

Anxiety Symptoms Partially Mediate the Relationship Between Childhood Trauma Exposure and both Quality of Life and Relationship Satisfaction

Sarah Krill, Cara Fuchs, Lizabeth Roemer

¹University of Massachusetts Boston and ²Suffolk University

Introduction

A large body of research documents the deleterious impact of childhood trauma exposure, including the development of psychopathology and other psychosocial problems adulthood (Horowitz et al, 2001, Polusny & Follette, 1995, Springer et al 2005). However, less is known about the impact of childhood trauma on non-clinical and interpersonal outcomes in adulthood, such as quality of life and relationship satisfaction. Additionally, little is known about the possible mediating factors of these relationships. The present study aimed to examine the relationship between childhood trauma exposure, quality of life, and relationship satisfaction as well as the possible mediating role of anxiety symptoms within a non-clinical sample of students enrolled at an urban university in the Northeast. It was hypothesized that a history of childhood trauma exposure would be negatively correlated with current quality of life and relationship satisfaction and that anxiety would mediate those relationships. Thus, it was predicted that anxiety would be positively correlated with the predictor, childhood trauma exposure, and negatively correlated with the outcomes of interest, quality of life and relationship satisfaction, and that adding anxiety to the model would reduce the association between childhood trauma exposure and the outcome variables.

Method

264 undergraduate participants completed an online survey and were assessed with the Childhood Trauma Questionnaire-Short form (Bernstein et al, 2003), Hopkins Symptom Checklist-25 (Derogatis et al., 1974), Quality of Life Inventory (Frisch et al., 1992), and Positive Relations with Others subscale of Ryff's Scales of Psychological Well-being (Ryff, 1989).

Results

Bivariate correlations revealed that exposure to childhood trauma was significantly negatively with correlated with quality of life ($r = -.41^{**}$, $p < .01$) and relationship satisfaction ($r = -.44^{**}$, $p < .01$). Anxiety symptoms were significantly positively correlated with childhood trauma ($r = .48^{**}$, $p < .01$) and significantly negatively correlated with relationship satisfaction ($r = -.38^{**}$, $p < .01$) and quality of life ($r = -.43^{**}$, $p < .01$). To evaluate the mediating role of anxiety symptoms, two hierarchical regression analyses were conducted with quality of life and relationship satisfaction as the outcomes. In each equation, childhood trauma exposure was entered in the first step, and anxiety symptoms were entered in the second step. The Sobel procedure was then used to statistically investigate the effect of the proposed mediator on the predictor–outcome relationship. Childhood trauma exposure remained a significant predictor in each equation, indicating that it accounted for unique variance in quality of life and relationship satisfaction.

Bivariate Correlations

Ctq total				
Pearson Correlation	1	.47*	-.41*	-.44*
Hop Anx				
Pearson Correlation	.47*	1	-.43*	-.38*
Qoli Sum				
Pearson Correlation	-.41*	-.43*	1	.56*
Ryff Total				
Pearson Correlation	.56*	-.38*	.56*	1

* Correlation is significant at the 0.01 level (2-tailed).

Relationship Quality

Model	Variables	B	Std. Error	Beta	t
1	Ctq Total	-4.60	.62	-.44***	-7.42
2	Ctq Total	-3.51	.69	-.33***	-5.12
	Hop Anx	-2.85	.83	-.22**	-3.42

** Significant at the 0.001 level (2-tailed),
*** Significant at the .000 level (2-tailed).

Results also indicated that anxiety symptoms partially mediated the relationship between childhood trauma exposure and relationship satisfaction ($beta = -.22$, $p < .01$, $z = -2.97$, $p < .001$) and quality of life ($beta = -.31$, $p < .01$, $z = -3.74$, $p < .001$), such that when anxiety was added to the models, childhood trauma was less predictive of both quality of life ($beta$ dropped from $-.41$ to $-.27$) and relationship satisfaction ($beta$ dropped from $-.44$ to $-.33$) than when it was included alone.

Quality of Life

Model	Variables	B	Std. Error	Beta	t
1	Ctq Total	-8.6	1.25	-.41***	-6.89
2	Ctq Total	-5.65	1.35	-.27***	-4.22
	Hop Anx	-7.88	1.65	-.31***	-4.78

*** Significant at the 0.000 level (2-tailed).

Discussion

These findings underscore the importance of attending to the unique impact of childhood trauma exposure on interpersonal and broader quality of life functioning rather than just symptom outcomes. Additionally, the role of anxiety in contributing to impaired quality of life and relationship satisfaction among adults with a history of childhood trauma exposure suggests that anxiety may be an important treatment target for individuals experiencing these negative outcomes.