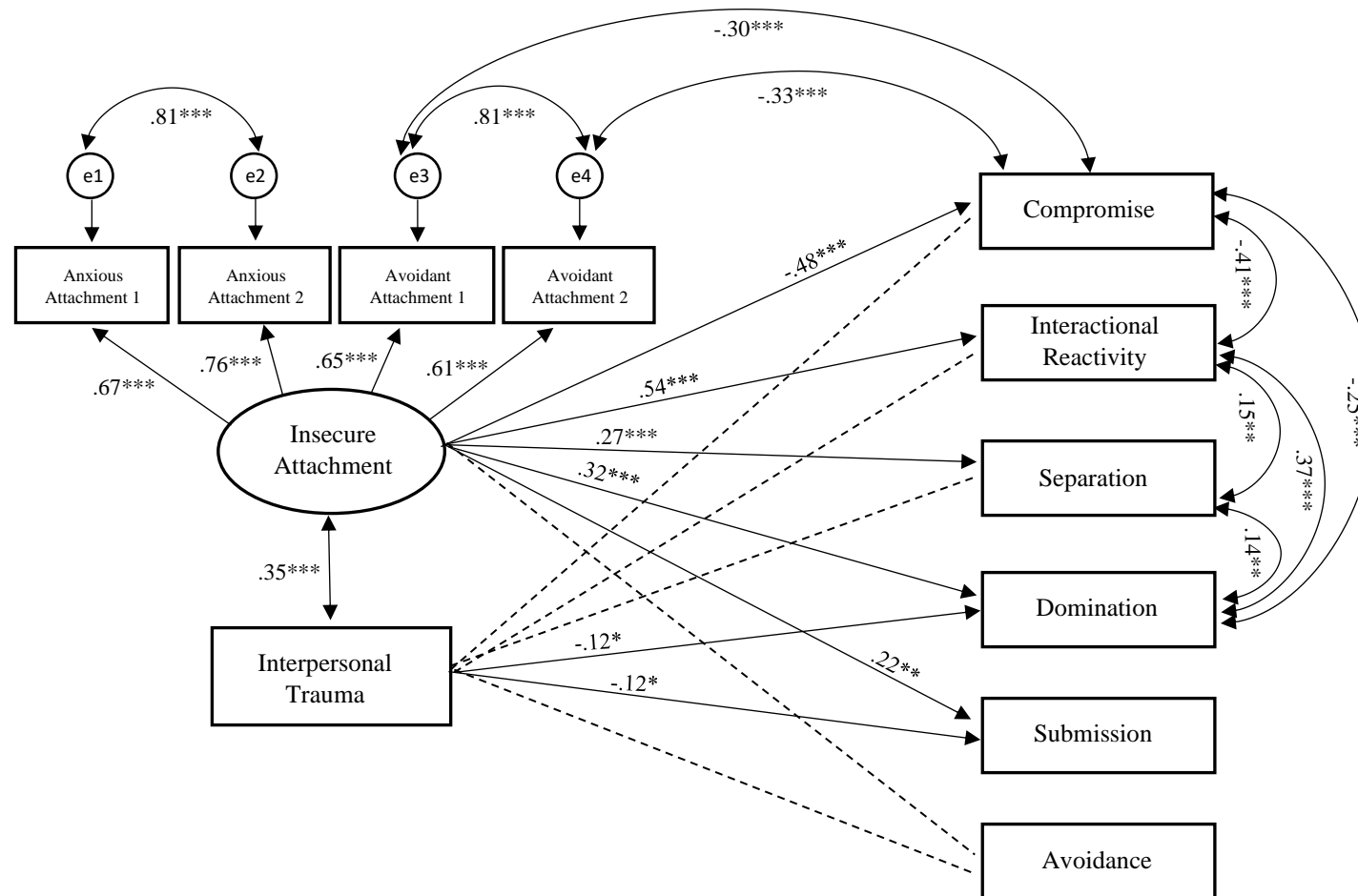


Figure 6. Alternative structural model. Dashed lines represent nonsignificant pathways.

* $p < .05$, ** $p < .01$, *** $p < .001$

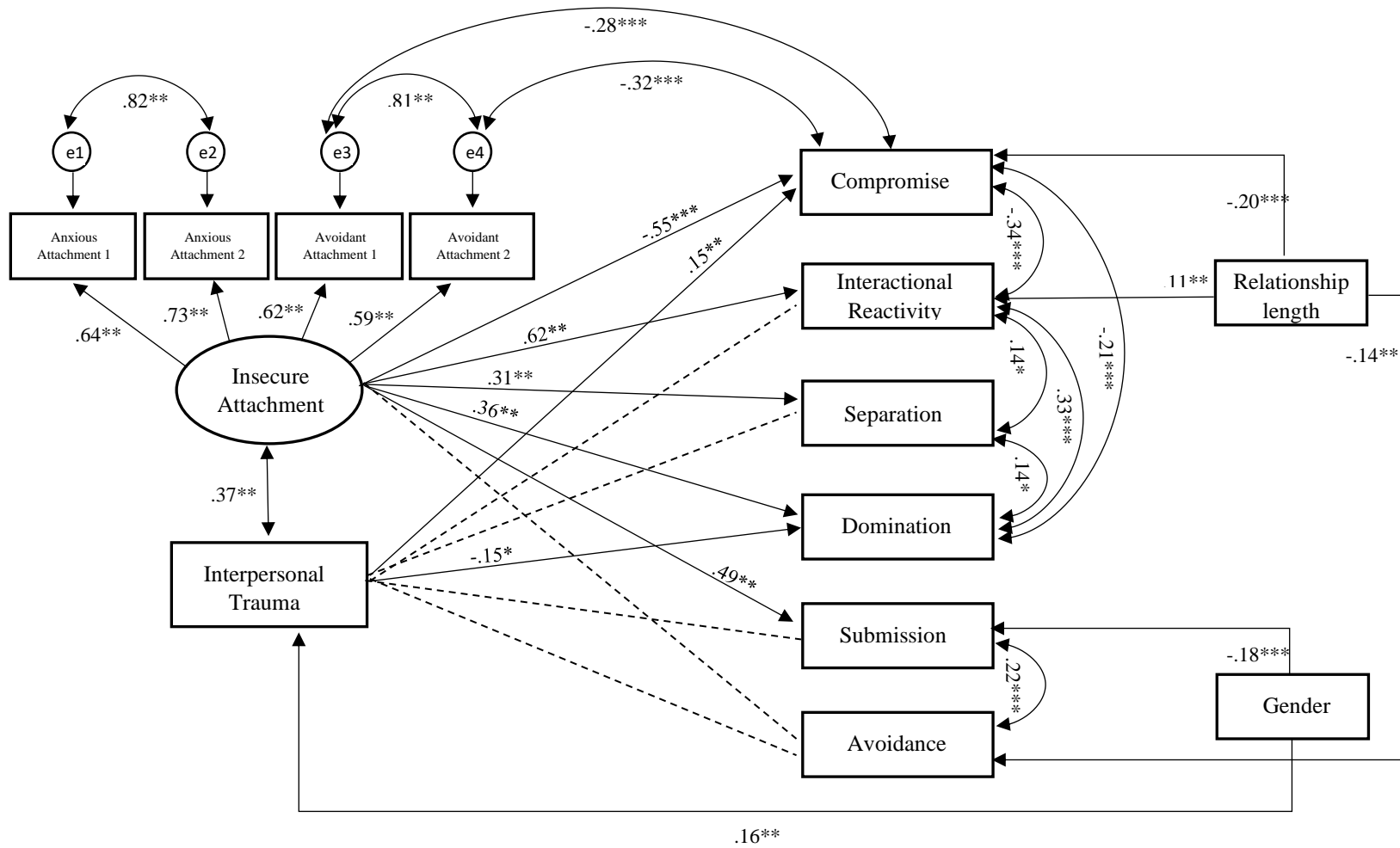


Figure 7. Alternative structural model with covariates. Dashed lines represent nonsignificant pathways.

* $p < .05$, ** $p < .01$, *** $p < .001$

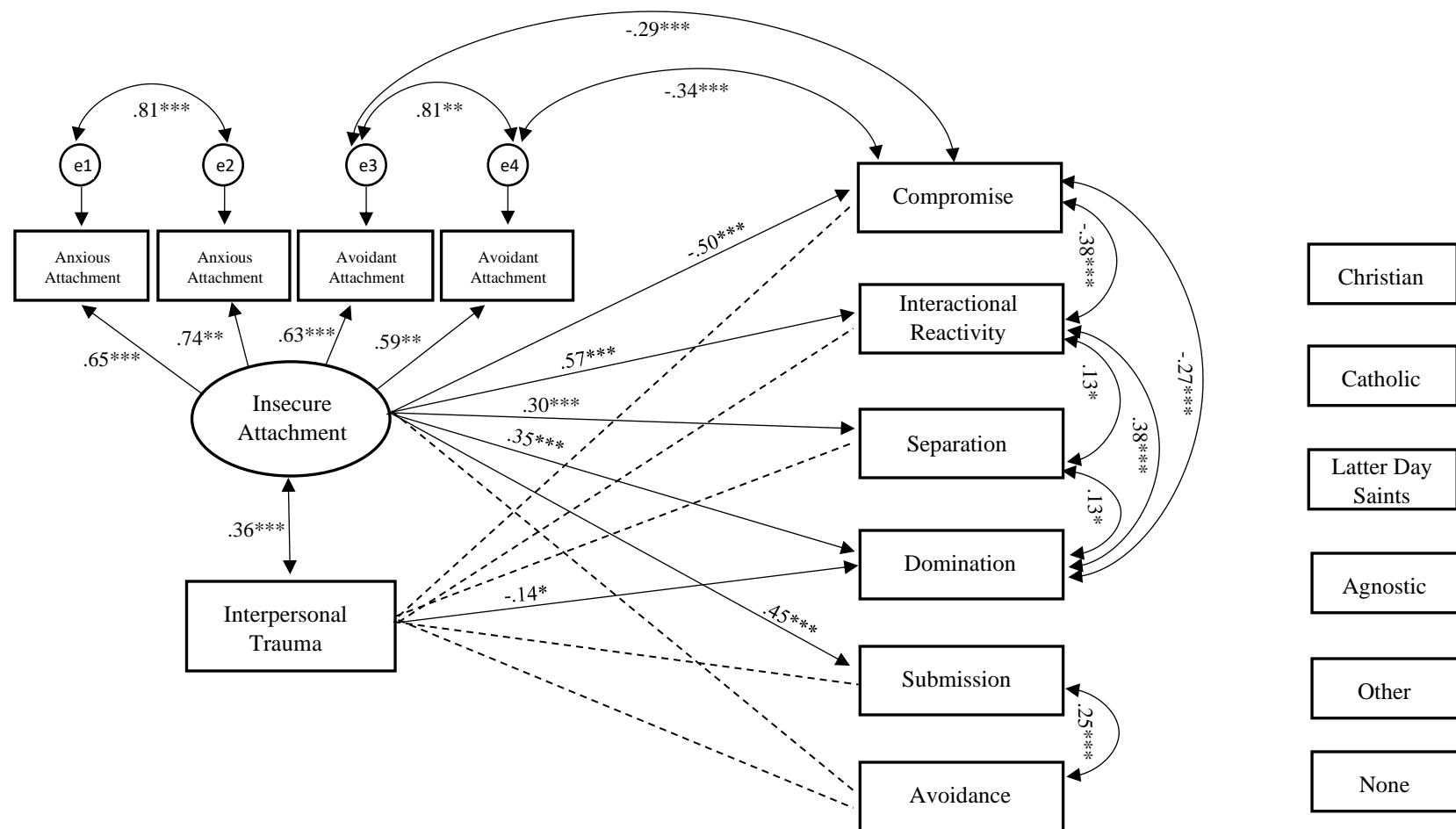


Figure 7. Alternative structural model controlling for religion. Dashed lines represent nonsignificant pathways. See Table 9 for parameter estimates for religion.

* $p < .05$, ** $p < .01$, *** $p < .001$

APPENDIX C: Study Measures
Demographics Questionnaire

1. Please indicate your gender.
 - a. Man
 - b. Woman
 - c. Non-binary/third gender
 - d. Prefer to self-describe: _____
 - e. Prefer to not say

2. Please select your age in years (*age will be displayed in Qualtrics using a dropdown menu ranging from 18 to 70+*).

3. What is your race or ethnic background? (indicate all that apply)
 - a. White/Caucasian
 - b. Hispanic/Latinx
 - c. African-American/Black
 - d. Asian-American/Asian
 - e. Native Hawaiian/Pacific Islander
 - f. Native American/American-Indian
 - g. Middle Eastern/North African
 - h. Multi-racial
 - i. Other _____

4. What is your sexual orientation?
 - a. Heterosexual
 - b. Gay
 - c. Lesbian
 - d. Bisexual
 - e. Other: _____

5. What is your current level of school? (select one)
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Other: _____

6. What is your household annual income (circle one)?

- a. \$0-\$9,999
 - b. \$10,000-\$14,999
 - c. \$15,000-\$24,999
 - d. \$25,000 - \$34,999
 - e. \$35,000 - \$49,999
 - f. \$50,000 - \$69,999
 - g. \$70,000 - \$89,999
 - h. \$90,000 - \$109,999
 - i. \$110,000 - \$129,999
 - j. \$130,000 +
7. What is your religious preference/affiliation?
- a. Protestant
 - b. Jewish
 - c. Catholic
 - d. Latter Day Saints
 - e. Lutheran
 - f. Muslim
 - g. Hindu
 - h. Buddhist
 - i. Native American Religion
 - j. Agnostic
 - k. Other _____
 - l. None
8. How important would you say religion is in your own life?
- a. extremely important
 - b. very important
 - c. somewhat
 - d. not very important
 - e. not very important at all
9. What is your relationship status?
- a. In a relationship
 - b. Married
10. How many years have you been with your romantic partner? _____
11. Do you live with your romantic partner?
- a. Yes
 - b. No

Life Stressors Checklist – Revised (LSC-R)

READ THIS FIRST: Now we are going to ask you some questions about events in your life that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Some of these questions may be upsetting events you don't usually talk about. Your answers are important to us, but you do not have to answer any questions that you do not want to. Thank you.

1. Have you ever been in a serious disaster (for example, an earthquake, hurricane, large fire, explosion)?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
2. Have you ever seen a serious accident (for example, a bad car wreck or an on-the-job accident)?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
3. Have you ever had a very serious accident or accident-related injury (for example, a bad car wreck or an on-the-job accident)?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
4. Was a close family member ever sent to jail?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
5. Have you ever been sent to jail?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
6. Were you ever put in foster care or put up for adoption?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
7. Did your parents ever separate or divorce while you were living with them?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
8. Have you ever separated or divorced?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)
9. Have you ever had serious money problems (for example, not enough money for food or place to live)?
Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

10. Have you ever had a very serious physical or mental illness (for example, cancer, heart attack, serious operation, felt like killing yourself, hospitalized because of nerve problems)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

11. Have you ever been emotionally abused or neglected (for example, being frequently shamed, embarrassed, ignored, or repeatedly told that you were “no good”)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

12. Have you ever been physically neglected (for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

13. Have you ever had an abortion or miscarriage (lost your baby)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

14. Have you ever been separated from your child against your will (for example, the loss of custody or visitation or kidnapping)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

15. Has a baby or child of yours ever had a severe physical or mental handicap (for example, mentally retarded, birth defects, can't hear, see, walk)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

16. Have you ever been responsible for taking care of someone close to you (not your child) who had a severe physical or mental handicap (for example, cancer, stroke, AIDS, nerve problems, can't hear, see, walk)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

17. Has someone close to you died suddenly or unexpectedly (for example, sudden heart attack, murder or suicide)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

18. Has someone close to you died (do NOT include those who died suddenly or unexpectedly)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

19. When you were young (before age 16), did you ever see violence between family members (for example, hitting, kicking, slapping, punching)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

20. Have you ever seen a robbery, mugging, or attack taking place?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

21. Have you ever been robbed, mugged, or physically attacked (not sexually) by someone you did not know?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

22. *Before age 16*, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband, hit, slapped, choked, burned, or beat you up)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

23. *After age 16*, were you ever abused or physically attacked (not sexually) by someone you knew (for example, a parent, boyfriend, or husband, hit, slapped, choked, burned, or beat you up)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

24. Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone *at work or school* (for example, a coworker, a boss, a customer, another student, a teacher)?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

25. *Before age 16*, were you ever *touched* or made to *touch someone else* in a sexual way because he/she forced you in some way or threatened to harm you if you didn't?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

26. *After age 16*, were you ever *touched* or made to *touch someone else* in a sexual way because he/she forced you in some way or threatened to harm you if you didn't?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

27. *Before age 16*, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to hurt you if you didn't?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

28. *After age 16*, did you ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to hurt you if you didn't?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

29. Are there any events we did not include that you would like to mention? Yes No

What was the event? _____

How many times did it happen?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

30. Have any of the events mentioned above ever happened to someone close to you so that even though you didn't see it yourself, you were seriously upset by it? Yes No

What was the event? _____

How many times did it happen?

Never (0) Once (1) Twice (2) 3 times (3) 4 times (4) 5 times (5) More than 5 times (6)

Romantic Partner Conflict Scale (RPCS)

Think about how you handle conflict with your romantic partner. Specifically, think about a **significant** conflict issue that you and your partner have disagreed about recently. Using the scale below, fill in which response is most like how you handled conflict. If you do not have a romantic partner, respond with your most current partner in mind. If you have never been in a romantic relationship, answer in terms of what you think your responses would most likely be.

For each item, answer as follows:

0 = Strongly disagree with statement

1 = Moderately disagree with statement

2 = Neutral, neither agree nor disagree

3 = Moderately agree with statement

4 = Strongly agree with statement

1. We try to find solutions that are acceptable to both of us.
2. We often resolve conflict by talking about the problem.
3. Our conflicts usually end when we reach a compromise.
4. When my partner and I disagree, we consider both sides of the argument.
5. In order to resolve conflicts, we try to reach a compromise.
6. Compromise is the best way to resolve conflict between my partner and me.
7. My partner and I negotiate to resolve our disagreements.
8. I try to meet my partner halfway to resolve a disagreement.
9. The best way to resolve conflict between me and my partner is to find a middle ground.
10. When we disagree, we try to find a solution that satisfies both of us.
11. When my partner and I have conflict, we collaborate so that we are both happy with our decision.
12. My partner and I collaborate to find a common ground to solve problems between us.
13. We collaborate to come up with the best solution for both of us when we have a problem.
14. We try to collaborate so that we can reach a joint solution to a conflict.
15. My partner and I try to avoid arguments.
16. I avoid disagreements with partner.
17. I avoid conflict with my partner.

18. When my partner and I disagree, we argue loudly.
19. Our conflicts usually last quite a while.
20. My partner and I have frequent conflicts.
21. I suffer a lot from conflict with my partner.
22. I become verbally abusive to my partner when we have conflict.
23. My partner and I often argue because I do not trust him/her.
24. When we have conflict, we withdraw from each other for a while for a “cooling off” period.
25. When we disagree, we try to separate for a while so we can consider both sides of the argument.
26. When we experience conflict, we let each other cool off before discussing it further.
27. When we have conflict, we separate but expect to deal with it later.
28. Separation for a period of time can work well to let our conflicts cool down.
29. When we argue or fight, I try to win.
30. I try to take control when we argue.
31. I rarely let my partner win an argument.
32. When we disagree, my goal is to convince to my partner that I am right.
33. When we argue, I let my partner know I am in charge.
34. When we have conflict, I try to push my partner into choosing the solution that I think is best.
35. When we have conflict, I usually give in to my partner.
36. I give in to my partner’s wishes to settle arguments on my partner’s terms.
37. Sometimes I agree with my partner so the conflict will end.
38. When we argue, I usually try to satisfy my partner’s needs rather than my own.
39. I surrender to my partner when we disagree on an issue.

The Experiences in Close Relationships-Revised Questionnaire (ECR-R)

The statements below concern how you feel in emotionally intimate relationships. 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.

	<u>QUESTION</u>	<u>1=Strongly Disagree.....7=Strong Agree</u>						
1.	I'm afraid that I will lose my partner's love.	1	2	3	4	5	6	7
2.	I often worry that my partner will not want to stay with me.	1	2	3	4	5	6	7
3.	I often worry that my partner doesn't really love me.	1	2	3	4	5	6	7
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
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
6.	I worry a lot about my relationships.	1	2	3	4	5	6	7
7.	When my partner is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5	6	7
8.	When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.	1	2	3	4	5	6	7
9.	I rarely worry about my partner leaving me.	1	2	3	4	5	6	7
10.	My romantic partner makes me doubt myself.	1	2	3	4	5	6	7
11.	I do not often worry about being abandoned.	1	2	3	4	5	6	7
12.	I find that my partner(s) don't want to get as close as I would like.	1	2	3	4	5	6	7
13.	Sometimes romantic partners change their feelings about me for no apparent reason.	1	2	3	4	5	6	7
14.	My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7
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

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
17.	I worry that I won't measure up to other people.	1	2	3	4	5	6	7
18.	My partner only seems to notice me when I'm angry.	1	2	3	4	5	6	7
19.	I prefer not to show a partner how I feel deep down.	1	2	3	4	5	6	7
20.	I feel comfortable sharing my private thoughts and feelings with my partner.	1	2	3	4	5	6	7
21.	I find it difficult to allow myself to depend on romantic partners.	1	2	3	4	5	6	7
22.	I am very comfortable being close to romantic partners.	1	2	3	4	5	6	7
23.	I don't feel comfortable opening up to romantic partners.	1	2	3	4	5	6	7
24.	I prefer not to be too close to romantic partners.	1	2	3	4	5	6	7
25.	I get uncomfortable when a romantic partner wants to be very close.	1	2	3	4	5	6	7
26.	I find it relatively easy to get close to my partner.	1	2	3	4	5	6	7
27.	It's not difficult for me to get close to my partner.	1	2	3	4	5	6	7
28.	I usually discuss my problems and concerns with my partner.	1	2	3	4	5	6	7
29.	It helps to turn to my romantic partner in times of need.	1	2	3	4	5	6	7
30.	I tell my partner just about everything.	1	2	3	4	5	6	7
31.	I talk things over with my partner.	1	2	3	4	5	6	7
32.	I am nervous when partners get too close to me.	1	2	3	4	5	6	7
33.	I feel comfortable depending on romantic partners.	1	2	3	4	5	6	7
34.	I find it easy to depend on romantic partners.	1	2	3	4	5	6	7
35.	It's easy for me to be affectionate with my partner.	1	2	3	4	5	6	7
36.	My partner really understands me and my needs.	1	2	3	4	5	6	7

Abbreviated Religiousness Measure (ARM)

1	2	3	4	5	6	7
Strongly disagree	Disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Agree	Strongly agree
I believe in god(s) or deities					1	2
There is an afterlife (e.g., heaven)					3	4
There are miracles					5	6
1	2	3	4	5	6	7
Not at all influential	Not influential	Slightly not influential	Neither influential or uninfluential	Slightly influential	Influential	Extremely influential
How influential are your religious beliefs on what you wear?					1	2
How influential are your religious beliefs on what you eat and drink?					3	4
How influential are your religious beliefs on with whom you associate?					5	6
How influential are your religious beliefs on social activities you choose to undertake?					7	
1	2	3	4	5	6	
Less than once a month	Once or more a month	Once a week	More than once a week	Daily	More than daily	
How often do you attend religious services?				1	2	3
How often do you pray?				4	5	6
How often do you read scriptures or religious writings?				1	2	3