

**Relationship between Childhood Trauma and Marital Satisfaction among Married
Individuals in Ngando Location, Nairobi County, Kenya**

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YS79/00041/2023

**A Thesis Submitted in Partial Fulfillment of the Requirement for the Master of Arts in
Counseling Psychology**

Institute of Youth Studies

Tangaza University

October, 2025

DECLARATION

I, the undersigned, declare that this study titled "Relationship between Childhood Trauma and Marital Satisfaction among Married Individuals in Ngando Location, Nairobi County is based on my reading, personal observations, and scientific research. It has not been submitted to any higher education institution besides Tangaza University. All citations have been fully acknowledged. I agree that the university can photocopy sections of this thesis at its discretion.

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Date:

DEDICATION

The research is dedicated to all married individuals in Ngando Location, Nairobi County, whose lives have been shaped by their childhood traumas. Their ability to bounce back from setbacks motivates the current research. I honor your courage and strength as you work toward personal healing to enhance your relationships.

ACKNOWLEDGEMENT

First and foremost, I'm deeply thankful to God for the strength and clarity he has given me throughout this journey. His presence has carried me through the challenges and kept me grounded. I'm also genuinely grateful to Tangaza University and the Institute for Youth Studies for creating a supportive space that allowed me to grow and pursue this research. A heartfelt thank you goes to my supervisors, Dr. Pius Muasa and Dr. Alice Nzangi. Their thoughtful guidance, honest feedback, and steady encouragement have made a real difference in shaping this proposal. To my classmates, thank you for walking this road with me; your support and shared experiences have made it all the more meaningful.

Finally, to my family: your love, patience, and belief in me have meant everything. Your support behind the scenes is what made this work possible.

ABSTRACT

This study examined the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya. The study objectives were to investigate the prevalence of different types of childhood trauma among married individuals, to assess the levels of marital satisfaction among married individuals, and to examine the relationship between childhood trauma and marital satisfaction among married individuals in Ngando, Nairobi County, Kenya. The study was guided by the attachment theory and structural family theory and employed a correlational survey design. A sample of 167 participants was drawn using the cluster sampling technique from two selected churches in Ngando Location, Sacred heart catholic church and PCEA Tumaini church. Within each cluster a census approach was employed to include all eligible participants. Data for the study were collected through the use of standardized tools: Childhood Trauma Questionnaire measuring childhood trauma and the ENRICH Marital Satisfaction (EMS) assessing marital satisfaction. The findings revealed a high prevalence of childhood trauma across all five subscales: physical neglect 79.3%, physical abuse 70.0%, emotional neglect 69.3%, sexual abuse 62.9%, and emotional abuse 55.7%. Physical neglect emerged as the most prevalent form of childhood trauma experienced by participants. In marital satisfaction, 35.0% of participants indicated low satisfaction, 59.7% indicated moderate satisfaction, and only 5.3% indicated high satisfaction. Pearson's correlation analysis revealed no statistically significant relationship between childhood trauma and marital satisfaction ($r = .066$, $p = .438$). The study concludes that, although there is high prevalence of childhood trauma among the studied population, it does not directly predict low or high marital satisfaction. The researcher recommends that couples and their communities participates in marriage enrichment programs, including counseling services and support groups, to enhance conflict resolution skills, communication, trust, and resilience. This study contributes to the existing literature by contextualizing the intersection between childhood trauma and marital satisfaction.

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LIST OF ABBREVIATIONS AND ACRONYMS

CMT:	Childhood Maltreatment Trauma
CRC:	Convention on the Rights of the Child
CT:	Childhood Trauma
CTQ:	Childhood Trauma Questionnaire
DSM-5:	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DV:	Dependent Variable (Marital Satisfaction)
ECDE:	Early Childhood Development Education
EMSS:	ENRICH Marital Satisfaction Scale
HIV:	Human Immunodeficiency Virus
IRB:	Institutional Review Board
IV:	Independent Variable (Childhood Trauma)
KNBS:	Kenya National Bureau of Statistics
MS:	Marital Satisfaction
MTQ:	Marital Satisfaction Questionnaire
MV:	Moderating variables such as age and attachment style.
NGO:	Non-Governmental Organization
PTSD:	Post-Traumatic Stress Disorder
RDS:	Respondent-Driven Sampling
SAD:	Social Anxiety Disorder
SADQ -:	Social Anxiety Disorder Questionnaire
SES:	Socioeconomic Status
SFT:	Structural Family Theory
SPSS:	Statistical Package for the Social Sciences
SSRI:	Selective Serotonin Reuptake Inhibitors
TA:	Trauma Assessment
TMT:	Trauma Measurement Tool
TRQ:	Trauma Response Questionnaire
WHO:	World Health Organization

OPERATIONAL DEFINITIONS OF KEY TERMS

Childhood Trauma: Childhood trauma refers to distressing or harmful experiences that occurred before the age of 18, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect.

Marital Satisfaction: Marital satisfaction is understood as a person's subjective sense of contentment and fulfillment in their marriage. It includes how couples relate emotionally, communicate, handle conflict, experience intimacy, and find overall happiness in their union. This study measures marital satisfaction using the ENRICH Marital Satisfaction Scale (EMSS), a tool that provides a broad view of relationship quality across several key areas.

Married Individuals: This term refers to men and women who are legally married and have lived together as spouses for a minimum of one year. For the purposes of this study, participants must be aged 18 years and above and must reside within Ngando Division, Dagoreti Sub-County, Nairobi County.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The chapter presents the background information on the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya. It also discusses the problem statement, study purpose, objectives of the study, research questions, significance, scope, delimitations, and assumptions of the study, and concludes with a chapter summary.

1.2 Background to the Study

Childhood trauma has emerged as a critical area of study within the field of psychology, particularly concerning its long-term effects on adult relationships. Defined as adverse experiences during formative years, such trauma can include physical, emotional, or sexual abuse, neglect, and exposure to domestic violence (Godbout et al., 2019). Studies indicate that early experiences significantly shape an individual's emotional and psychological development, influencing their interpersonal relationships in adulthood (Basso et al., 2024; Brennan et al., 2021).

Godbout et al. (2019) found that individuals with a history of childhood abuse reported significantly lower levels of trust and emotional intimacy in their marital relationships compared to those without such experiences. Similarly, Brennan et al. (2021) established that unresolved childhood trauma was positively correlated with increased attachment anxiety and avoidance in adult partnerships. Basso et al. (2024) further revealed that emotional neglect during childhood predicted reduced marital satisfaction and heightened conflict among couples, highlighting the enduring psychological imprint of early adverse experiences.

Marital satisfaction, on the other hand, is a crucial aspect of adult life that affects overall

well-being and quality of life. It encompasses various dimensions, including emotional intimacy, communication, and conflict resolution. High levels of marital satisfaction are associated with better mental health, increased life satisfaction, and improved social functioning (Brown et al., 2021). According to Brown (2019), marital satisfaction is a multidimensional construct that reflects an individual's subjective evaluation of the quality, stability, and emotional fulfillment experienced within a marital relationship. It encompasses key relational aspects including emotional closeness, communication quality, sexual intimacy, conflict resolution, and the alignment of expectations between partners. High levels of marital satisfaction have been linked to enhanced psychological well-being, improved physical health, and stronger interpersonal relationships. Conversely, diminished marital satisfaction may result in emotional distress, relationship instability, and increased likelihood of separation or divorce (Green & Miller, 2021).

Godbout et al. (2020), in their meta-analysis on intimate partner violence among male survivors of child maltreatment in the United States, found that individuals with histories of childhood abuse were 2.3 times more likely to experience relational dissatisfaction and conflict in adulthood compared to those without such experiences. Their findings further indicated that unresolved trauma symptoms—particularly emotional dysregulation and avoidance—were significant predictors of low marital satisfaction and higher incidences of partner violence, underscoring the profound and lasting influence of childhood trauma on marital functioning. The study used 2,316 male survivors of child maltreatment (physical, emotional, or sexual abuse) across 17 studies, using a meta-analytic approach that synthesized quantitative data from self-report measures like the Childhood Trauma Questionnaire (CTQ) and Relationship Satisfaction Scales. The findings revealed that childhood maltreatment significantly contributed to the risk of intimate partner violence perpetration and victimization, which indirectly reduces marital

satisfaction through heightened conflict and trust issues. However, the study's focus on male survivors and its reliance on meta-analytic data from clinical and community samples in the U.S. limits its applicability to diverse populations and non-Western contexts like Ngando Location, a low-income urban area in Nairobi County, Kenya

In Canada, Smith and Johnson (2020) conducted a study on cumulative childhood trauma and couple satisfaction, examining the mediating role of mindfulness, which investigated the link between childhood trauma and marital satisfaction among 330 Canadian adults. The study used a cross-sectional quantitative design with the Childhood Trauma Questionnaire (CTQ) and the Couple Satisfaction Index (CSI). The study found that cumulative childhood trauma negatively impacted couple satisfaction ($r = -0.42, p < .001$), indicating that trauma survivors with higher mindfulness reported significantly lower levels of relationship distress ($\beta = 0.31, p < .01$) compared to those with lower mindfulness. However, the study's cross-sectional design limits causality, and its Canadian focus overlooks cultural and socioeconomic factors relevant to Ngando Location.

In China, Cui and Liu (2020) conducted a study on the impact of childhood trauma on marital satisfaction: the mediating role of emotional regulation, investigating the relationship between childhood trauma and marital satisfaction. The study involved 450 married adults in urban Beijing, employing a cross-sectional quantitative design with self-report measures, including the Childhood Trauma Questionnaire (CTQ) and the Dyadic Adjustment Scale (DAS). The findings revealed that childhood trauma, including physical, emotional, and sexual abuse as well as neglect, was negatively related to marital satisfaction ($r = -0.47, p < .001$). Impaired emotional regulation significantly mediated this relationship ($\beta = -0.36, p < .01$), as trauma survivors exhibited greater difficulty in managing emotions, leading to reduced trust and intimacy in marriage.

Similarly, Cao et al. (2022) established that trauma experienced during childhood, whether physical, emotional, or sexual, or arising from neglect or exposure to violence, has long-term implications on emotional regulation, attachment security, and interpersonal functioning. Their study, which involved 512 married adults in mainland China, found that childhood trauma significantly predicted lower marital satisfaction ($\beta = -0.42, p < .001$) through its negative effects on emotional regulation and attachment security ($\beta = -0.37, p < .01$). Such early disruptions often impair the development of trust and intimacy, which are foundational to marital satisfaction. Muench et al. (2019) also revealed that individuals with unresolved childhood trauma tend to struggle with vulnerability, emotional expression, and conflict management within intimate relationships. Their longitudinal study of 386 couples reported that unresolved trauma symptoms predicted poorer dyadic adjustment ($r = -0.44, p < .001$) and greater marital conflict ($\beta = 0.39, p < .01$).

However, both studies focused on urban China and have used cross-sectional data that limit the applicability to the current study location, where cultural norms like family cohesion and mental health stigma and economic challenges influence the link between childhood trauma and marital satisfaction. The current study addressed this gap by examining a community-based sample in Ngando, including a wider range of traumas and culturally relevant mediators like community support and gender roles to develop tailored interventions for improving marital satisfaction among trauma survivors.

In Pakistan, studies conducted by Qasim and Muzaffar (2021) identified a significant negative correlation between emotional abuse and both mental health ($r = -0.82, p < .001$) and quality of life ($r = -0.89, p < .001$) among 278 married individuals using the Childhood Trauma Questionnaire (CTQ) and the Marital Adjustment Test (MAT). The findings revealed that

childhood trauma, encompassing emotional, physical, and sexual abuse, has been consistently linked to adverse outcomes in adult marital satisfaction and relational functioning.

Similarly, Ashkenazi et al. (2023) highlighted that childhood sexual abuse, physical abuse, and neglect were positively associated with compulsive sexual behaviors in a predominantly female sample of 412 participants, with childhood abuse variables explaining 57% of the variance ($R^2 = .57$, $p < .001$) in sexual addiction scores, measured using the Sexual Addiction Screening Test (SAST). Zamir (2022) conducted a comprehensive review of 43 empirical studies and concluded that various forms of childhood maltreatment ranging from neglect to sexual, emotional, and physical abuse—are correlated with diminished relationship quality in both men and women. Psychological distress, insecure attachment, and maladaptive self-regulation were identified as key mediating factors across multiple contexts.

Malm et al. (2023), in their research on emotional distress, communication patterns, and relationship dissatisfaction among married couples, investigated factors influencing marital satisfaction in Ghana. The study utilized a sample of 300 Ghanaian couples (600 individuals) and employed a cross-sectional quantitative design using self-report measures, including the Couple Satisfaction Index (CSI) and the Adverse Childhood Experiences (ACE) Questionnaire. The findings revealed that affection ($\beta = 0.41$, $p < .01$), companionship ($\beta = 0.36$, $p < .01$), family commitment ($\beta = 0.29$, $p < .05$), and financial support ($\beta = 0.25$, $p < .05$) significantly enhanced marital satisfaction. Conversely, trauma-linked behaviors such as physical violence ($r = -0.48$, $p < .001$), emotional distress ($r = -0.53$, $p < .001$), and neglect ($r = -0.46$, $p < .001$) were found to detract significantly from marital quality. The study further established that childhood trauma was moderately correlated with poorer communication patterns ($r = -0.44$, $p < .01$) and increased emotional distress ($r = 0.51$, $p < .01$), mediating the decline in overall marital satisfaction.

However, the study's focus on urban Ghanaian couples and its cross-sectional methodology limits its generalizability to diverse socio-cultural contexts such as Ngando Location, a low-income area in Nairobi County.

In Nigeria, Anyamene (2020) conducted a research study on the relationship between emotional intelligence and marital satisfaction of male and female married teachers in Anambra State, exploring the role of emotional intelligence in marital satisfaction. The study utilised a sample of 1,344 married teachers (672 males and 672 females) in Anambra State and adopted a correlational research design with self-report measures, namely the Emotional Intelligence Scale (EIS) and the Index of Marital Satisfaction (IMS). The findings revealed a significant positive correlation between emotional intelligence and marital satisfaction ($r = 0.67, p < .001$), indicating that higher emotional intelligence enhanced communication, empathy, and understanding within marriages. Furthermore, emotional intelligence served as a moderating factor for individuals impacted by childhood trauma, buffering against emotional dysregulation and interpersonal conflict. The results also demonstrated gender differences, with female participants scoring slightly higher in emotional intelligence ($M = 82.4$) than male participants ($M = 78.9$), suggesting nuanced gendered patterns in emotional processing and relational satisfaction. However, the study's focus on teachers in Anambra State—a relatively educated and stable professional group—and its lack of explicit examination of diverse childhood trauma types (such as neglect and household dysfunction)—limit its applicability to Ngando Location, a lower-income urban area in Nairobi County.

Similarly, Ojukwu et al. (2016) observed that educational attainment may also contribute positively to marital stability, noting that individuals with a history of trauma reported greater relational satisfaction when equipped with higher education, likely due to enhanced emotional

regulation and adaptive coping strategies. Their study, which involved 358 married adults in Enugu State, Nigeria, employed a correlational design using the Marital Satisfaction Scale (MSS) and a Trauma History Questionnaire (THQ), revealing a significant positive association between educational attainment and marital satisfaction ($r = 0.52, p < .01$), particularly among trauma-exposed participants.

Okhakhume et al. (2016) similarly found that economic challenges, when compounded by unresolved trauma, exacerbate marital dissatisfaction and increase the likelihood of domestic violence incidents ($\beta = -0.43, p < .001$). Their findings emphasized the essential role of financial stability in fostering secure and harmonious marital relationships, as economic hardship heightened emotional strain and conflict frequency.

In Uganda, Jurinsky et al. (2022) conducted research on marital communication and depressive symptom severity among men and women in rural Uganda. The study utilized a sample of 492 women and 447 men (married adults) across eight villages in rural southwestern Uganda, adopting a cross-sectional design. It used a modified Hopkins Symptom Checklist for Depression (HSCL-D) to assess depression severity (scores >1.75 indicating probable depression) and a self-reported marital communication scale ranging from “*never easy*” to “*always easy*.” The findings revealed that inadequate marital communication was significantly associated with higher depressive symptoms ($r = -0.47, p < .001$), particularly among women, suggesting that communication enhancement interventions could mitigate depressive symptoms and relational distress. However, the study’s focus on depression and communication, without directly addressing childhood trauma or marital satisfaction, limits its general applicability to Ngando Location, where sociocultural and economic contexts differ considerably.

In Tanzania, Mlozi (2018) conducted a study on spirituality, communication, and marital

satisfaction among Seventh-day Adventist members. The study utilized a sample of 420 married church members across five Adventist congregations in Dar es Salaam, employing a correlational descriptive research design and self-report questionnaires, including the Marital Satisfaction Inventory (MSI) and the Spiritual Well-Being Scale (SWBS). The findings indicated that both spirituality ($r = 0.61, p < .001$) and communication ($r = 0.54, p < .001$) were significant predictors of marital satisfaction, suggesting that couples with stronger spiritual commitment and open communication reported higher relationship quality and emotional fulfilment. These results led to recommendations for enhanced marital counselling programs within church settings to strengthen these relational components. However, the study did not address childhood trauma including physical, emotional, or sexual abuse, neglect, or household dysfunction as a potential factor influencing marital satisfaction. The current study therefore focuses explicitly on how early traumatic experiences impact marital outcomes, addressing a critical variable absent in Mlozi's research.

Similarly, Deressu and Girma (2019) conducted a research study on premarital expectations and marital satisfaction in Addis Ababa, Ethiopia. The study employed a sample of 312 married adults and adopted a quantitative correlational design, using the Premarital Expectation Scale (PES) and the Dyadic Adjustment Scale (DAS) to measure relationship satisfaction. The findings revealed that communication ($\beta = 0.38, p < .001$), education level ($\beta = 0.27, p < .05$), and religious affiliation ($\beta = 0.31, p < .01$) significantly influenced marital satisfaction. Despite these insightful findings, the study's exclusive focus on premarital expectations, communication, education, and religion, without examining childhood trauma as a determinant, limited its capacity to account for deeper psychological origins of relational distress. The current study thus prioritizes childhood trauma (physical abuse, neglect, and household

dysfunction) as the primary independent variable, addressing a critical gap in understanding its long-term relational implications in the Kenyan context.

In Kenya, research studies have increasingly explored the interplay between childhood trauma and marital satisfaction, highlighting the long-term relational impacts of early adverse experiences. Goodman et al. (2023) conducted research on child maltreatment, social capital, and maternal mental health in community-based empowerment programs in Meru County. The study involved a sample of 1,974 women and adopted a cross-sectional quantitative design, utilizing the Velicer Attitudes Toward Violence–Child Subscale (VATV-C) and standardized trauma questionnaires. The findings demonstrated that childhood maltreatment significantly predicted violent attitudes towards children in adulthood ($\beta = 0.42, p < .001$), a relationship mediated by family dysfunction ($\beta = 0.36, p < .01$) and psychological distress ($\beta = 0.29, p < .05$). These mediating factors indirectly contributed to reduced marital satisfaction by fostering interpersonal conflict, mistrust, and emotional withdrawal between partners. The study thus underscored the intergenerational transmission of trauma and its detrimental effect on adult relational functioning within Kenyan families.

Muthengi et al. (2021) conducted a study on the cycle of violence among young Kenyan women: childhood violence and adult physical intimate partner violence. The study employed a survey design with a sample of 1,266 ever-partnered women aged 18–24 years, drawn from the 2010 Kenya Violence Against Children Survey (VACS). Using bivariate and multivariate logistic regression analyses, the findings revealed that childhood violence—comprising physical (73.1%), sexual (31.9%), and emotional (25.8%) abuse—significantly increased the odds of experiencing adult intimate partner violence (AOR = 3.1, $p = 0.02$). These experiences disrupted marital satisfaction through heightened relational conflict, mistrust, and emotional withdrawal within

relationships. The study thus provided empirical evidence of the continuity between early victimization and adult relational dysfunction among young Kenyan women.

Similarly, Kamau et al. (2022) conducted research on depression and intimate partner violence among urban Kenyan caregivers of children with disabilities. The study examined 1,200 caregivers (73% mothers, 88% married) in Nairobi County, employing a cross-sectional survey design with the Hopkins Symptom Checklist for Depression (HSCL-D) and standardized IPV measures. The findings revealed that exposure to childhood trauma, particularly witnessing intimate partner violence, was positively associated with maternal depression ($p < 0.05$). The results further indicated that depressive symptoms impaired marital communication, reduced emotional intimacy, and increased relational strain, ultimately lowering marital satisfaction. The study underscored the psychological pathways through which early traumatic experiences and mental health challenges intersect to undermine relationship quality among Kenyan couples.

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1.3 Statement of the Problem

Many married individuals experience challenges in their relationships that may be linked to unresolved childhood trauma. Despite the critical role that marital satisfaction plays in individual well-being and family stability, there is limited research in Kenya examining how early traumatic experiences—such as abuse, neglect, or household dysfunction affect the quality of marital relationships. The relationship between childhood trauma and marital satisfaction remains a significant yet insufficiently explored domain in psychological studies, particularly within Ngando Location.

Marital relationships function as essential components of social stability, with their quality having a direct impact on individual well-being, family dynamics, and community cohesion. Key elements of healthy marriages such as trust, effective communication, emotional intimacy, conflict resolution, and mutual commitment establish a foundation for both personal and societal well-being (Kimani, Kamau, & Muhingi, 2023). However, these relational dimensions can be undermined by the lingering effects of childhood trauma, including emotional maltreatment,

physical and sexual abuse, neglect, and household dysfunction (Mwangi, 2024; Kiarie, 2023).

The psychological consequences of early trauma such as emotional dysregulation, attachment insecurity, trust deficits, and impaired communication patterns pose significant risks to the relational skills necessary for successful marriage (Bandeira, Graham, & Ebersöhn, 2023; Shirkhani, Sadeghi, Naeemi Nezam Abad, & Sabbagh, 2023).

Although there is increasing recognition of the enduring relational effects of trauma, studies investigating the close connection between childhood trauma and marital satisfaction are scarce in Kenya. Previous Kenyan studies have explored factors affecting marital satisfaction, such as psychological well-being and interpersonal dynamics (Njama, 2022; Ayako, Muriithi, & Ntaragwe, 2021), but the mechanisms through which childhood trauma affects marital outcomes remain under-researched.

This lack of localized research has important implications. It results in an incomplete understanding of patterns of marital dissatisfaction, a restricted evidence base for interventions, and insufficient support systems for trauma survivors within marital contexts. Moreover, there is limited adoption of trauma-informed care principles in Kenya, which are critical for enhancing marital satisfaction among trauma survivors. Trauma-informed care emphasizes understanding, recognizing, and responding to the effects of trauma, prioritizing safety, trustworthiness, peer support, and empowerment in relational and therapeutic settings (Shirkhani et al., 2023).

Therefore, there is a pressing need for empirical data on how trauma-informed approaches can support married individuals in managing the relational consequences of childhood trauma. This study systematically examined the relationship between childhood trauma experiences and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya. By focusing explicitly on early traumatic experiences as the primary independent variable and

acknowledging trauma-informed care as a contextual intervention, the study addresses a critical knowledge gap, contributing valuable insights to local and international literature on trauma-informed marital interventions.

1.4 Purpose of the Study

This research aimed to examine the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya.

1.5 Research Objectives

The study was grounded on one general objective and three specific objectives.

1.5.1 General Objective

The main objective of the study was to examine the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya

1.5.2 Specific Objectives

- i. To investigate the prevalence of different types of childhood trauma among married individuals in Ngando, Nairobi County, Kenya.
- ii. To assess the levels of marital satisfaction among married individuals in Ngando, Nairobi County, Kenya.
- iii. To examine the relationship between childhood trauma and marital satisfaction among married individuals in Ngando, Nairobi County, Kenya.

1.6 Research Questions

The study was guided by the following questions.

- i. What is the prevalence of the different types of childhood trauma among married individuals in Ngando Location, Nairobi County, Kenya?
- ii. What are the levels of marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya?

- iii. What is the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya?

1.7 Significance to the Study

This study investigated the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County. It also examined the prevalence of trauma, levels of marital satisfaction, and how childhood trauma impacts adult relationships. The findings would support counselors, psychologists, and marriage therapists in creating trauma-informed interventions that foster emotional connection, trust, and communication, ultimately enhancing mental health support and promoting stronger, healthier marriages.

This study would enhance academic knowledge in psychology, social work and family studies by providing evidence on the connection between childhood trauma and marital satisfaction. The findings may also inform future research, improve training in higher education, and support the development of targeted interventions. Institutions focused on family well-being and religious organizations may also use these insights to offer better counseling, support programs, and guidance for couples affected by childhood trauma.

The study's outcomes may provide valuable information for policymakers involved in mental health and social welfare. Through understanding how childhood trauma affects marital satisfaction, decision-makers can formulate and implement policies that promote access to trauma-informed counseling services. Government agencies responsible for family and social welfare can integrate trauma awareness into community-based mental health programs, ensuring that married individuals receive the necessary support to foster stable and fulfilling relationships.

This study was designed to investigate how childhood trauma affects marital satisfaction

among married individuals. The findings will help couples understand how unresolved early experiences impact emotional connection, communication, and relationship stability. The research emphasizes the need for support systems to enhance marital well-being and aims to strengthen families, promote emotional health, and guide interventions for stable, fulfilling marriages

1.8 Justification of the Study

This study was essential for exploring the relationship between childhood trauma and marital satisfaction in Ngando Location, Nairobi County. Although existing research has addressed the impact of childhood trauma on adult relationships, there was a significant gap in understanding how these experiences specifically influenced marital satisfaction in the Kenyan context. The study aimed to investigate three key objectives: firstly, to examine the prevalence of different types of childhood trauma among married individuals in Ngando; secondly, to assess the levels of marital satisfaction among these individuals; and thirdly, to explore the relationship between childhood trauma and marital satisfaction.

Ngando Location, characterized by its unique socio-economic challenges and cultural dynamics, presented a distinct context in which the effects of childhood trauma on marital satisfaction could differ from those observed in other regions. The study explored how various forms of childhood trauma such as physical, emotional, or sexual abuse—affected marital relationships in this community. Understanding the prevalence of such trauma and its association with marital satisfaction helped address a critical gap in the existing literature and contributed to the development of more targeted interventions. The findings held significant implications for policymakers, mental health professionals, and community organizations working with married couples in Ngando. Examining marital satisfaction and the role of childhood trauma in shaping marital dynamics provided.

1.9 Scope and Delimitation of the Study

This study focused on married individuals residing in Ngando Location, Nairobi County. It examined the prevalence of childhood trauma, assessed levels of marital satisfaction, and analyzed the relationship between these two variables. Both male and female participants aged 18 years and above were included, in line with the Kenyan Marriage Act of 2014, which sets the minimum legal age for marriage at 18 years for both genders. The Act establishes that marriage is a voluntary union and prohibits individuals from marrying before reaching this age (The Marriage Act, 2014). A quantitative research design was employed, using structured questionnaires to collect data from participants. Statistical methods were applied to determine the relationship between childhood trauma and marital satisfaction. The study aimed to provide a detailed understanding of how early traumatic experiences influence marital relationships, generating insights that can inform interventions to enhance relationship quality and emotional well-being within this community.

The study was confined to married individuals in Ngando Location, Nairobi County. It specifically investigated the prevalence of childhood trauma, levels of marital satisfaction, and the relationship between these variables. Participants included those who are currently married or separated to ensure comprehensive representation of marital experiences. Unmarried individuals, widowed, divorced, and those in cohabiting relationships were excluded, as the study focused on the dynamics within ongoing marriages guided by the ENRICH Marital Satisfaction scale. Additionally, the research did not capture children's perspectives on parental relationships, as it centered on adult experiences within marriage.

1.10 Assumptions of the Study

This study assumed that childhood trauma is a relevant and significant experience among married individuals in Ngando Location. It also assumed that participants would respond to the research instruments honestly and accurately, providing truthful accounts of both their childhood experiences and current marital satisfaction. Furthermore, it was assumed that marital satisfaction varied across individuals and that these variations can be reliably captured using valid, standardized, and culturally appropriate research tools. Lastly, the study assumed that a measurable relationship exists between childhood trauma and marital satisfaction and that this relationship could be systematically examined and analyzed through empirical, quantitative research methods.

1.11 Chapter Summary

This chapter introduced the study that examined the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya. It outlined the research problem, objectives, questions, scope, and delimitations of the study, as well as the assumptions that guided the investigation. The study's significance was discussed, highlighting its potential value for mental health practitioners, educators, policymakers, and community-based organizations. The next chapter will focus on the theoretical framework and empirical studies relevant to the research topic.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a comprehensive review of the theoretical and empirical foundations supporting the study, focusing on Attachment Theory and Structural Family Theory as the primary frameworks. The review of empirical studies is organized according to the three research objectives, highlighting key findings and trends in the literature across global, regional, and local contexts. Additionally, this chapter introduces the conceptual framework that guides the study, illustrating the interactions between the key variables. By integrating existing theories and empirical evidence, this chapter lays the groundwork for addressing the identified research gaps and advancing knowledge in this field. The chapter concludes with a summary, emphasizing its contribution to the overall research proposal.

2.2 Theoretical Framework

According to Babbie (2022)=, a theory is a systematic explanation of an aspect of the natural or social world, based on a body of evidence and guided by a set of principles that organize concepts and predict outcomes. It provides a framework for understanding complex phenomena by establishing relationships between variables and explaining how and why certain events occur. This research will be guided by the attachment theory and structural family theory, both of which explore how early family experiences shape adult relationships, ultimately influencing marital satisfaction in adulthood. Using both theories provides a more comprehensive approach to understanding the relationship between childhood trauma and marital satisfaction.

2.2.1 Attachment Theory (AT)

In the human context, attachment refers to the deep emotional bond that develops between two or more adults, but most importantly between a child and their primary caregivers, typically

parents, during early childhood. In the context of family, this bond is critical as it forms the foundation for a child's emotional security, self-esteem, and capacity to form healthy relationships later in life (Basso et al., 2024, p. 3).

Attachment Theory (AT), developed by John Bowlby and expanded by Mary Ainsworth, posits that early interactions with caregivers shape a person's or child's social and emotional development, which influences individuals' expectations and behaviors in adult relationships throughout their lifetime (Basso et al., 2024, p. 3). These early experiences lead to the development of distinct attachment styles and internal working models that influence emotional regulation and interpersonal dynamics (Bowlby, 2021, p. 74). The term means that the child's working models are internal beliefs about oneself and others formed through early attachment experiences.

Brown et al. (2021, p. 365) established that attachment styles such as secure, anxious, avoidant, and disorganized are shaped by the consistency and responsiveness of caregivers during childhood. Secure attachments typically foster healthier adult relationships, while insecure attachments, often resulting from childhood trauma, can lead to difficulties in trust, intimacy, and emotional regulation in marital relationships (Shaver, 2016, p. 18).

In the context of childhood trauma and marital satisfaction among married individuals, the theory offers a framework for explaining how childhood trauma (physical or emotional abuse, neglect, or domestic violence) disrupts secure attachment, leading to insecure attachment styles that may impair marital satisfaction.

The strengths of attachment theory provide a robust framework for understanding how early childhood experiences, particularly trauma, impact adult relational patterns. Despite its strengths, attachment theory has limitations. It primarily focuses on early caregiver-child relationships, potentially overlooking the influence of later life experiences and broader social

contexts on adult relationships (Deschênes et al., 2021, p. 890).

Attachment theory is appropriate for this study because it serves as a pertinent framework, which offers a useful lens to examine how childhood trauma may impact the key aspects of marital satisfaction, including emotional safety, trust, and conflict resolution. Therefore, this study drew upon attachment theory to explore how experiences of childhood trauma influence marital satisfaction among individuals living in the Ngando location, Nairobi County. While Attachment theory provides important insights into individual relational patterns, it does not fully address the broader family context that also shapes adults relationship outcomes.

2.2.2 Structural Family Theory (SFT)

Salvador Minuchin and his colleagues developed Structural Family Theory (SFT), a prominent approach in family therapy, in 1974. SFT examines the structure and regulations of a family system to comprehend the impact of relationships and communication patterns on individual well-being and familial issues. The goal is to restructure the family to create healthier boundaries, hierarchies, and subsystems, promoting more adaptive functioning (Minuchin, 1974, p. 52).

The integration of attachment theory and structural family theory offers a comprehensive framework for understanding how childhood trauma influences marital satisfaction. Together, these theories address both the individual and systemic dimensions of relational well-being. Attachment theory focuses on the individual's internal working models and emotional bonds formed in childhood, explaining how early trauma disrupts secure attachment and leads to insecure attachment styles that affect trust, intimacy, and emotional regulation in adult relationships.

Structural Family Theory complements this concept by examining the broader family system, including boundaries, hierarchies, and subsystems, which shape relational patterns and communication. The Structural Family Theory provides an excellent starting point for

understanding how childhood trauma disrupts family structures, leading to dysfunctional relational patterns that persist into adulthood. When applied to marital satisfaction, the theory highlights how trauma-induced structural imbalances such as enmeshed boundaries, rigid hierarchies, or disengaged subsystems create relational difficulties that undermine marital cohesion and intimacy.

2.3 Empirical Literature Review

This section reviews empirical studies related to the study's three objectives: the prevalence of childhood trauma among married individuals, levels of marital satisfaction among married individuals, and the relationship between childhood trauma and marital satisfaction.

2.3.1 Prevalence of different types of Childhood Trauma Among Married Individuals

Childhood trauma is a pervasive issue that affects many individuals, often carrying significant implications into adulthood. Childhood trauma prevalence among married individuals can significantly impact relationship dynamics, emotional health, and overall marital satisfaction.

In the USA, Afifi et al. (2020) conducted a study on the intergenerational relationships between child maltreatment, behavioral outcomes, and mental health conditions. The study used a sample of 10,530 adults, with a cross-sectional study utilized logistic regression to estimate prevalence and associations with mental health outcomes, relying on retrospective self-reports via structured interviews. Findings revealed a 22% prevalence of childhood maltreatment, with emotional abuse (13%) and physical abuse (10%) being the most common, significantly increasing the odds of mental health issues.

In Australia, Higgins et al. (2021) conducted a study on the prevalence of diverse childhood adversities and their impact among young Australians. The sample included 9,277 young adults aged 16-25, using a cross-sectional research design. Findings revealed a 62% prevalence of childhood adversities, with emotional abuse 28% and household dysfunction 25% being the most common, both linked to increased social disconnection. This study only focused on young adults

rather than married couples, and the Australian context differs significantly from that of Ngando Location.

Arogbofa (2023) conducted a cross-sectional study in Gwagwalada, Nigeria, to investigate the impact of childhood trauma on cognitive functioning among adolescents. The study involved 240 participants (120 males and 120 females), with an average age of 14.5 years. Results showed that 75% of the adolescents had experienced some form of trauma, with emotional abuse being the most frequently reported (45%). Statistical analysis revealed a significant negative correlation between trauma and cognitive performance ($r = -0.42$, $p < 0.01$). Furthermore, emotional abuse emerged as a strong predictor of lower cognitive scores in the regression analysis ($\beta = -0.35$, $p < 0.01$), with the effect being more pronounced among female participants.

In South Africa, Sevenoaks et al. (2022) conducted research on the impact of childhood trauma, stressful life events, and HIV stigma on mental health in adolescents. The findings revealed that higher levels of childhood trauma and HIV stigma were significantly associated with increased anxiety ($\beta = 0.32$, $p < .01$), depression ($\beta = 0.28$, $p < .01$), and disruptive behavior ($\beta = 0.25$, $p < .05$), and negatively correlated with self-concept ($r = -0.30$, $p < .01$).

In Ghana, Tenkorang (2023) conducted a study on the physical, sexual, and psychosocial health impacts of child abuse: evidence from Ghana. The study used a sample of 2,289 ever-married women aged 15-49, and a quantitative, retrospective design, collecting data via structured interviews on childhood abuse (physical, sexual, emotional) and health outcomes, analyzed with logistic regression to estimate prevalence and associations with psychosocial health (depression, anxiety). Findings revealed that 78% of women reported at least one form of childhood abuse, with physical abuse (45%) and emotional abuse (30%) most prevalent, significantly linked to lifelong psychosocial issues (OR = 2.5, 95% CI: 1.8–3.4). This study informs the current study in relation

to trauma prevalence.

In Malawi, Pulerwitz et al. (2022) conducted a study on the effects of men's lifetime adverse events experience on violence, HIV Risk, and wellbeing: insights from three countries. The sample included 611 men aged 18 and older, recruited via the PLACE methodology at community hotspots and HIV service sites in Malawi in 2017–2018. The cross-sectional study used structured interviews to assess adverse childhood events (being beaten at home) and adulthood traumas, with log-binomial regression to estimate prevalence and health outcomes (depression, IPV perpetration). Findings showed 70% of men experienced childhood adverse events, with frequent beatings (35%) most common, associated with increased depression (52% among those with 3+ traumas) and IPV perpetration (OR = 2.1, 95% CI: 1.5–2.9). This highlights trauma's prevalence and relational impact, relevant to Ngando's focus.

Kamukama et al. (2022) conducted a qualitative study in Uganda with 25 parents to explore their understanding of child sexual abuse (CSA) and its link to HIV prevention. Using in-depth interviews, the study found that 20% of parents reported CSA experiences among their children, with non-consensual sexual debut identified as a key HIV risk factor. However, stigma likely led to underreporting. While insightful, the study's small, qualitative, parent-focused sample limits generalizability and does not address marital satisfaction. In contrast, the current study will adopt a quantitative, cross-sectional approach to provide broader, measurable insights into the relationship between childhood trauma and marital satisfaction.

In Ethiopia, Amare et al. (2025) conducted a study on one in six children and adolescents in South Ethiopia who had childhood trauma. The sample included 423 children and adolescents aged 5-14, selected via systematic random sampling from Wolaita Sodo University Comprehensive Specialized Hospital in 2022. The hospital-based, cross-sectional study used

structured, interviewer-administered questionnaires (adapted ACE Questionnaire) to assess trauma prevalence (physical, emotional, sexual abuse, neglect), analyzed with descriptive statistics and logistic regression to identify associated factors (poverty, parental substance use). Findings revealed a 16.7% prevalence of childhood trauma, with emotional abuse (8%) and physical abuse (6%) sexual abuse.

In Kenya, Wanjiru et al. (2020) conducted a study on the impact of childhood trauma on mental health outcomes in Kenyan Adolescents. The sample population consisted of 300 adolescents aged 12-18 years from various regions in Kenya. Utilizing a cross-sectional survey methodology, the researchers assessed the prevalence of childhood trauma and its association with mental health issues such as anxiety and depression. The findings revealed that 65% of participants reported experiencing some form of childhood trauma, with emotional abuse being the most common. The study highlighted a significant correlation between childhood trauma and increased levels of anxiety and depression among adolescents. However, it identified a gap in longitudinal studies that could provide insights into the long-term effects of childhood trauma on mental health outcomes.

Ochieng et al. (2021) explored the prevalence of childhood trauma in a study on childhood trauma and its effects on academic performance among Kenyan Public Secondary School Students, Meru County. The sample included 400 secondary school students aged 14-18 years. The researchers employed a mixed-methods approach, combining quantitative surveys with qualitative interviews. The results indicated that 70% of students reported experiencing childhood trauma, with physical abuse being prevalent. The study found that there is a negative impact of childhood trauma on academic performance, as students with traumatic experiences had lower grades and higher dropout rates.

Mutiso et al. (2022) conducted a qualitative study on the understanding of childhood trauma in Kenyan communities: a cultural perspective. The sample population consisted of 50 caregivers and community leaders from diverse ethnic backgrounds in Kenya. Through focus group discussions and in-depth interviews, the researchers aimed to understand cultural perceptions of childhood trauma and its prevalence. The findings revealed that many participants recognized emotional and physical abuse as common forms of trauma, yet there was a lack of awareness regarding its long-term effects. The study identified a gap in culturally sensitive interventions that address childhood trauma within the Kenyan context, emphasizing the need for community-based programs that incorporate local beliefs and practices.

Karanja et al. (2023) researched childhood trauma and its relationship with substance abuse among Kenyan youth. The sample included 250 youths aged 15-24 years from urban slums in Nairobi. Using a quantitative survey methodology, the researchers assessed the prevalence of childhood trauma and its correlation with substance abuse behaviors. The findings indicated that 60% of participants reported experiencing childhood trauma, with a significant association between trauma and increased likelihood of substance abuse. The study highlighted the urgent need for targeted prevention and intervention programs for at-risk youth. However, it pointed out a gap in understanding the specific mechanisms through which childhood trauma leads to substance abuse.

Njeri et al. (2024) conducted a study on the role of childhood trauma in shaping adult relationships in Nakuru County, Kenya. The sample population consisted of 200 adults aged 25-40 years who reported experiencing childhood trauma. The researchers utilized a qualitative methodology, conducting in-depth interviews to explore the impact of childhood trauma on adult relationships. The findings revealed that participants often struggled with trust and intimacy issues,

leading to difficulties in forming healthy relationships. The study emphasized the need for therapeutic interventions to address these issues. However, this study used qualitative and the current study will use a quantitative research design that could measure the prevalence of specific childhood trauma and its direct effects on relationship satisfaction.

Ayaya et al. (2023) investigated the prevalence of child abuse among orphaned, separated, and street-connected children and adolescents (OSCA) in Uasin Gishu County, Kenya, following 2,393 participants under 18 years across institutional care, family-based care, and street-connected groups. The findings of the study revealed that 47% of OSCA reported experiencing abuse, increasing to 54% at follow-up, with street-connected children facing significantly higher rates of physical, emotional, and sexual abuse compared to those in family-based care, while abuse rates in institutional care were comparable to family-based settings (Wambui, 2022). Afullo (2020) examined emotional disorders among 232 adolescents aged 13-18 living in charitable children's institutions (CCIs) in Nairobi, using the Harvard Trauma Questionnaire (HTQ), Beck's Anxiety Inventory (BAI), and Beck's Depression Inventory II (BDI-II). The study found that 63.2% had experienced abuse and neglect, emphasizing the mental health burden in institutional care.

Mbwayo et al. 2020 carried out a study among 2046 (83.9%, 95% CI = 82.3%–85.5%) children from four primary and four secondary public schools in urban Kasarani and rural Kiambu West in Kenya. The findings revealed, seeing someone in their area beaten up, shot at or killed (46.9%), hearing about the violent death or serious injury of a loved one (42.0%), seeing someone dead (41.9%) and being in a place where fighting/war was going on around them (37.4%). The least commonly endorsed PTEs were exposure to fire, flood or other kind of natural disaster (11.7%) and being in a bad accident (9.2%). A total of 337 children (13.9%) reported having witnessed post-election violence within the past 12 months. Of the children, 654 (26.8%, 95%

CI = 25.1%–28.7%) met full criteria for PTSD. In adulthood, unresolved trauma may manifest as anxiety, depression, or irritability, affecting both partners' emotional well-being.

Chepkorir (2022) conducted a study mapping child abuse vulnerability across Nairobi County, highlighting significant socio-economic risk factors that contribute to childhood trauma. Using spatial data and statistical modeling, the research identified that unemployment, poverty density, education levels, household size, and population density were critical in influencing the risk of child abuse. The findings from the Geographically Weighted Regression (GWR) indicated that these socio-economic factors accounted for 66% of the variation in vulnerability, with sub-counties like Kibra, Embakasi North, Starehe, and Kasarani being particularly affected. Notably, higher poverty levels and population density increased the risk of abuse, while improved education correlated with reduced vulnerability. The study underscores the importance of addressing socio-economic disparities in efforts to mitigate childhood trauma, emphasizing the need for tailored child protection based on neighborhood conditions.

The current study specifically examined the prevalence of childhood trauma among married individuals in Ngando Location, an area lacking extensive research. By focusing on this population, the research aimed to fill a critical gap in understanding how widespread childhood trauma is among married couples in this urban setting and how it may relate to their current marital satisfaction.

2.3.2 Marital Satisfaction Levels Among Married Individuals

In Shahroud (northeast of Iran), Nouri et al. (2019) conducted a study among 500 married women who were referred to health care centers for obstetrics and gynecology services. Using the Enrich Marital Satisfaction Scale the study sought to find out levels of marital satisfaction and related factors. The findings revealed the mean score of marital satisfaction was 118.33 ± 22.06 .

Based on the marital satisfaction score, 6 (1.2%) of the participants had low marital satisfaction; 132 (26.4%) had moderate marital satisfaction; 281 (56.2%) had a high marital satisfaction and 81 (16.2%) had very high marital satisfaction. Significant relationships were observed between marital satisfaction and age ($P = 0.005$) and the duration of marriage ($P = 0.001$), age of spouse ($P = 0.003$), number of children ($P = 0.003$), age at the first marriage (0.024), woman's education and husband's education ($P = 0.001$), income ($P = 0.001$), pregnancy experience ($P = 0.001$) and childbirth experience ($P = 0.001$). The study revealed several factors which could be important in marital satisfaction.

In Iran, Honarvar et al. (2024) investigated marital satisfaction among newlywed couples. The findings revealed that 442 (83.3%) of the population representing the majority reported high marital satisfaction, while only 53 (10.7%) reported low marital satisfaction. Several predictors of marital satisfaction were identified by the study including meeting one's husband expectations, correctness of mate selection, pre-existing acquaintance with the husband, and sexual satisfaction within the marriage. These findings suggest that marital satisfaction among newlywed couples is high when all relational expectations are met.

In India, Wani, et al. (2013) conducted a study on Marital Satisfaction among Indian couples: the role of socio-cultural factors. The study used a total sample population of 150 married individuals from diverse socio-economic backgrounds. The research indicated no significant differences between husbands and wives regarding the sexual dimensions of marital adjustment, $F = 0.37$. The social dimension was significant with $F = 7.33$, and there was a notable difference between husbands and wives regarding their emotional dimension, $F = 7.12$. The findings suggest that marital is a factor in marital satisfaction.

Abolghasemi, et al. (2022) investigated the social, economic, and cultural factors affecting

marital satisfaction of 382 couples of reproductive ages in Tehran, using generalized estimating equations. Findings revealed that significant correlation ($r = 0.701$) existed between marital satisfaction of the women and their husbands, the factors affecting marital satisfaction were examined using generalized estimating equations and the R software (version 3.6.2). the mean marital satisfaction score each year of increase in the marriage duration increased the marital satisfaction score by 0.321. The study suggests that personality traits as well as social, economic, and cultural factors were associated to the couples' marital satisfaction levels.

Orhe, et al. (2025) carried out research on the Relationship Between Marital Satisfaction and Psychological Health Among Married Couples in South Nigeria. A total of 184 participants were included in the study. The participants were predominantly female; the proportion of males was 63 (34.2%) and females were 121 (65.8%). The mean age of the participants was 38.2 ± 7.0 years. Those aged 26-35 and 36 -45 years were 37.0% and 47.2% respectively. The elderly and those less than 26 years were the minority, 2.2% and 3.8% respectively. The findings revealed that the association between duration of marriage and psychological stability was highly significant; $p = 0.001$. Over three-fifths 115 (62.5%) of the patients had marital satisfaction whereas 69 (37.5%) of them were not satisfied in their marriage. The majority of the study participants were psychologically stable in their marriage, while 29.4% were unstable. In this study, psychological health was found to be a significant predictor of marital satisfaction.

Obianenue and Ayodele (2025) investigated factors influencing marital health among 390 married couples in a selected Pentecostal Church in Ogun State. The findings revealed that the communication ($B = 0.905$, Wald = 27.978, $p < 0.001$), Conflict resolution skills ($B = 0.252$, Wald = 38.963, $p < 0.001$), and stress ($B = -0.445$, Wald = 74.443, $p < 0.001$) significantly impacted the level of marital health of couples in the selected Pentecostal Church in Ogun State. The study

suggests that marital health is characterized by emotional stability, mutual satisfaction, and effective adjustment.

Uwannah et al. (2023) explored the relationship between marital satisfaction, perceived organizational support, and job involvement among 200 employed women in South-West Nigeria. Results showed that marital satisfaction and organizational support combined to influence job involvement ($F(2, 197) = 40.942, p < .05$), organizational support ($\beta = .202; t = 14.613; p < .05$) and marital satisfaction. ($\beta = .134; t = 10.402; p < .05$) had significant relative influence on job involvement, and there were significant positive bivariate relationships among the variables of the study. However, this study focused on organizational support and job involvement among women in South-West Nigeria. However, but the current study aims to investigate the relationship between childhood trauma and marital satisfaction in Ngando location, Nairobi County, Kenya.

A study by Njeri (2020, p. 72) conducted in Nairobi with 312 married individuals found that 45% reported moderate marital satisfaction (mean ENRICH score = 42.6, $SD = 7.8$), 35% reported low satisfaction (mean score = 28.3, $SD = 5.4$), and only 20% reported high satisfaction (mean score = 58.7, $SD = 6.2$). The study identified financial constraints ($\beta = -.34, p < .001$), communication difficulties ($\beta = -.41, p < .001$), and infidelity ($\beta = -.28, p < .01$) as major factors contributing to marital dissatisfaction, with these three variables explaining 48% of the variance in marital satisfaction ($R^2 = .48, F(3,308) = 95.23, p < .001$).

Wambua (2023, p. 92), using a mixed-methods approach with 234 couples focusing on those affected by childhood trauma, found that 67% of participants reported marital dissatisfaction (ENRICH scores below 35), with 48% citing frequent conflict (mean conflict frequency = 4.2 episodes per week, $SD = 2.1$) and 39% noting emotional detachment (measured by the Emotional Intimacy Scale, mean score = 2.8 out of 7, $SD = 1.3$) as primary concerns. Qualitative interviews

revealed that unresolved childhood trauma created barriers to trust (mentioned by 78% of participants), vulnerability (71%), and emotional openness (65%). The study highlighted the need for targeted trauma-informed interventions to address the relational impacts of unresolved childhood trauma.

Chomba, et al. (2023) investigated the impact of language on marital satisfaction among intercultural couples in Kiambu County, Kenya. The study found a significant positive relationship ($\beta = 0.872$, $p = 0.000$) between effective communication through language and marital satisfaction, highlighting the importance of language in fostering marital contentment in intercultural marriages. Emusugut and Okumu (2023) assessed marital satisfaction among Protestant clergy and their spouses in Nairobi, revealing that 47.6% of participants reported a moderate level of marital satisfaction. The study found that stressors related to ministry life contributed to marital dissatisfaction, recommending policy measures to address these challenges proactively.

The current study assessed marital satisfaction levels specifically among married individuals in Ngando Location. By using the ENRICH Marital Satisfaction Scale, the research aimed to provide detailed insights into the distribution of satisfaction levels in this population and to explore potential associations with childhood trauma experiences.

2.3.3 Relationship between Childhood Trauma and Marital Satisfaction

Schulz et al. (2018, p. 528) conducted a study in Germany involving 512 adults to investigate the influence of attachment styles on the relationship between childhood maltreatment and marital satisfaction. The study used the Childhood Trauma Questionnaire ($\alpha = 0.88$), the Experiences in Close Relationships Scale ($\alpha = 0.91$ for anxiety, $\alpha = 0.89$ for avoidance), and the Relationship Assessment Scale ($\alpha = 0.86$). Results indicated that individuals with histories of childhood trauma were significantly more likely to exhibit insecure attachment styles: anxious attachment ($M = 4.12$, $SD = 1.23$ vs. $M = 2.89$, $SD = 1.01$, $t(510) = 8.45$, $p < .001$) and avoidant

attachment ($M = 3.87$, $SD = 1.15$ vs. $M = 2.56$, $SD = 0.98$, $t(510) = 9.23$, $p < .001$). These insecure attachment styles in turn predicted significantly lower marital satisfaction ($M = 3.24$, $SD = 1.08$ vs. $M = 4.36$, $SD = 0.87$, $t(510) = 8.92$, $p < .001$). Structural equation modeling revealed that attachment styles mediated 62% of the relationship between childhood maltreatment and marital satisfaction (indirect effect $\beta = -.24$, 95% CI $[-.32, -.16]$, $p < .001$). The study emphasized that therapeutic interventions targeting attachment security and emotion regulation could improve marital outcomes for trauma survivors.

In the United States, Carter and Nguyen (2023) conducted research on exploring the impact of childhood trauma on marital satisfaction among American couples. The study used a sample population of 400 married individuals from diverse backgrounds across the US. The study utilized a quantitative survey methodology and assessed the correlation between various types of childhood trauma and current levels of marital satisfaction. The findings of the study indicated that individuals with a history of emotional and physical abuse during childhood reported significantly lower marital satisfaction compared to those without such experiences. However, the study only focused on American couples, while the current study will be conducted with a sample of 400 participants in Ngando location.

In China, Zhang and Li (2023) investigated the effects of childhood trauma on marital satisfaction among rural couples in China. The sample population comprised 500 married individuals from rural Gansu Couples. Using a quantitative survey methodology, the researchers assessed the relationship between childhood trauma and marital quality. The findings indicated that higher levels of childhood trauma were associated with lower marital satisfaction and increased relational conflict. However, the study highlighted a gap in examining the influence of traditional family values and collectivist culture on the experiences of individuals with childhood

trauma in marital contexts. The study focused solely on American couples, limiting cross-cultural applicability and not exploring how coping strategies or communication patterns influence marital satisfaction.

Wang et al. (2023) the study examined how parental marital status and childhood maltreatment affect anxiety levels in adolescents. The study found that those from divorced (48.8%), stepparent (49%), and single-parent (48%) families reported significantly higher anxiety compared to their peers from intact families (35.1%). Additionally, emotional abuse, sexual abuse, and physical neglect were identified as significant risk factors, with childhood maltreatment mediating the relationship between family structure and anxiety. Although linking childhood trauma to later emotional difficulties, the study did not assess adult marital satisfaction outcomes.

In India, Kumar and Singh (2023) examined the relationship between childhood trauma and marital satisfaction. The sample population consisted of 350 married individuals from both urban and rural settings. The study used a mixed-methods approach and assessed quantitative data through surveys and qualitative insights through interviews. The findings indicated that childhood trauma significantly affected emotional intimacy and communication in marriages, leading to lower satisfaction levels. However, the study noted a gap in exploring how socio-cultural factors and economic conditions in India might influence the relationship between childhood trauma and marital satisfaction. The study did not explore how socio-cultural factors or economic conditions might moderate this relationship.

Tekin and Karakuş (2019) explored the impact of childhood trauma on emotion regulation and marital satisfaction among 350 pregnant adolescents at Konya Dr. Faruk Sükan Hospital in Turkey. The study used the Childhood Trauma Scale (CTQ-28), the Difficulties in Emotion Regulation Scale (DERS), and the Marriage Life Scale. The study found that childhood trauma

significantly influenced emotion regulation difficulties, which in turn contributed to marital dissatisfaction, with trauma accounting for 44% of emotion regulation issues and 53% of marital dissatisfaction, emphasizing the need for targeted interventions for this vulnerable group. The study focused on a highly specific group (pregnant adolescents), limiting generalizability to adult married populations.

In Nigeria, Adeyemi and Okafor (2023) conducted a study on the impact of childhood trauma on marital satisfaction among couples in North-West, Niger State in Nigeria. The study used a sample population of 400 married individuals and a quantitative survey methodology. The researchers assessed the correlation between childhood trauma experiences and current marital satisfaction levels. The findings revealed that individuals with a history of childhood trauma reported significantly lower levels of marital satisfaction compared to those without such experiences. Similarly, Eze and Okeke (2023) revealed that individuals with a history of childhood trauma reported significantly lower levels of marital satisfaction compared to those without such experiences. However, the study failed to identify factors that influence the relationship between childhood trauma and marital satisfaction in different ethnic groups.

Mensah and Owusu (2023) explored the effects of childhood adversity on marital satisfaction in Ghana. The sample included 400 married couples Oti Region, employed a mixed-methods approach, and combined quantitative surveys with qualitative interviews to examine how childhood experiences influenced marital dynamics. The findings revealed that adverse childhood experiences were linked to lower levels of marital satisfaction, particularly in communication and emotional intimacy. The study noted a gap in understanding how socio-economic factors and cultural beliefs in Ghana might mediate the effects of childhood trauma on marital satisfaction.

In Botswana, Khama and Motsumi (2023) conducted research on childhood trauma and marital satisfaction among couples in Botswana. The sample population consisted of 350 married individuals from the Kgalagadi District. The study used a quantitative survey methodology that assessed the impact of childhood trauma on marital satisfaction. The study found that individuals who experienced physical abuse, emotional abuse and household dysfunction had significantly lower marital satisfaction, particularly in areas related to conflict resolution and emotional support. However, the study was conducted in Botswana, which has its own cultural, social, and economic contexts that may affect the findings. In contrast, the current study will take place in Ngando, Kenya, a location with unique characteristics. This difference in setting enables a deeper understanding of how childhood trauma and marital satisfaction may differ between the two areas.

Abebe and Tesfaye (2023) investigated the influence of childhood trauma on marital satisfaction among couples in Amhara, Ethiopia. The sample population comprised 400 married individuals from both urban and rural settings. Using a mixed-methods approach, the researchers assessed both quantitative data through surveys and qualitative insights through interviews. The findings indicated that childhood trauma significantly affected emotional intimacy and communication in marriages, leading to lower satisfaction levels. However, the study identified a gap in exploring how cultural practices and community support systems in Ethiopia might influence the relationship between childhood trauma and marital satisfaction.

In Zambia, Chanda and Mwansa (2023) examined the relationship between childhood trauma and marital satisfaction in Luapula Province. The sample population consisted of 300 married individuals from various regions. The study used a quantitative survey methodology and assessed the correlation between childhood trauma experiences and marital satisfaction levels. The findings revealed that individuals with a history of childhood trauma reported significantly lower

levels of marital satisfaction, particularly in emotional support and conflict resolution. However, the study noted a gap in understanding how socio-economic factors and cultural expectations in Zambia might influence the relationship between childhood trauma and marital satisfaction.

Muthengi et al. (2021, p. 1092), analyzing data from 1,266 ever-partnered women aged 18-24 from the Kenya VACS, found that childhood violence significantly increased the odds of adult intimate partner violence. Specifically, women who experienced physical violence in childhood had 2.8 times higher odds of experiencing adult IPV (AOR = 2.8, 95% CI [1.9, 4.1], $p < .001$), those with childhood sexual violence had 3.4 times higher odds (AOR = 3.4, 95% CI [2.3, 5.0], $p < .001$), and those with emotional violence had 2.2 times higher odds (AOR = 2.2, 95% CI [1.5, 3.2], $p = .002$). Women experiencing all three types of childhood violence had 4.8 times higher odds of adult IPV (AOR = 4.8, 95% CI [3.1, 7.5], $p < .001$). This adult IPV was in turn strongly associated with lower marital satisfaction ($r = -.58$, $p < .001$), as measured by the Couple Satisfaction Index. The study highlighted the cyclical nature of violence and its detrimental effects on relational well-being.

Mwangi and Otieno (2023) conducted a study on childhood trauma and marital satisfaction among couples, North Eastern Province, Wajir County. The sample population consisted of 350 married individuals and a mixed-methods approach was used, combining quantitative surveys with qualitative interviews to explore how childhood trauma influenced marital satisfaction. The findings indicated that childhood trauma can negatively influence lower levels of marital satisfaction, particularly in areas related to emotional intimacy and conflict resolution. Achieng and Karanja (2023) explored the impact of childhood adversity on marital quality in Kisumu. The findings revealed that higher levels of childhood trauma were associated with increased marital dissatisfaction, particularly due to issues related to trust and communication.

Kamau et al. (2022, p. 10), in a cross-sectional study with 1,200 caregivers (73% mothers, 88% married) of children with disabilities in Nairobi, examined depression and intimate partner violence. Using the Hopkins Symptom Checklist for Depression (HSCL-D, $\alpha = 0.89$), the study found that childhood trauma, particularly exposure to intimate partner violence, was significantly associated with maternal depression. Among caregivers with childhood IPV exposure, 42% met clinical criteria for depression (HSCL-D score > 1.75) compared to 18% without such exposure ($\chi^2 = 78.45, p < .001$). Path analysis revealed that childhood IPV exposure had both direct effects on marital satisfaction ($\beta = -.19, p < .05$) and indirect effects through current depression ($\beta = -.14, p < .01$), with depression strongly predicting lower marital satisfaction ($\beta = -.45, p < .001$). Mediation analysis showed that depression accounted for 42% of the relationship between childhood trauma and marital dissatisfaction. The study also found that depression negatively affected communication quality ($r = -.38, p < .01$) and emotional intimacy ($r = -.42, p < .001$), which further impaired marital satisfaction.

Stanley and Davis (2024) revealed a strong positive correlation ($r = 0.819, p = 0.000$) between stress and physical violence and a significant relationship using the Pearson Chi-Square test ($\chi^2(16, n = 52) = 30.672, p = 0.011 < 0.05$), leading to recommendations for stress management and multi-stakeholder collaboration to address gender-based violence. However, existing studies on the relationship between childhood trauma and marital satisfaction lack an investigation into the effectiveness of different coping strategies and communication styles used by couples.

Therefore, in this context, the current study focuses on examining how individuals with childhood trauma navigate their marital relationships and the impact of their communication patterns on marital satisfaction. By exploring these dynamics, the research aims to provide insights into how effective communication can mitigate the effects of childhood trauma and enhance

relationship stability.

The global evidence indicates that childhood trauma consistently predicts lower marital satisfaction, particularly through impairments in emotional intimacy, communication, and conflict resolution. However, gaps remain regarding the influence of cultural, socio-economic, and relational moderators, as well as the role of adaptive coping strategies. The current study seeks to address these gaps by examining how childhood trauma impacts marital satisfaction in Ngando, Kenya, with a focus on communication patterns and relationship navigation strategies among affected couples.

2.4 Research Gap

The examination of theoretical and empirical literature uncovers significant deficiencies that the present study sought to fill. First, while global and regional research has established links between childhood trauma and marital satisfaction, there is a paucity of research specifically examining this relationship in urban Kenyan contexts, particularly in Ngando Location. Most existing Kenyan studies have focused on other regions or have examined related but distinct constructs, such as intimate partner violence or mental health outcomes.

Second, existing research has often focused on specific types of childhood trauma (e.g., sexual abuse or physical abuse) rather than examining the full spectrum of traumatic experiences, including emotional abuse, emotional neglect, and physical neglect, as captured by comprehensive instruments like the Childhood Trauma Questionnaire.

Third, there is limited research that simultaneously examines the prevalence of childhood trauma, levels of marital satisfaction, and the relationship between these variables within a single study. This integrated approach is necessary for developing a comprehensive understanding of how childhood trauma manifests in adult marital relationships in specific cultural contexts.

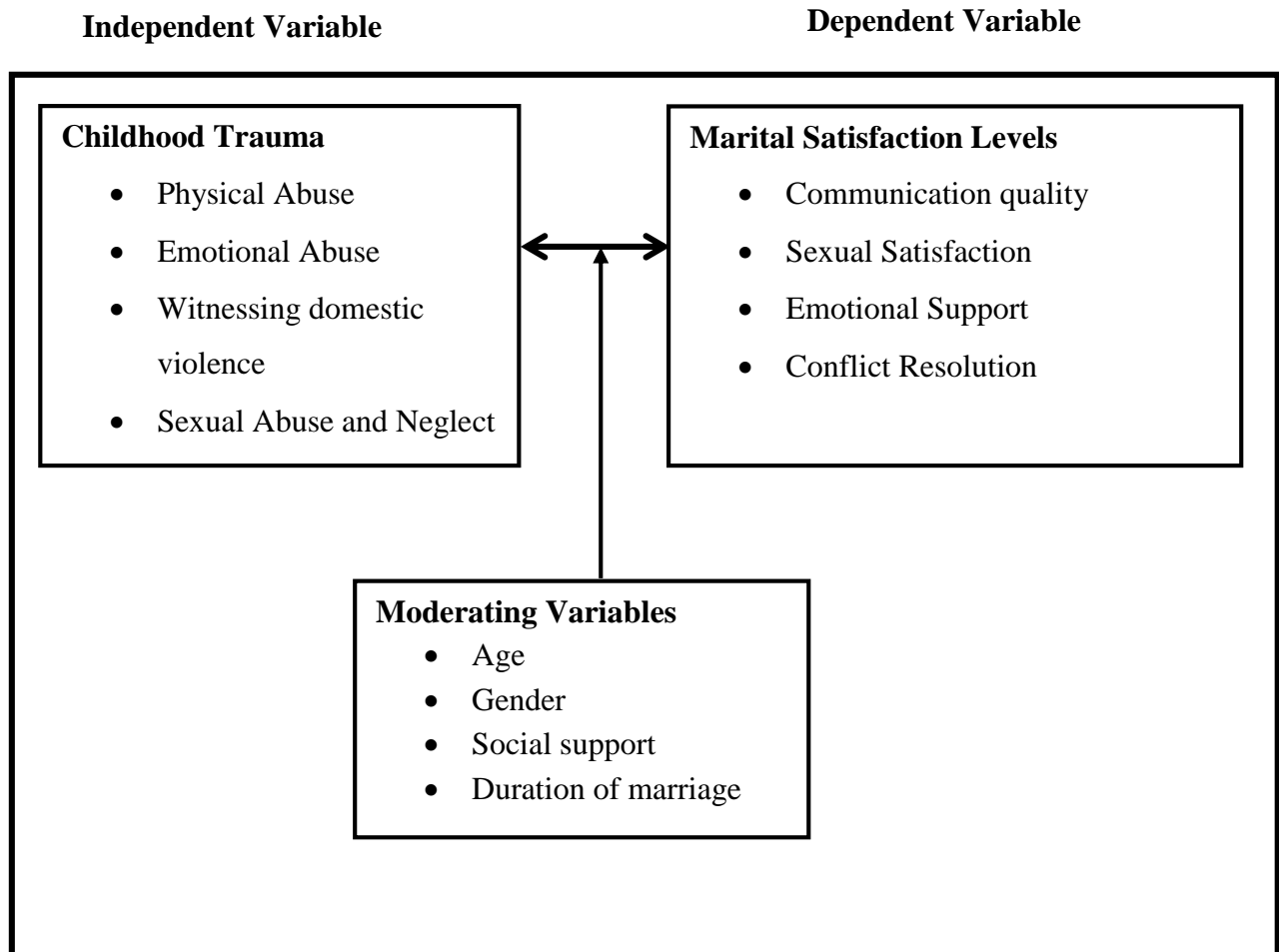
Fourth, cultural factors that may moderate or mediate the relationship between childhood trauma and marital satisfaction in Kenyan contexts have not been adequately explored. Factors such as cultural perceptions of marriage, religious values, extended family support systems, and community-based coping mechanisms may play important roles in shaping how childhood trauma affects marital satisfaction.

The current study addressed these gaps by conducting a focused investigation of married individuals in Ngando Location, using standardized instruments to assess both childhood trauma and marital satisfaction, and examining the relationship between these variables while considering the cultural context. This research contributes valuable knowledge to the field and provides a foundation for developing culturally appropriate interventions to support couples affected by childhood trauma.

2.5 Conceptual framework

A conceptual framework is a visual diagram that illustrates how different variables are connected, including the independent, intervening, and dependent variables in the study. It depicts how the variables are related to one another (Rustamov et al., 2023). The current study's methodological structure focused on the idea that childhood trauma and marital satisfaction affect adults' relationship outcomes. Figure 1 shows the relationship among the variables.

Figure 1 *Conceptual Framework Showing Relationship between Independent and Dependent Variables*



Source: *Researcher, 2025*

Childhood trauma, including physical, emotional, witnessing domestic violence, sexual, and neglect, can impact marital satisfaction in adulthood. These traumas leave lasting emotional scars, affecting intimate relationships. Marital satisfaction is influenced by communication quality, sexual satisfaction, emotional support, and conflict resolution. Effective communication, fulfilling sexual experiences, supportive emotional connections, and conflict resolution contribute to overall marital satisfaction.

2.6 Chapter Summary

This chapter provided a comprehensive review of the theoretical and empirical literature relevant to the study. The theoretical framework, anchored in attachment theory and structural family theory, offered conceptual lenses for understanding how childhood trauma influences marital satisfaction. The empirical literature review, organized according to the three research objectives, highlighted global, regional, and local findings on the prevalence of childhood trauma, levels of marital satisfaction, and the relationship between these variables. The chapter identified significant research gaps, particularly in the urban Kenyan context, which the current study aimed to address. The conceptual framework illustrated the hypothesized relationships between variables. The following chapter focuses on the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodological approach employed in this study. It describes the epistemology, research design, location of the study, target population, sampling design, research instruments, data collection procedures, data analysis procedures, and ethical considerations. The research objectives guided the methodological choices, which aimed to ensure the study's validity, reliability, and ethical integrity.

3.2 Epistemology of the Study

Sol and Heng (2022) define epistemology as the systematic examination of knowledge and the foundations that justify beliefs. This study is grounded in the positivist epistemological paradigm, which assumes that reality exists independently of human perception and can be objectively measured and understood through empirical observation and quantitative methods. Positivism stresses the utilization of standardized instruments, statistical analysis, and generalizable findings to delineate relationships among variables. This approach is appropriate for the current study, which seeks to examine the relationship between childhood trauma and marital satisfaction using validated psychometric tools and statistical procedures. The positivist paradigm guided the research design, data collection, and analysis strategies employed in this investigation.

3.3. Research Design

The research design encompasses the structured approach to gathering, assessing, interpreting, and organizing data within a study (Creswell & Creswell, 2018). It establishes a cohesive framework that connects the research questions to the collection and analysis of empirical data, ensuring consistency in methodology (Cohen, Manion, & Morrison, 2018). The researcher

plays a key role in choosing suitable methods and providing a rationale for their use in the study.

This study employed a quantitative paradigm to investigate the connection between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi County, Kenya. The study aimed to measure the relationship between childhood trauma and marital satisfaction through statistical analysis. A correlational survey design was adopted to identify potential relationships between childhood trauma and marital satisfaction. This design allowed for the examination of how these variables interact and influence each other, providing valuable insights into their association. Data was gathered through questionnaires to ensure a comprehensive understanding of the dynamics involved.

3.4 Location of the Study

The study was conducted in Ngando, a residential area within Dagoreti Sub-County in Nairobi County, Kenya. According to the 2019 Kenya Population and Housing Census, Ngando has an estimated population of approximately 118,000 people (Kenya National Bureau of Statistics, 2019). This vibrant and diverse urban area is primarily composed of individuals working in the informal sector, small-scale businesses, and service industries. Ngando is bordered by several significant areas: to the north, it is adjacent to the Kibera slum; to the east, it borders the affluent suburb of Karen; to the south, it is near the Nairobi National Park; and to the west, it borders the residential neighborhoods of Kawangware and Riruta. Within Ngando, there are notable religious institutions, including Catholic churches and Presbyterian Church of East Africa (PCEA) congregations, which serve as important community hubs.

Ngando Location was targeted as a result of high childhood trauma related cases, high population of single mothers and its socio-economic diversity, providing an ideal context for exploring the relationship between childhood trauma and marital satisfaction among married

individuals. The community's varied cultural backgrounds allowed for a broader examination of how childhood experiences may influence marital dynamics in adulthood.

3.5 Target Population

The target population is a large group from which the sample is taken. The population includes people or objects, depending on what the study intends to use (Kombo & Tromp, 2017). Moser and Korstjens (2018) also define a target population as a specific group of interest sharing similar characteristics from which the researcher seeks to gather information to meet their objectives. This study focused on married individuals within the Ngando Location, Nairobi County, Kenya. These married individuals, representing diverse social, economic, cultural, professional, informal, and formal settlements and experiences, provided valuable insights into the relationship between childhood trauma and marital satisfaction.

The target population of this study was 167 married individuals drawn from 2 small churches in Ngando Location, Nairobi County. The inclusion of Catholic outstations and PCEA churches was guided by their strong presence in the area and their organized pastoral structures, which facilitated access to married congregants for research purposes. These denominations also offer premarital and marital counseling programs, making them particularly relevant to a study examining marital satisfaction. Other religious groups were not included due to either their relatively smaller representation in Ngando or the absence of structured marital support systems aligned with the study's objectives. Additionally, the study did not include pregnant women and persons with special needs due to time constraints and challenges related to accessibility and ethical considerations. Their exclusion, however, did not diminish the relevance of the findings, as the study captured a broad and representative sample of married individuals within the target population.

Ngando Location reflects the characteristics of other counties in Nairobi, where many people choose to reside in pursuit of opportunities in small businesses and artisan communities. The residents of this community are often supported by micro-loans and NGOs, providing residents with a chance to improve their livelihoods. This context was appropriate for examining how early childhood trauma may impact marital satisfaction in adulthood.

3.6 Sampling Design

Sampling design refers to the strategies and techniques employed by researchers to select samples from a specified target population (Kabir, 2016). This section focused on the sampling procedures, which encompass sampling techniques, the sampling size determination and the sampling frame. In this study, the census approach was utilized with the aim of gathering data from the 167 identified married individuals instead of using probability sampling to select a subset. This approach ensured that most members of the population participated in the study, offering a comprehensive understanding of the research phenomenon.

3.6.1 Sampling Techniques

Sampling techniques refer to the meticulous and honest process of trying to assess to what extent the targeted population would yield study participants that properly represent the population (Singh & Masuku, 2014). In this quantitative study examining the relationship between childhood trauma and marital satisfaction in Ngando, Nairobi County, the researcher utilized the census approach. Initially, the researcher employed a cluster sampling method, grouping the churches into clusters based on geographical proximity, characteristics, and size. Once the clusters were identified, the researcher proceeded with data collection one church at a time, ensuring a systematic approach across all facilities.

The study focused on two churches as clusters: Sacred Heart Catholic Church, Ngando, and PCEA Tumaini Church, Ngando. The target population at Sacred Heart Catholic Church was

103 participants, and at PCEA Tumaini Church it was 64 participants. The census sampling method included all members of both churches in the study, which had a total of 167 participants, or 100% of the target population. Specifically, Sacred Heart Catholic Church contributed 103 participants (61.7%), while PCEA Tumaini Church contributed 64 participants (38.3%). Data collection was conducted systematically at each church to ensure thoroughness and accuracy across the two clusters.

3.6.2 Sample Size Determination

The sample size determination, according to Walliman (2020), is the deliberate choosing of a subset of the population that represents the entire population. Considering the relatively small size of the population, comprising 167 married individuals, the study adopted a census approach, encompassing the total of 167. This decision was rooted in the recognition that in smaller populations, utilizing the entire group can offer comprehensive insights into the research variables, thus maximizing the representativeness of the findings. Moreover, Bell et al. (2023) argues that employing a census approach eliminates sampling error and enhances the accuracy and reliability of the study results. This approach aligned with the research objective of measuring the prevalence of childhood trauma and levels of marital satisfaction.

3.6.3 Sampling Frame

A sampling frame, as described by Taherdoost (2016), is a complete and specific list of elements from which samples are drawn. It is crucial that the sampling frame accurately reflects the target population to ensure the reliability of the findings. Bryman (2016), further refers to a sampling frame as a set of individuals, objects, or elements from which a researcher can pick a representative sample for the research. Thus, Tables 1 shows the sampling frame of childhood trauma and marital satisfaction in Ngando Location.

Table 1: Sampling Frame

	No. of Churches	Target Population	Sampling Techniques	Sample Size	Sample Size (%)
Catholic Church Ngando	1	103	Census	103	61.7%
PCEA ChurchNgando	1	64	Census	64	38.3%
Total	2	167		167	100%

Source: Researcher, 2025

3.7 Research Instruments

This study utilized two standardized instruments to collect data: the Childhood Trauma Questionnaire (CTQ) and the ENRICH Marital Satisfaction Scale (EMS). Childhood Trauma Questionnaire (CTQ): The CTQ is a widely used self-report instrument developed by Bernstein and Fink (1998) to retrospectively assess childhood maltreatment. The questionnaire consists of 28 items organized into five subscales: Emotional Abuse (5 items), Physical Abuse (5 items), Sexual Abuse (5 items), Emotional Neglect (5 items), and Physical Neglect (5 items). Additionally, it includes a 3-item Minimization/Denial scale to detect underreporting of maltreatment. Respondents rate each item on a 5-point Likert scale ranging from 1 (Never True) to 5 (Very Often True).

The CTQ has demonstrated strong psychometric properties, with Cronbach's alpha coefficients ranging from 0.79 to 0.94 across subscales (Bernstein et al., 2003, p. 175). Permission to use the CTQ was obtained from the copyright holders. Scoring of the CTQ: Each subscale is scored separately by summing the responses to the relevant items, some of which require reverse coding. Scores for each subscale range from 5 to 25, with higher scores indicating greater severity of that type of trauma. Clinical cutoff scores have been established to categorize trauma severity as none/minimal, low to moderate, moderate to severe, or severe/extreme for each subscale.

ENRICH Marital Satisfaction Scale (EMS): The EMS, developed by Fowers and Olson (1993), is a 15-item self-report instrument designed to assess overall marital satisfaction. The scale evaluates various dimensions of marital relationships, including communication, conflict resolution, financial management, leisure activities, sexual relationships, children and parenting, family and friends, religious orientation, and idealistic distortion. People who answer the questions rate each one on a 5-point Likert scale, with 1 being "Strongly Disagree" and 5 being "Strongly Agree." The EMS has been widely used in marital research and has demonstrated satisfactory reliability, with Cronbach's alpha coefficients typically ranging from 0.81 to 0.92 (Fowers & Olson, 1993, p. 48). Permission to use the EMS was obtained from the copyright holders.

Scoring of the EMS: The EMS is scored by summing all item responses, with some items requiring reverse coding. The lowest possible score is 15 and the highest possible score a participant could get is 75. Higher scores indicate higher levels of marital satisfaction. The scoring interpretation is as follows: low marital satisfaction (15-35 points), moderate marital satisfaction (36-55 points), and high marital satisfaction (56-75 points). These cutoff points allow for categorization of participants into satisfaction levels for analysis.

3.7.1 Piloting of the Study Instrument

Piloting is a critical and effective method for improving the validity of data collection processes and ensuring the accurate interpretation of research findings (Hurst et al., 2015). In this study, piloting aimed to ensure that the research instruments were clear and reliable before their application in the main investigation. This process focused on verifying the clarity of the language, and confirming that the respondents understood the questions in the instruments.

A pilot test was conducted prior to the main data collection phase. A sample group of participants, representing 10% of the total sample size (approximately 17 individuals), was drawn from Anglican church, which shares similar characteristics with the target population. These 17

participants were not be included in the study sample. During the pilot phase, any issues identified were addressed. This process helped ensure that the data collection tools were reliable for investigating the relationship between childhood trauma and marital satisfaction among married individuals in Ngando location.

3.8 Validity and Reliability of the Instrument

Validity of a research instrument entails a process of validation of the instrument in order to increase its level of dependability for accurate information (Taherdoost, 2016). Mohamad et al. (2015), alluded that reliability of an instrument refers to the test of extent to which the tool yields consistent outcomes after being applied repeatedly.

3.8.1 Validity

The Childhood Trauma (CT) was adapted to evaluate the relationship between childhood trauma and marital satisfaction. Previous validation of this scale included exploratory and confirmatory factor analysis with a sample of 308 participants, achieving high validity metrics such as an RMSEA of 0.75, a CFI of 0.96, and an NNFI of 0.95 (Jenkins-Guarnieri et al., 2012).

The Marital Satisfaction Scale (MS) was employed to measure levels of marital satisfaction among married individuals. Initially developed by Olson and Fowers in 1989, this tool assesses various level of marital satisfaction, such as communication quality, sexual satisfaction, emotional support and conflict resolution. Past reliability tests showed an internal consistency of 0.73 (Kao et al. 2020).

3.8.2 Reliability of the Instrument

Childhood Trauma Questionnaire demonstrated consistent responses in a 21-day retest, with reliability correlations of $r = 0.78$. The total scale yielded strong reliability ($\alpha = 0.92$), with subscales physical abuse ($\alpha = 0.89$) and emotional abuse ($\alpha = 0.87$) (Jenkins-Guarnieri et al., 2012).

Similarly, the MS has shown internal consistency with Cronbach's alpha values ranging from 0.79 to 0.96, indicating its reliability. Positive correlations ($p < .0001$) were observed with attributes such as emotional stability (0.46), resilience (0.64), life satisfaction (0.27), self-acceptance (0.45), and purpose in life (0.42) (Garthoeffner et al., 1993). These findings confirmed the reliability of both the CT and MS, supporting their use in this study on the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Kenya.

3.9 Data Collection Procedure

According to Kabir (2016,p.202), data collection is “a structured method of acquiring and assessing information about variables of interest to ensure research questions are addressed adequately, hypotheses are tested, and results are accurately evaluated.” As Flick (2017,pp.8-9) cautions, inaccurate data collection compromises the validity of findings, leading to misleading conclusions. Therefore, quality assurance mechanisms were embedded at every stage of the data collection, storage, and analysis processes to maintain the reliability and credibility of the study.

Prior to fieldwork, the researcher sought to secure all necessary ethical and institutional approvals. This included a letter of authorization from the Tangaza University Research Ethics Committee (TUREC) and a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). Additional permission was obtained from the leadership of the Catholic Church and the Presbyterian Church of East Africa (PCEA) within Ngando Location to facilitate access to participants in those congregations. To ensure consistency and minimize bias during data collection, the researcher recruited one research assistant. The researcher briefed the study assistant on proper questionnaire administration, ethical handling of respondents, clarification of questions when needed, and secure handling of completed instruments. This preparation ensured ethical standardized data collection procedures.

The researcher first contacted the PCEA headquarters and the Catholic church parish in Ngando location to present the study to the administration and request permission to conduct the research among congregants who are married. Appointment dates were provided by the two institutions to meet with the parish priest and pastor in charge. The researcher met with the Catholic parish priest on August 3rd 2025 and the PCEA pastor in charge on the 11th of August 2025. The researcher's request to conduct the study was approved. However, the researcher was to be presented to the congregants to explain the purpose of the study. On the designated Sunday, the researcher and the study assistant were introduced and given permission to address the congregation.

Participants were first given an introductory briefing outlining the study's purpose, significance, confidentiality protocols, and voluntary nature of participation. Informed consent will then be obtained in writing to ensure participants understand their rights, including their freedom to withdraw without any negative consequences

On the scheduled data collection days, the researcher and the study assistant administered the questionnaires in the five churches. Participants were allocated approximately 30 minutes to complete the questionnaires. The researcher and study assistant remained present to provide clarification where necessary. Afterward, a short debriefing session was held, and the completed questionnaires were collected on-site to reduce the risk of data loss.

To safeguard the integrity of the data, completed questionnaires were securely stored in a locked cabinet only accessible to the researcher. These quality assurance mechanisms, encompassing ethical compliance and secure storage, were upheld to maintain client confidentiality and adherence to ethical research protocols.

3.10 Data Analysis Procedure

Data analysis is a systematic process involving the examination, cleaning, transformation, and modeling of data to derive useful information, draw conclusions, and inform decision-making (Akter et al., 2019). For this study on the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Kenya, data was analyzed using the Statistical Package for the Social Sciences (SPSS), version 26. Table 2 presents data analysis details.

Table 2: *Data Analysis*

Data analysis of:	Variable type	Purpose of the test	Type of the test
Demographics	Nominal	Describe characteristics	Descriptive (Frequencies, percentiles, mean, SD)
Objective One	Scale	Prevalence of childhood trauma	Descriptive (Frequency, percentiles)
Objective Two	Scale	Levels of marital satisfaction	Descriptive (Low, moderate, high)
Objective Three	Scale	Relationship between childhood trauma and marital satisfaction	Pearson correlation coefficient

Source: *Researcher, (2025)*

Table 2 shows that descriptive statistics were used to summarize the demographic characteristics and quantify the prevalence of childhood trauma and levels of marital satisfaction. Pearson’s correlation coefficient was applied to determine the strength and direction of the relationship between childhood trauma and marital satisfaction, ensuring rigorous statistical evaluation in line with quantitative research standards (Field, 2018). The use of SPSS Version 26 facilitated accurate computation of statistical measures and efficient data management throughout the analysis process.

3.11 Ethical Considerations

Ethical considerations are principles that help to guide research design based on the best practices of conducting empirical social studies (Heyvaert et al., 2016). After obtaining ethics clearance from Tangaza University, permission from the National Commission of Science, Technology and Innovation (NACOSTI), letters of authorization from the selected church leaders, and informed consent from the respondents, the researcher proceeded with data collection. Some of the fundamental principles observed included; voluntary participation, informed consent, anonymity and confidentiality. In this study, the researcher informed the participants about the essence of this research and the need for them to participate without being compelled in any way. The researcher also protected the respondents from any possible harm as a result of their involvement in the study by ensuring that their actual names and other sensitive personal information were not included in the questionnaire.

In conducting this study, the researcher prioritized ethical considerations by seeking formal permission from the church leaders of various churches within the Ngando Location. This step ensured that the research respects the autonomy and governance structures of each church while fostering trust and cooperation. By obtaining informed consent and adhering to ethical guidelines, the researcher upheld the dignity and confidentiality of all participants. This approach ensured that the data collection process was conducted with integrity and respect for the church and the communal values of the married individuals involved. To ensure anonymity each questionnaire was coded and no personal information about the respondents was collected or disclosed in the published data. Participants were also informed of their right to withdraw from the study at any stage of the data collection process. Additionally, participants were encouraged to ask questions

or seek clarification whenever needed without consequences. Generally, the researcher completed the entire data collection process, from receiving approvals to analyzing the data, within 41 days.

3.12 Chapter Summary

This chapter presented the methodological framework guiding this study. It outlined the epistemological foundation, research design, study location, target population, and sampling procedures. The research instruments (CTQ and EMS) were described, along with their scoring procedures and psychometric properties. Data collection and analysis procedures were detailed, demonstrating a systematic approach to addressing the research objectives. Ethical considerations were thoroughly discussed, emphasizing the protection of participants' rights and well-being. The next chapter presents the findings of the study.

CHAPTER FOUR

FINDINGS

4.1 Introduction

This section outlines the findings of this study. It starts by presenting the response rate, then probes into the demographic profiles of the participants. Next, the study's principal findings are presented, in line with the three research objectives. The chapter concludes with a brief summary of its contents.

4.2 Response Rate

This section outlines the response rate of the questionnaires distributed to the participants who were selected for the study. The information is detailed in Table 3.

Table 3: *Response Rate*

Sample Size	Distributed Questionnaires	Returned Questionnaires	Non-Returned Questionnaires	Properly filled Questionnaires	Percent
167	167	140	27	140	83.3%

Table 3 indicates that 167 questionnaires were distributed to the participants involved in the study. A total of 140 questionnaires were returned, yielding a response rate of 83.8%, whereas 27 questionnaires, accounting for 16.2%, were not returned. The substantial response rate from the participants in this study enhances the generalizability of its findings, as indicated by Taherdoost and Madanchian (2024), who propose that response rates above 70% are generally considered acceptable for empirical investigations.

4.3 Reliability of Instrument

The Childhood Trauma Questionnaire (CTQ), and the ENRICH Marital Satisfaction (EMS) Scale were used to collect data in this study. To determine their internal consistency in the context of this study, a reliability analysis was performed using Cronbach Alpha on SPSS 26. The findings are presented in Table 4.

Table 4: *Reliability of Study Instruments*

No	Scale	Items	Cronbach's Alpha	Skewness	Kurtosis
1.	CTQ	25	.861	.792	.549
2.	EMS	15	.508	-.221	-.554

Table 4 shows that the CTQ has a high internal consistency with a Cronbach alpha of .861, moderate positive skewness, and a kurtosis of .594, while the EMS has a low internal consistency with a skewness of -.221 and a kurtosis of -.554, possibly due to cultural differences in marital satisfaction perception.

4.4 Demographic Characteristics

This section presents the demographic details of the study participants, outlining their age, gender, marital status, level of education, and employment status. These details are presented in Table 5:

Table 5: *Demographic Characteristics*

	Frequency	Percentage
Age		
18 - 25 years	12	8.6
26 - 35 years	39	27.9
36 – and above	89	63.6
Gender		
Male	54	38.6
Female	86	61.4
I prefer not to disclose		
Marital Status		
Married	86	61.4
Separated	54	38.6
Duration of Marriage		
1 – 5 years	32	22.9
6 – 10 years	44	31.4
11 – 15 years	26	18.6
16 – 20 years	25	17.9
21 years and above	14	9.3
Social Support		
Partner	53	37.9
Extended Family	25	17.9
Co-workers	23	16.4
Friends	39	27.9

Table 5 indicates that the majority of participants were aged 36 years and above, with females representing 61.4% of the sample. Most were married, and durations of marriage were spread across five categories, with 20 years and above grouped separately. Social support primarily came from partners and friends.

4.5 Prevalence of different types of childhood

The prevalence of different types of childhood trauma among married individuals was assessed using CTQ. Subscales include: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Table 6 presents the findings on emotional abuse subscale.

Table 6: *Prevalence of Emotional Abuse*

	Frequency	Percent
No Emotional Abuse	62	44.3
Presence of Emotional Abuse	78	55.7
Total	140	100.0

Out of 140 participants, 78 individuals 55.7% reported experiencing emotional abuse during childhood. A total of 62 participants, accounting for 44.3%, indicated that they had no experience of emotional abuse. The findings indicate that over half of the married participants 55.7% in the Ngando location have experienced emotional abuse, suggesting that emotional abuse was prevalent among the study participants. Table 7 presents the findings on physical abuse subscale.

Table 7: *Prevalence of Physical Abuse*

	Frequency	Percent
No Physical Abuse	42	30.0
Presence of Physical Abuse	98	70.0
Total	140	100.0

The analysis for the physical abuse subscale presented in Table 7 reveals that, among 140 participants, 98 participants 70% indicated experiencing physical abuse, while 42 participants 30% reported no physical abuse during their childhood. This figure shows a 70% prevalence of physical abuse among the participants in the study. Table 8 presents the findings on sexual abuse.

Table 8: *Prevalence of Sexual Abuse*

	Frequency	Percent
No Sexual Abuse	52	37.1
Presence of Sexual Abuse	88	62.9
Total	140	100.0

The data in Table 8 indicates that among the 140 participants, (88) 62.9% reported experiencing sexual abuse during childhood, whereas 52 participants 37.1% reported no sexual abuse. The findings reveal a 62% prevalence of sexual abuse among the participants. Table 9 presents the findings of emotional neglect subscale.

Table 9: *Prevalence of Emotional Neglect*

	Frequency	Percent
No Emotional Neglect	43	30.7
Presence of emotional Neglect	97	69.3
Total	140	100.0

The findings presented in Table 9 indicate that, out of the 140 participants, (97) 69.3% scored above the established cutoff point, thereby indicating the presence of emotional neglect in the participants' childhood. However, 43 participants 30.7% did not meet the threshold for the presence of emotional neglect. The statistics show a 69.3% prevalence of emotional neglect within the study sample. Table 10 presents the findings of physical neglect subscale.

Table 10: *Prevalence of Physical Neglect*

	Frequency	Percent
No Physical Neglect	29	20.7
Presence of Physical Neglect	111	79.3
Total	140	100.0

The findings in Table 10 show that 111 participants 79.3% reported experiencing childhood physical neglect, while 29 participants 20.7% reported no physical neglect. This indicates a 79.3% prevalence of childhood physical neglect within the study population.

4.6 Levels of marital

This study assessed marital satisfaction among married individuals in Ngando locality using the 15-item ENRICH Marital Satisfaction (EMS) scale. Results are presented in Table 11.

Table 11: *Levels of Marital Satisfaction*

Levels of Marital Satisfaction	Range	Frequency	Percentage (%)
Low Marital Satisfaction	15 - 35	49	35.0
Moderate Satisfaction	36 - 55	83	59.3
High Marital Satisfaction	56 - 75	8	5.7
Total	15 - 75	139	100.0

Table 11 shows that 59.3% of participants had moderate marital satisfaction, while 49.0% had low satisfaction, accounting for one-third of the study population. Only 5.7% had high satisfaction, suggesting optimal satisfaction was achieved by a small percentage of participants.

4.7 The relationship between childhood trauma and marital satisfaction

Figure 2 presents a scatter plot to show the distribution of the prevalence of childhood trauma and marital satisfaction.

Figure 2: *Scatter Plot of Relationship Between Childhood Trauma and Marital Satisfaction*

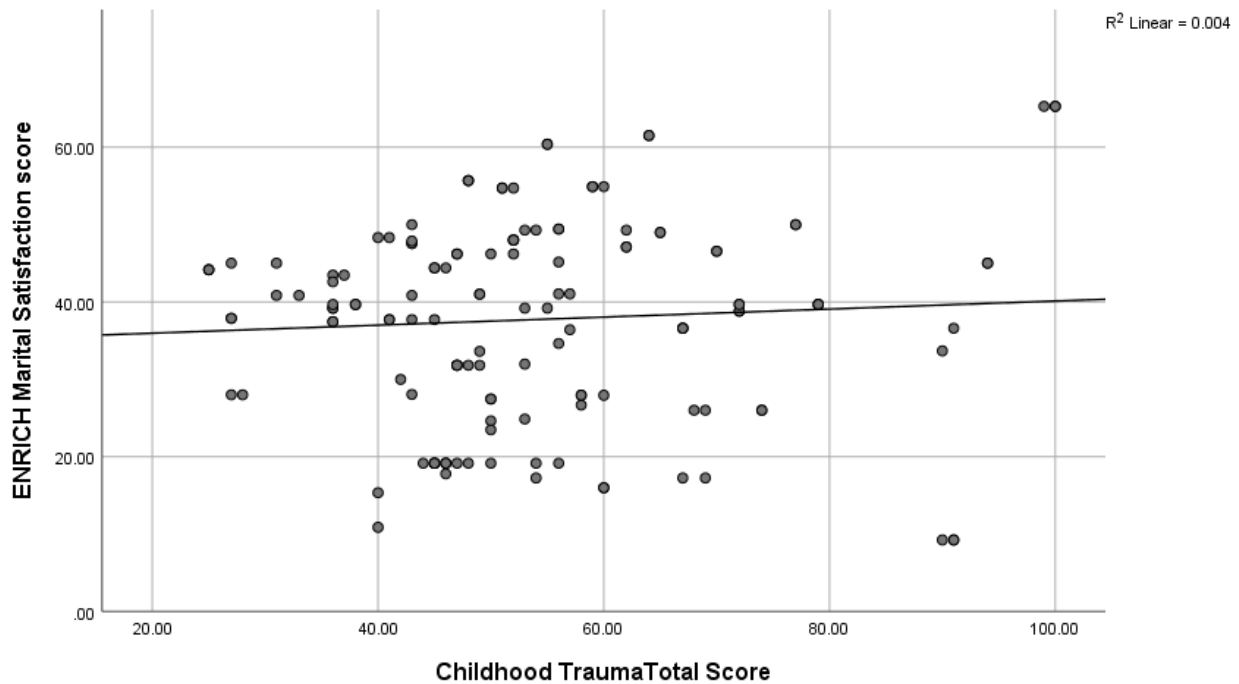


Figure 2 shows a bivariate relationship between childhood trauma and marital satisfaction scores among 140 participants. The regression line shows a weak positive association, with childhood trauma accounting for less than 1% of marital satisfaction scores. The substantial dispersion of data points supports the absence of a meaningful linear relationship.

Table 12: *Correlation between Childhood Trauma and Marital Satisfaction*

		CTQ Total	EMS Total score
CTQ Total	Pearson Correlation	1	.066
	Sig. (2-tailed)		.438
	N	140	140
EMS Total score	Pearson Correlation	.066	1
	Sig. (2-tailed)	.438	
	N	140	140

The study found a weak positive correlation between childhood trauma and marital satisfaction among participants. Participants with higher levels of childhood trauma did not show a decrease or enhancement in marital satisfaction scores. This suggests that other factors or potential mediating variables may be more influential in determining marital satisfaction outcomes.

4.8 Limitations of the Study

Demographics, cultural context, and sample size may influence the study's findings on childhood trauma and marital satisfaction. The self-report measures may introduce bias, and the cross-sectional design may not capture the dynamic nature of trauma recovery and marital satisfaction over time. Furthermore, the analysis failed to consider mediating variables such as resilience factors, therapeutic interventions, attachment styles, coping mechanisms, or mental health conditions, which may have obscured the genuine relationship between childhood trauma and marital satisfaction.

4.9 Chapter Summary

The study found a strong response rate of 83.8%, with high internal consistency for the CTQ but low consistency for the EMS. Most participants were aged 36 and above, predominantly female, and married for 6–10 years. Childhood trauma was prevalent across all five subscales, with physical neglect being the most prevalent at 79.3%. Marital satisfaction was moderate at 59.3%, low at 35.0%, and high at 5.7%. However, a weak and non-significant positive relationship was found between childhood trauma and marital satisfaction, suggesting a complex relationship and potential influence of protective factors or mediating variables. The findings are discussed in relation to existing literature and theoretical frameworks.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

Chapter Five offers an analysis and interpretation of the findings presented in Chapter Four. In this chapter, the research questions will be restated to anchor the discussion, followed by a reconceptualization of the conceptual framework. The discussion related the study's findings to existing literature, highlighting consistencies, discrepancies, and contributions. Finally, the chapter suggests potential improvements or adjustments to the theoretical frameworks used.

5.2 Prevalence of Different types of Childhood Trauma among Married Individuals

The first research objective aimed to investigate the prevalence of childhood trauma among married individuals in Ngando Location. The findings revealed alarmingly high rates of childhood trauma across all five subscales measured by the Childhood Trauma Questionnaire: physical neglect 79.3%, physical abuse 70.0%, emotional neglect 69.3%, sexual abuse 62.9%, and emotional abuse 55.7%.

When compared to international findings, the magnitude of these differences becomes apparent. Afifi et al. (2020) reported a comparatively modest 22% overall prevalence of childhood maltreatment in the United States, with emotional abuse at 13% and physical abuse at 10%—figures that are dramatically lower than those observed in Ngando Location. Similarly, Higgins et al. (2021) found a 62% prevalence of childhood adversity in Australia, with emotional abuse at 28%, which, while higher than the U.S. figures, still falls short of the Ngando findings. This stark contrast suggests that contextual factors—including socioeconomic conditions, cultural norms around child-rearing, reporting mechanisms, and resource availability—play crucial roles in shaping childhood trauma experiences.

The findings from Ngando Location align more closely with studies conducted across the African continent, suggesting broader regional patterns that transcend national boundaries. Tenkorang's (2023) study in Ghana revealed that 78% of women experienced some form of childhood abuse, with physical abuse at 48% and emotional abuse at 30%—figures that approximate the current study findings more closely than Western studies. This convergence is further supported by Pulerwitz et al. (2022) in Malawi, who found a 70% prevalence of adverse childhood experiences among men, particularly noting that 35% experienced frequent beatings at home.

The consistency of these findings across different African contexts suggests what might be shared socioeconomic challenges, cultural practices around child discipline, and limited child protection infrastructure that contribute to elevated rates of childhood trauma. As Chepkorir (2022) demonstrated in her analysis of Nairobi County, socioeconomic factors, including unemployment, poverty density, and population density, accounted for 66% of the variation in child abuse vulnerability, indicating that structural inequalities play a fundamental role in perpetuating these patterns.

Within the Kenyan context, the current findings demonstrate remarkable consistency with national patterns documented by other researchers. Wanjiru et al. (2020) reported a 67% prevalence of childhood trauma among Kenyan adolescents, while Ochieng et al. (2021) found that 70% of secondary school students in Meru County experienced childhood trauma, with physical abuse being particularly prevalent. These convergent findings suggest that the high trauma rates observed in Ngando Location are not isolated incidents but reflect broader national patterns of childhood adversity.

However, the comparison with Mbwai et al.'s (2020) findings among school children in

Kasarani and Kiambu West adds another dimension to understanding trauma in Kenya. Their focus on community violence exposure—with 46.9% of children witnessing beatings, shootings, or killings in their area highlights how trauma in Kenyan contexts extends beyond the household to encompass broader community and societal violence. This suggests that children in settings like Ngando Location may be experiencing multiple, intersecting forms of trauma that compound their experiences.

A study conducted in Ethiopia by Amare et al. (2025) presents an anomaly within the African context, reporting only 16% prevalence of childhood trauma with emotional abuse at 8% and physical abuse at 6%—figures dramatically lower than both the current findings and other African studies. This divergence raises important questions about methodological approaches, cultural reporting practices, and the influence of sample characteristics on trauma disclosure.

Several factors may explain these variations. First, the Ethiopian study focused on younger individuals (aged 5-14) in a hospital setting, which may have influenced both the types of trauma experienced and the likelihood of disclosure. Second, as noted in the analysis, different measurement instruments and cultural reporting practices that either encourage or discourage abuse disclosure can significantly impact prevalence estimates. Mutiso et al.'s (2022) qualitative research in Kenya revealed that while many caregivers recognized emotional and physical abuse as trauma, there was limited awareness of long-term effects, suggesting that cultural perceptions of what constitutes "trauma" may vary significantly across contexts.

The findings from Ngando Location, when situated within the broader literature, reveal both the global nature of childhood trauma and its profound contextual variations. While the rates observed exceed those in Western contexts, they align closely with patterns documented across sub-Saharan Africa, suggesting shared structural and cultural factors that elevate risk. This

convergence points to the need for regionally appropriate understanding of trauma prevalence and its consequences, while the persistent variations even within similar contexts remind us of the importance of local, community-specific approaches to both research and intervention.

5.3 Levels of Marital Satisfaction Among Married Individuals

The second objective of this study was to assess the levels of marital satisfaction among married individuals in Ngando Location, Nairobi Kenya. The current findings reveal a paradox when positioned within the global research landscape on marital satisfaction. While international studies consistently report high levels of marital satisfaction across diverse contexts, the Kenyan sample presents a more nuanced picture that challenges assumptions about universal patterns in marital contentment.

In comparison to the current study, Nouri et al. (2019) found that 72.4% of married women in Shahroud experienced high to very high marital satisfaction, with only 1.2% reporting low satisfaction. This stands in sharp contrast to the current study findings, where 35% of participants reported low marital satisfaction and only 5.7% achieved high satisfaction levels. Similarly, Honarvar et al. (2024) documented that 89.3% of newlywed Iranian women reported high marital satisfaction.

These disparities cannot be dismissed as mere statistical variations. They point to fundamental differences in how marital relationships are constructed, experienced, and evaluated across cultural contexts. The study by Nouri et al. (2019) in Iran suggests a cultural framework where marital satisfaction is either highly optimized or where social desirability bias influences reporting. The emphasis on "meeting spousal expectations" and "mate-selection correctness" in Honarvar et al.'s (2024) work indicates a marriage system where compatibility is carefully engineered rather than discovered through the relationship process.

The current findings align more closely with other African studies, suggesting regional patterns that transcend national boundaries. Emusugut and Okumu's (2023) study of Protestant clergy in Nairobi revealed that 47.6% reported moderate marital satisfaction, closely mirroring the 59.3% moderate satisfaction rate in Ngando. This convergence suggests that Kenyan couples may share similar relational dynamics and challenges regardless of their specific community or professional context.

In South-Nigeria research by Orhe et al. (2025) provides additional perspective, with 62.5% of participants reporting marital satisfaction. While this appears higher than the current findings, the study's binary classification system (satisfied vs. not satisfied) makes direct comparison challenging. However, the identification of psychological health as a significant predictor of marital satisfaction resonates with the moderate satisfaction levels found in this study, suggesting that mental health resources and emotional well-being infrastructure may be crucial factors in African contexts.

The research by Obianenu and Ayodele (2025) in Ogun State introduces a critical dimension often overlooked in satisfaction surveys: the mechanics of marital health. Their finding that communication skills, conflict resolution abilities, and stress management significantly impact marital outcomes provides a potential explanatory framework for the moderate satisfaction levels observed in Ngando Location. Unlike the Iranian studies that focus on pre-marital factors like mate selection, the Nigerian research emphasizes post-marital skills development.

This distinction is crucial. The moderate satisfaction levels ($n = 87$, 59.3%) in this study may reflect not inherent relationship dysfunction, but rather the normal challenges of couples who are actively working through the complex dynamics of marriage without necessarily having optimized communication and conflict resolution systems in place.

The study by Wangari and Njuguna (2022) highlight importance of quality communication, and Kibet and Cherono (2021) emphasize emotional support. Many studies in Kenya mirror the findings from the current study. For instance, a study by Emusugut and Okumu (2023) among protestant clergy and their spouses revealed that 47.6% of the sample reported moderate marital satisfaction, which is closer to the 59.3% figure in this study sample.

Chomba et al.'s (2023) research on intercultural couples in Kiambu County introduces the crucial role of communication effectiveness in marital satisfaction. Their finding of a strong positive relationship between language communication and satisfaction ($\beta = 0.872$) suggests that even within the same cultural context, communication challenges can significantly impact satisfaction levels. This insight may be particularly relevant to understanding the moderate satisfaction levels in the current study, where couples may be navigating not just interpersonal communication but also evolving cultural expectations around marriage roles and expressions.

The consistency between the current findings and other African studies suggests the emergence of a distinctly African model of marital satisfaction—one characterized by resilience, adaptation, and gradual satisfaction building rather than immediate optimization. This model offers valuable insights for relationship counseling and support programs that move beyond simple satisfaction metrics to understand the complex dynamics of relationship development across cultural contexts.

The research landscape reveals that marital satisfaction is not a universal constant but a culturally embedded phenomenon that reflects broader social, economic, and psychological contexts. The Ngando findings, rather than indicating problematic relationships, may represent a more honest, process-oriented approach to marital contentment that other cultures might benefit from understanding.

5.4 Relationship Between Childhood Trauma and Marital Satisfaction

The third objective of this study was to examine the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi, Kenya. The present study findings reveal several noteworthy patterns in the relationship between childhood trauma and marital satisfaction among the 140 participants. The distribution of marital satisfaction levels indicates 59.3% of the participants experience moderate levels of satisfaction in their marriages, while more than one-third 35.0% reported low satisfaction levels. On the other hand, a minimal proportion 5.7% achieved high marital satisfaction, suggesting that optimal marital functioning may be relatively rare in this population.

The correlation analysis between childhood trauma and marital satisfaction yielded unexpected results that diverge from much of the existing literature. The weak positive correlation ($r = .066$, $p = .438$) was not statistically significant with childhood trauma accounting for less than 1% of the variance in marital satisfaction scores ($R^2 = 0.004$). This finding contrasts sharply with theoretical expectations and previous research suggesting that childhood trauma typically has detrimental effects on adult relationship functioning.

The current study's results present a notable departure from findings reported in similar international research. Zhang and Li (2023), in their study of 500 married individuals from rural Gansu couples in China, found that higher levels of childhood trauma were associated with lower marital satisfaction and increased relational conflict. Similarly, Juma and Wambua (2023), examining 450 married individuals from urban and rural settings in Nakuru County, identified emotional and physical abuse during childhood as significant predictors of lower marital satisfaction. These studies align with the more conventional understanding that childhood trauma creates vulnerabilities that manifest in adult intimate relationships.

The contrast becomes even more pronounced when considering Tekin and Karakuş's (2019) Turkish study of 350 pregnant adolescents, which demonstrated that childhood trauma accounted for 44% of emotion regulation difficulties and 53% of marital dissatisfaction. This substantial explanatory power stands in contrast to the negligible variance explained in the current study ($R^2 = 0.004$). Stanley and Davis (2024) provided additional evidence of trauma's impact on relationship functioning, revealing a strong positive correlation ($r = 0.819, p = 0.000$) between stress and physical violence, with a significant chi-square relationship ($\chi^2 (16, n = 52) = 30.672, p = 0.011$). This represents a correlation coefficient more than twelve times stronger than the current study's findings ($r = .066, p = .438$).

The demographic composition and cultural background of the current sample may differ substantially from those in comparative studies. Cultural factors, family structures, and social support systems can significantly moderate the relationship between childhood experiences and adult functioning. While Zhang and Li (2023) noted the influence of traditional family values and collectivist culture in their Chinese sample of 500 rural couples, similar cultural protective factors may be operating in the current study population. The geographic and cultural diversity represented across studies - from rural China to urban/rural Kenya (Juma & Wambua, 2023; $n = 450$) to hospital settings in Turkey (Tekin & Karakuş, 2019; $n = 350$) - suggests that contextual factors may significantly influence trauma-relationship associations.

While direct relationships between childhood trauma and marital satisfaction have been extensively studied, there remains insufficient understanding of the complex pathways through which these relationships operate. Wang et al. (2023) demonstrated that childhood maltreatment mediated the relationship between family structure and anxiety, with participants from divorced families showing significantly higher anxiety rates (48.8%) compared to those from intact families

(35.1%). Similarly, those from stepparent families (49%) and single-parent families (48%) exhibited elevated anxiety levels, with emotional abuse, sexual abuse, and physical neglect serving as significant risk factors. This research suggests that trauma may exert its influence through intermediate psychological processes rather than direct effects on relationship satisfaction.

The current study contributes to the literature by demonstrating that the relationship between childhood trauma and marital satisfaction may be more complex and context-dependent than previously assumed. While international research consistently documents negative associations between childhood trauma and adult relationship functioning, the present findings suggest that cultural, developmental, or methodological factors may significantly moderate these relationships.

5.5 Implications of Demographic Characteristics on Study Variables

The study also examined the implications of demographic characteristics on childhood trauma and marital satisfaction. The findings suggest that factors such as age, gender, marital duration, and source of social support may influence the levels of childhood trauma and marital satisfaction experienced by individuals. For example, older participants and those with longer durations of marriage reported higher levels of marital satisfaction, possibly due to accumulated coping strategies and emotional resilience. Additionally, individuals receiving social support from partners and friends reported higher marital satisfaction, highlighting the importance of social networks in relationship well-being.

5.6 Suggestions for Improving Theory

The findings from this study point to possible refinement areas for the existing theoretical framework. First, AT continuously highlights the long-term effects of childhood trauma on adult relationships and attachment styles. The lack of any significant relationship between childhood

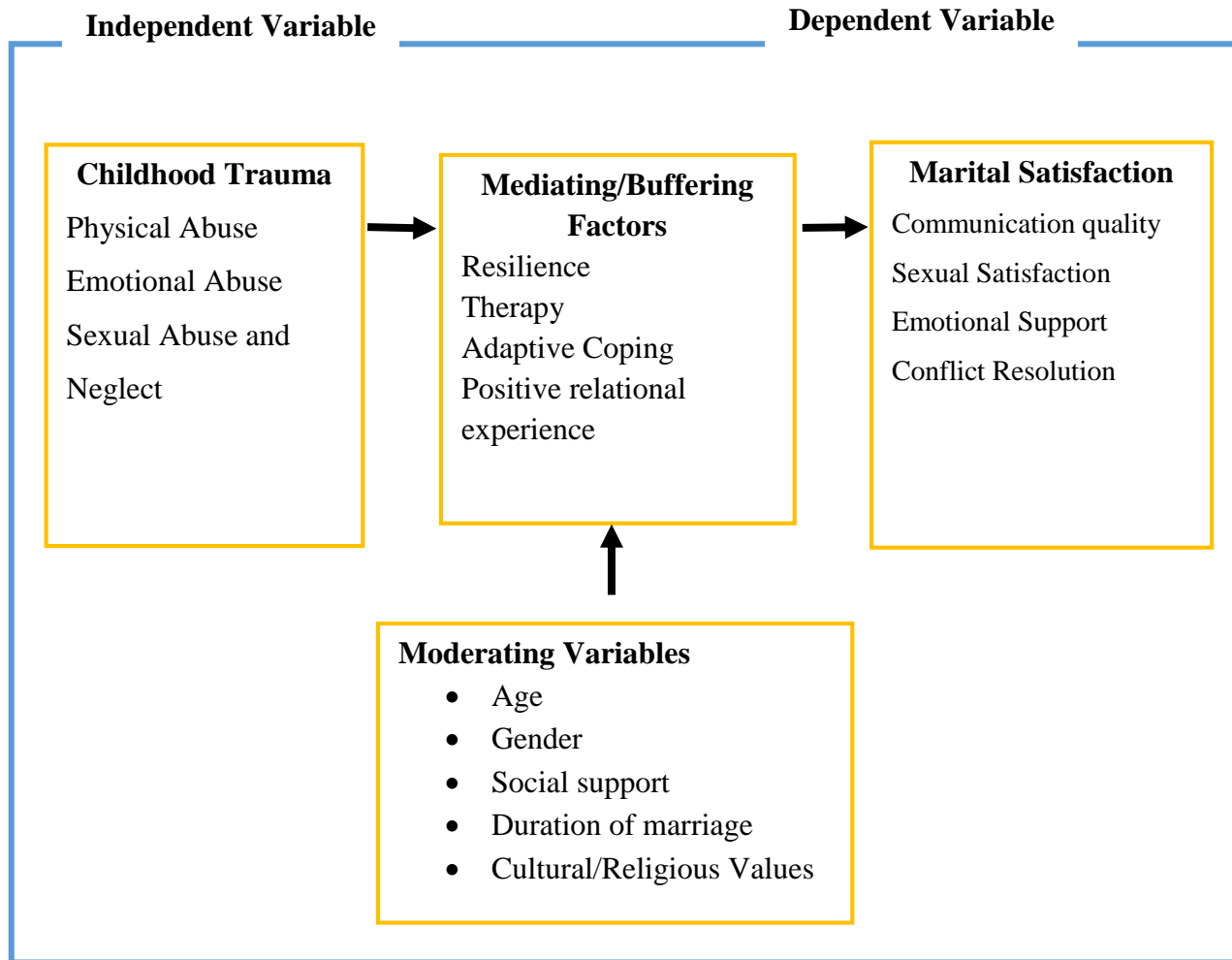
trauma and marital satisfaction in this study suggests the need for the theory to be expanded in order to account for other moderating variables like contextual and cultural factors. Factors such as extended kinship support, religious values, collective resilience, and cultural narrative around marriage may play a role in buffering the impact of trauma and attachment styles. Accounting for these factors into AT will enhance its applicability across diverse settings.

Secondly, SFT emphasizes the role of family-structure as the predictor of marital dynamics, this theory needs to take into consideration diverse situations where individuals exercise agency as they redefine relational patterns. This means that family systems are not static, hence individuals may build roles and boundaries in their adult stage of life through social learning, therapeutic interventions, and community support. The suggestion here is that SFT could include a firmer emphasis on adaptive restructuring in later years of life, accepting that dysfunctional family structures do not inevitably perpetuate dysfunction in marriages.

5.7 Revisited Conceptual Framework

The revised framework reconceptualizes the relationship between childhood trauma (Variable A) and marital satisfaction (Variable B) by introducing a "buffering zone" that includes protective factors and mediating variables. Rather than a direct linear relationship, the framework acknowledges that the impact of childhood trauma on marital satisfaction is mediated and moderated by several factors:

Figure 3: *Revisited Conceptual Framework*



The revised framework suggests that childhood trauma doesn't necessarily lead to low marital satisfaction, but protective factors can buffer its effects. It acknowledges that marital satisfaction is influenced by relational dynamics, socioeconomic factors, and access to support services. The revised framework aligns with a study that found no direct relationship between childhood trauma and marital satisfaction.

5.8 Chapter Summary

The study found a high prevalence of childhood trauma in urban informal settlements, reflecting socioeconomic challenges. Marital satisfaction levels were moderate, suggesting that

fulfilling marriages are rare. However, no significant relationship was found between childhood trauma and marital satisfaction. Possible explanations include protective factors, cultural factors, measurement limitations, and mediating variables. Suggestions for improving attachment theory and structural family theory include considering cultural protective factors and resilience mechanisms. A revisited conceptual framework emphasizes protective factors buffering childhood trauma's effects on marital satisfaction. The next chapter will provide the summary, conclusion and recommendations of the study.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter provides a synthesis of the study, the conclusions made in light of the findings, and the recommendations for future research. The overall aim of the chapter is to consolidate the insights from the study and provide a way forward for all necessary stakeholders.

6.2 Summary of Findings

The general objective of this study was to examine the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi Kenya. The research utilized a quantitative approach featuring a relationship design. Data collection utilized standardized instruments, including the Childhood Trauma Questionnaire and the ENRICH Marital Satisfaction Scale. This section provides a summary of the research findings corresponding to the three research questions.

The first objective aimed to assess the prevalence of childhood trauma in married individuals utilizing the CTQ tool. The study findings indicate that 55.7% of participants experienced emotional abuse, 70.0% faced physical abuse, 62.9% encountered sexual abuse, 69.3% suffered from emotional neglect, and 79.3% dealt with physical neglect in childhood.

The second objective of the study aimed to assess the levels of marital satisfaction among married individuals in Ngando Location. The findings on marital satisfaction indicate that 87 participants 59.3% reported moderate levels, representing the majority of the sample size. Additionally, 49 participants 35.0% were categorized as having low marital satisfaction, indicating that approximately one-third of the study population falls into this group. In contrast, just 8 participants 5.7% were categorized as having high marital satisfaction, indicating a relatively

minor proportion of the total participants.

The third objective aimed to identify the connection between childhood trauma and marital satisfaction. The findings showed a slight positive correlation ($r = .066$) between childhood trauma and marital satisfaction. This weak positive correlation was determined to be non-significant ($p = .438, p > .05$). The findings indicate that, among the participants of this study, childhood trauma experiences did not have a significant relationship with marital satisfaction.

6.3 Conclusion

This study examined the prevalence of childhood trauma and levels of marital satisfaction among married individuals. It further determined the relationship between childhood trauma and marital satisfaction. The conclusions presented here are in line with the findings of the study, and they provide insights that are important to the participants.

Based on the findings for the first research question, this study concludes that there is a moderately high prevalence of childhood trauma among the married individuals in Ngando Location, with physical neglect and physical abuse being the most severe forms of trauma. Specifically, 55.7% of participants reported emotional abuse, 70.0% physical abuse, 62.9% sexual abuse, 69.3% emotional neglect, and 79.3% physical neglect.

Secondly, based on the findings for the second research question, it can be concluded that most married couples 59.3% in Ngando Location experience moderate levels of marital satisfaction, with 35.0% experiencing low marital satisfaction and only a small proportion 5.7% experiencing high levels of marital satisfaction.

Lastly, based on the findings of the third research question, this study concludes that there is a weak positive and non-significant relationship between childhood trauma and marital satisfaction as evidenced by a correlation coefficient r of $.066$ and a p -value of $.438$.

This study examined the complex relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, emphasizing the importance of understanding the contextual and cultural factors that influence perceptions of these issues.

6.4 Recommendations

This study makes the following recommendations based on the findings:

Married Couples: Engage in both individual and collective therapeutic processes to address unresolved childhood trauma. The study findings highlighted the prevalence of childhood trauma among married couples. It is advised that these individuals engage in both individual and collective therapeutic processes to address the unresolved trauma they encountered in their childhood. Trauma screening and therapy may be incorporated into pre-marital counselling sessions to address underlying emotional wounds.

Community: Participate in marriage enrichment programs, including counselling services and support groups. The study's findings reveal that a significant majority of participants reported moderate levels of satisfaction, while a considerable number were categorized as having low marital satisfaction. This study suggests that couples and their community—cultural, religious, and social—participate in marriage enrichment programs. These programs offer opportunities for married individuals to enhance their conflict resolution skills, foster trust, and resilience.

Administrations: Integrate and improve access to psychosocial support mechanisms within institutional and organizational structures. The current study established that there is no significant relationship between childhood trauma and marital satisfaction. It is essential for policymakers in both public and private sectors to integrate and improve access to psychosocial support mechanisms within institutional and organizational structures such as health services, church programs, and community support systems to effectively address the impact of childhood trauma.

6.5 Recommendations for Future Research

This current study focused on the relationship between childhood trauma and marital satisfaction among married individuals in Ngando Location, Nairobi, Kenya. This study utilized a correlational design that captured data at a single point. To effectively track married individuals over time, a longitudinal research design is required. These designs will enhance understanding of the relationship between childhood trauma and marital satisfaction, as well as the development of attachment styles throughout various stages of marriage.

Secondly, this study considered only age, gender, social support, and duration of marriage as the moderating variables. Future researchers are encouraged to explore additional mediating variables, including religious beliefs, cultural values regarding marriage, socioeconomic factors, and mental health interventions. Examining these variables may yield more insights into their interactions and their role in either mitigating or intensifying the impact of childhood trauma on marital satisfaction.

6.6 Chapter Summary

This chapter provided a comprehensive synthesis of the study, including a summary of findings for each research objective, conclusions based on these findings, and recommendations for married couples, communities, and policymakers. The study revealed a high prevalence of childhood trauma among married individuals in Ngando Location, with most participants reporting moderate levels of marital satisfaction and a non-significant relationship between childhood trauma and marital satisfaction. The recommendations call for trauma-informed interventions. Future research should employ longitudinal designs and examine additional mediating and moderating variables to provide a more comprehensive understanding of how childhood trauma affects marital satisfaction in diverse cultural contexts.

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APPENDICES

APPENDIX A: INTRODUCTION LETTER

TANGAZA UNIVERSITY
(Institute of Youth Studies)
P. O. Box,15055
Nairobi, Kenya.

Dear Participants,

I am Susan Wanjiku Kimuhu, a master's student at the Institute of Youth Studies, TangazaUniversity, pursuing a Master of Arts in Counseling Psychology. I am conducting a study on the relationship between childhood trauma and marital satisfaction among married individuals in Ngando, Nairobi County. You have been selected because your experiences can provide valuable insights into this topic.

Your participation is voluntary, and your responses will remain confidential. The information gathered will be used for academic purposes only.

Thank you for your time and valuable contribution.

Sincerely,

Susan Wanjiku Kimuhu,
Master of Arts in Counseling Psychology, Student
Institute of Youth Studies,
Tangaza University, Nairobi, Kenya

Appendix B: Participant Consent Form

Participant Consent Form Tangaza University	
Title of Research: Relationship between Childhood Trauma and Marital Satisfaction among Married Individuals in Ngando Location, Nairobi County	
<ul style="list-style-type: none"> • This study is being conducted as the requirement for MA Proposal in Counselling Psychology at Tangaza University. • It has been approved by the supervisors (contact: iysba@tangaza.org) • This study involves not known risk to participants and contains no deception. It takes approximately 10-15 minutes to take part in the present phase of the study. • The information provided will be used in the final work. • Participation is voluntary and participants have the right to decline to answer any question or to withdraw from the exercise at any time without consequence. • Participants have the opportunity to ask any questions about the questions. 	
Name of the researcher: Susan Wanjiku Kimuhu	
Position of the researcher: Student in Ma Programme	
Contact of researcher: cllr.susank@gmail.com, Cell Phone Number: +254 722 774458	
Address of the University: Tangaza University, Langata, Nairobi, Kenya, 15055-00509, Telephone number of the Program Leader:	
Signed by researcher Date	
Statement to be signed by the participant	
By signing this consent form, I acknowledge that I have read and understood the terms and conditions outlined above and agree to participate in answering the questionnaires. <ul style="list-style-type: none"> • I understand that I will not receive any financial compensation for my participation in the interview. • I have read and understood the above information and voluntarily consent to participate in the study. 	
Signed by participant Date	

Appendix C: Questionnaire for The Married Individuals in Ngando, Nairobi County

Part A: Demographic Information

Instruction: Please indicate your response by ticking (√) the appropriate answer

1. Age
18-25 years () 26-35 years () 36 and above
2. Gender
Male () Female () Other () I preferred not to disclose ()
3. Marital Status
Married () Separate ()
4. Duration of marriage
1-5 years () 5-10 years () 15-20 years () 20 and above ()
5. Social Support
Partner () Extended Family () Co-workers () Friends ()

Section B: Childhood Trauma Questionnaire Scale (CTQ) instruction

Instructions: Tick (√) one response on each of the statements below to indicate how much you agree or disagree.

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

No	Statements	1	2	3	4	5
	B1: Emotional Abuse					
1	People in my family called me things like "stupid," "lazy," or "ugly."					
2	I thought that my parents wished I had never been born.					
3	I felt that someone in my family hated me.					
4	People in my family said hurtful or insulting things to me.					
5	I believe I was emotionally abused.					
	B2: Physical Abuse					
6	I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.					
7	People in my family hit me so hard that it left me with bruises or marks.					
8	I was punished with a belt, a board, a cord, or some other hard object.					
9	I believe that I was physically abused.					
10	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.					

	B3: Sexual Abuse					
11	Someone tried to touch me in a sexual way or tried to make me touch them.					
12	Someone threatened to hurt me or tell lies about me unless I did something sexual with them.					
13	Someone tried to make me do sexual things or watch sexual things.					
14	Someone molested me.					
15	I believe that I was sexually abused.					
	B4: Emotional Neglect (Reverse-coded items should be scored accordingly)					
16	There was someone in my family who helped me feel that I was important or special.					
17	I felt loved.					
18	People in my family looked out for each other.					
19	People in my family felt close to each other.					
20	My family was a source of strength and support.					
	B5: Physical Neglect (Reverse-coded items marked with an asterisk)					
21	I didn't have enough to eat.					
22	I knew that there was someone to take care of me and protect me.					
23	My parents were too drunk or high to take care of the family.					
24	I had to wear dirty clothes					
25	There was someone to take me to the doctor if I needed it.					
26	There was nothing I wanted to change about my family.					
27	I had the perfect childhood.					
28	I had the best family in the world.					

Section C: Marital Satisfaction ENRICH (EMSS) Questionnaire

Scale by Fowers and Olson (1993)

Instructions: Please indicate in the boxes using a tick (√) or cross mark (x), the extent to which each item applies to you using the following scale: 1-Strongly Disagree [SD]; 2-Disagree [D]; 3-Neutral [N]; 4-Agree [A]; 5-Strongly Agree [SA].

NO.	Statement	1 [SD]	2[D]	3[N]	4[A]	5[SA]
1	I am not pleased with the personality characteristics and personal habits of my partner					
2	I am very happy with how we handle role responsibilities in our marriage.					
3	I am not happy about our communication and feel my partner does not understand me.					
4	I am very happy about how we make decisions and resolve conflicts.					
5	I am unhappy about our financial position and the way we make financial practice decisions.					
6	I am very happy with how we manage our leisure activities and the time we spend together.					
7	I am very pleased about how we express affection and relate sexually.					
8	I am not satisfied with the way we each handle our responsibilities as parents					
9	I am dissatisfied about our relationship with my parents, in-laws, and/or friends.					
10	I feel very good about how we each our religious beliefs and values.					
	Idealistic Distortion Scale					
11	My partner and I understand each other perfectly.					
12	My partner completely understands and sympathizes with my every mood.					
13	Our relationship is a perfect success.					
14	I have some needs that are not being met by our relationship.					
15	I have never regretted my relationship with my partner, not even for a moment					

Thank you for your participation

Appendix D: Request to Use Childhood Trauma Scale

Susan Wanjiku Kimuhu

Ys79/00041/2023

Institute of Youth Studies

Tangaza University

P.O. Box 15055-00509

Nairobi, Kenya

Email: cllr.susank@gmail.com

Phone: +254 722 774458

29 April 2025

Customer Service Team

MHS Assessments (Multi-Health Systems Inc.)

Website: <https://mhs.com>

Email: customerservice@mhs.com

Dear Sir/Madam,

I hope you are well.

My name is Susan Wanjiku Kimuhu, a Master's student in Counseling Psychology at Tangaza University in Nairobi, Kenya. I am currently preparing my thesis, titled *"Relationship between Childhood Trauma and Marital Satisfaction Among Married Individuals in Ngando Division, Dagoreti Sub County, Nairobi County, Kenya."*

I am writing to kindly request permission to use the Childhood Trauma Questionnaire (CTQ) in my research. The tool will be used solely for academic purposes, and I will ensure that full credit is given to MHS Assessments in any reports or publications related to the study.

If there are any conditions, licensing procedures, or guidelines I should follow, please let me know. I am more than willing to comply with your requirements.

Thank you very much for considering my request. I would sincerely appreciate your support and look forward to your response.

Yours faithfully,

Susan Wanjiku Kimuhu

Appendix E: Request to use the Marital Satisfaction Scale

Susan Wanjiku Kimuhu

Ys79/00041/2023

Institute of Youth Studies

Tangaza University, Nairobi, Kenya

Email: cllr.susank@gmail.com

Phone: +254 722 774458

29 April 2025

Dr. David H. Olson

PREPARE/ENRICH Program

Life Innovations, Inc.

Email: info@prepare-enrich.com

Dear Dr. Olson,

I hope this letter finds you well.

My name is Susan Wanjiku Kimuhu, a graduate student at Tangaza University in Nairobi, Kenya, pursuing a Master of Arts in Counseling Psychology. I am currently preparing my thesis titled *"Relationship between Childhood Trauma and Marital Satisfaction Among Married Individuals in Ngando Division, Dagoreti Sub County, Nairobi County, Kenya."*

I am writing to request permission to use the Enrich Marital Satisfaction Scale (EMSS) in my research to measure marital satisfaction among the participants. The tool will be used strictly for academic purposes, and your work will be fully acknowledged in all reports and publications resulting from the study.

Please let me know if there are any guidelines, conditions, or permissions I need to complete. I am committed to complying with any requirements you may have.

Thank you for considering my request. I would greatly appreciate your support and look forward to hearing from you.

Yours sincerely,

Susan Wanjiku Kimuhu

Appendix F: Plagiarism Report

15% Overall Similarity

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Our system's algorithms look deeply at a document for any inconsistencies that would set it apart from a normal submission. If we notice something strange, we flag it for you to review.

A flag is not necessarily an indicator of a problem. However, we'd recommend you focus your attention on these for further review.

Appendix G: Research Permit Letter



TANGAZA UNIVERSITY

Teaching Minds / Touching Hearts / Transforming Lives

REF: TU/ISERC2025/01/00113

15th August 2025

To: Susan Wanjiku Kimuhu

Reg. No. **YS79/00041/2023**

Dear Susan,

Re: *"Relationship Between Childhood Trauma And Marital Satisfaction Among Married Individuals In Ngando Location, Nairobi County, Kenya".*

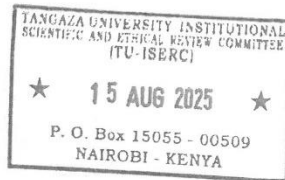
This is to inform you that TU-ISERC has reviewed and approved your above research proposal. Your application approval number is *TU/ISERC2025/01/00113*. The approval period is **15th August 2025 – 16th August 2026**. This approval is subject to compliance with the following requirements;

1. Only approved documents including (informed consents, study instruments, MTA) will be used
2. All changes including (amendments, deviations, and violations) are submitted for review and approval by TU-ISERC.
3. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to TU-ISERC within 72 hours of notification.
4. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to TU-ISERC within 72 hours
5. Clearance for export of biological specimens must be obtained from relevant institutions.
6. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
7. Submission of an executive summary report within 90 days upon completion of the study to TU-ISERC.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely

Dr. Daniel M. Kitonga (Ph.D., MBA)
Chair, TU - ISERC





TANGAZA UNIVERSITY

Teaching Minds / Touching Hearts / Transforming Lives

**OFFICE OF THE CHAIRMAN
TANGAZA UNIVERSITY
INSTITUTIONAL SCIENTIFIC AND ETHICS REVIEW COMMITTEE**

E-mail: iserc@tangaza.ac.ke Website: www.tangaza.ac.ke

OUR Ref: TU/ISERC2025/01/00113

Date: 15th August 2025

The Commission Secretary,
National Commission for Science, Technology and Innovation
P.O. Box 30623,
Nairobi – Kenya.

Dear Sir/Madam,

Re: Recommendation for Research Permit – Susan Wanjiku Kimuhu

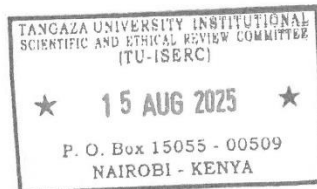
This is to confirm that **Susan Wanjiku Kimuhu** is a PI in a researcher protocol which was submitted to TU-ISERC for review. The protocol was reviewed and approved for research permit.

Susan wishes to carry out research under the title "*Relationship Between Childhood Trauma And Marital Satisfaction Among Married Individuals In Ngando Location, Nairobi County, Kenya.*"

I strongly recommend **Susan Wanjiku Kimuhu** to the Kenya National Commission for Science, Technology and Innovation (NACOSTI) for the issuance of a research permit. The permit will enable her to proceed to data collection for her study. Thanking you in advance for your cooperation.


Yours sincerely,

Dr. Daniel M. Kitonga (Ph.D., MBA)
Chairperson, TU-ISERC



Appendix H: NACOSTI PERMIT


REPUBLIC OF KENYA


**NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **256753** Date of Issue: **15/September/2025**

RESEARCH LICENSE



This is to Certify that Ms. SUSAN WANJIKU KIMUHU of Tangaza University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Relationship Between Childhood Trauma And Marital Satisfaction Among Married Individuals In Ngando Location, Nairobi County, Kenya for the period ending : 15/September/2026.

License No: **NACOSTI/P/25/4179593**

256753
Applicant Identification Number


Ag. Director General
**NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION**

Verification QR Code



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Scan the QR Code using QR scanner application.**

See overleaf for conditions

Appendix I: Dagoretti South Constituency Map

