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The Relationship Between Adverse Childhood Experiences and Marital Satisfaction among Married Individuals in Kabete Deanery, Archdiocese of Nairobi

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ABSTRACT

Adverse Childhood Experiences (ACEs) encompass traumatic or stressful events occurring prior to the age of eighteen, which exert long-term influence on individuals' emotional regulation and interpersonal relationships. This study investigated the association between ACEs and marital satisfaction among married persons within Kabete Deanery of the Archdiocese of Nairobi. Anchored in Attachment Theory and Trauma Theory, the study adopted a correlational research design with a sample of 271 participants, selected through stratified random sampling. Data were collected using the Childhood Trauma Questionnaire (CTQ) and the Couples Satisfaction Index (CSI). Results indicated that 36.5% of participants reported low levels of ACEs, 39.5% moderate, and 24% high. Regarding marital satisfaction, 51.3% reported high satisfaction, 11.1% moderate, and 37.6% low. Pearson's correlation analysis revealed a weak but statistically significant negative association between ACEs and marital satisfaction ($r = –.122$, $p = .046$). Regression analysis further demonstrated that ACEs accounted for 1.5% of the variance in marital satisfaction ($R^2 = .015$). The study concludes that unresolved childhood adversity marginally diminishes marital satisfaction, although the adverse effects may be alleviated through faith, effective communication, and community support. These findings highlight the need for trauma-informed marital counselling and pastoral interventions that integrate psychological healing with spiritual development to promote resilient and fulfilling marital relationships.

Keywords: Adverse Childhood Experiences, Marital Satisfaction, Attachment Theory, Trauma Theory, Kenya

INTRODUCTION

Marriage is universally recognized as one of the most enduring social institutions, serving as the cornerstone of family stability and community cohesion (Ntoimo & Isiugo-Abanihe, 2014; Waite & Gallagher, 2000). Across diverse cultures, and particularly within African societies, marriage is associated with maturity, responsibility, and the continuation of lineage (Amoateng & Heaton, 2017). Within the Christian tradition, especially in Catholic teaching, marriage is further elevated as a sacrament, symbolizing the divine unity between Christ and the Church (Catechism of the Catholic Church, 1994; John Paul II, 1981). It is intended as a covenantal relationship grounded in love, mutual respect, and companionship, aimed at promoting the flourishing of both spouses and the wider family unit (Karney & Bradbury, 2020).

Yet, despite its cultural and spiritual significance, the institution of marriage increasingly faces strain from emotional disconnection, conflict, and communication breakdowns (Fincham & Beach, 2010; Amato, 2014). These challenges have been linked not only to financial pressures, shifting gender roles, and rapid social change (Fowers, 2016; Kimani & Wango, 2018) but also to deeper psychological wounds rooted in early life experiences. A growing body of research demonstrates that childhood adversity profoundly shapes adult emotional functioning and relational patterns, thereby influencing marital stability and satisfaction (Whisman, 2014; Merrick et al., 2017).

Adverse Childhood Experiences (ACEs), which encompass abuse, neglect, and household dysfunction before the age of eighteen (Felitti et al., 1998), have emerged as robust predictors of adult health and relational outcomes. ACEs include physical, emotional, and sexual abuse, parental separation, exposure to domestic violence, and parental mental illness or substance abuse (Anda et al., 2016). The landmark CDC Kaiser Permanente study (Felitti et al., 1998) demonstrated a dose–response relationship: higher ACE exposure correlates with a greater likelihood of depression, risky behavior, and relational instability in adulthood. Subsequent studies have emphasized that beyond physical health, ACEs impair emotional regulation, attachment security, and the ability to sustain intimacy (Hughes et al., 2017; Merrick et al., 2017). Consequently, individuals exposed to early trauma or chronic neglect often face difficulties with trust, empathy, and conflict resolution, all critical dimensions of marital satisfaction (Whisman, 2014; Raby et al., 2015).

The global literature provides consistent evidence of this association. Whisman (2014) observed that adults with high ACE exposure reported lower marital satisfaction and were more likely to separate. Merrick et al. (2017) linked ACEs to maladaptive communication patterns and diminished emotional closeness, while Raby et al. (2015) showed that insecure attachment derived from adverse caregiving predicted relational dissatisfaction. Friesen et al.

(2018) further documented how early neglect fosters fear of abandonment, which disrupts sexual and emotional intimacy. Other studies have associated childhood trauma with heightened jealousy, dependency, and emotional volatility in adult partnerships (Infurna et al., 2016; McLaughlin et al., 2020). Collectively, these findings underscore how early life experiences cast enduring shadows on adult relational outcomes.

The African context adds a distinctive dimension to this discourse. While African societies emphasize family unity, communal responsibility, and resilience (Amoateng & Heaton, 2017), widespread poverty, sociocultural pressures, and family fragmentation expose many children to adversity (Meinck et al., 2016). Studies in Uganda and Nigeria illustrate that unresolved childhood trauma often manifests in marriage as emotional withdrawal, depressive symptoms, mistrust, and marital strain (Okello & Musisi, 2015; Ede et al., 2021). Jewkes et al. (2017) linked childhood violence to later experiences of intimate partner conflict, while Nwoye (2015) argued that modernization and colonial disruption weakened traditional safety nets that once protected children from prolonged adversity.

Kenyan evidence reflects similar patterns. According to the Kenya National Bureau of Statistics and UNICEF (2020), nearly half of Kenyan children experience abuse before age eighteen. Such experiences compromise emotional regulation and social functioning in adulthood (Mutavi et al., 2018). Mwiti and Muriithi (2017) reported that Kenyan adults with traumatic childhoods often exhibit mistrust and avoidance in marriage, while Wango and Kimani (2018) noted that unresolved wounds manifest in aggression or emotional detachment. Khasakhala and Ndetei (2019) further observed that unprocessed trauma contributes to mood instability, reducing marital harmony. These findings point to an urgent need for interventions that address not only behavioural concerns but also the deeper emotional legacies of childhood adversity.

Sociocultural and spiritual dynamics further shape how trauma is expressed and healed in Kenya. Faith-based communities frequently provide protective buffers, fostering forgiveness, compassion, and spiritual resilience (John Paul II, 1981). Nevertheless, unresolved emotional pain often undermines marital harmony even within religious households (Gachanja, 2021). A holistic approach that integrates psychological healing with spiritual formation is therefore essential for promoting resilience and enduring marital satisfaction (Karney & Bradbury, 2020).

The theoretical foundation for this study lies in Attachment Theory and Trauma Theory, which together illuminate the mechanisms by which early adversity influences marital outcomes. Attachment Theory (Bowlby, 1988; Ainsworth et al., 1978) posits that early caregiver interactions form internal working models that shape adult expectations in relationships. Secure attachment fosters trust and intimacy, while insecure attachment patterns, often arising from neglect or abuse, predict difficulties in communication, conflict resolution, and closeness (Mikulincer & Shaver, 2016). Trauma Theory (Herman, 1992; van der Kolk, 2014) complements this perspective by explaining how prolonged stress disrupts neurological and emotional regulation, leading to hyperarousal, dissociation, and avoidance responses that impair authentic relational connection (Porges, 2011; Perry, 2017).

Despite extensive global literature, limited empirical work has explored ACEs and marital satisfaction within Kenya's faith-oriented settings. Existing local research has focused largely on trauma's mental health outcomes (Mutavi et al., 2018), leaving its marital implications underexamined. Kabete Deanery in the Archdiocese of Nairobi offers a compelling case, representing a diverse Catholic population navigating the intersection of spiritual commitment, cultural transition, and modern stressors such as urbanization and financial strain.

Accordingly, this study sought to examine the relationship between Adverse Childhood Experiences and marital satisfaction among married individuals in Kabete Deanery. It aimed to determine the prevalence of ACEs, assess levels of marital satisfaction, and establish the nature and strength of their association, while also considering demographic moderators such as gender, education, and religious involvement.

By addressing these objectives, the study advances both psychological and pastoral scholarship. It demonstrates that marital satisfaction is not solely a function of present interpersonal dynamics but is deeply shaped by emotional legacies rooted in childhood. Understanding this link can equip counselors, psychologists, and pastoral leaders to design trauma-informed interventions that foster resilience, healing, and empathy in marriage. For the Church and other faith-based institutions, the findings affirm the need to integrate psychological insight with spiritual care, ensuring that couples cultivate not only faith and commitment but also emotional wholeness and self-awareness. Ultimately, resilient and fulfilling marriages require the convergence of love, faith, and healing from past wounds.

METHODOLOGY

The study employed a correlational research design within a quantitative paradigm to examine the relationship between Adverse Childhood Experiences (ACEs) and marital satisfaction among married individuals in Kabete Deanery, Archdiocese of Nairobi. This design was considered appropriate as it facilitated the use of numerical data to measure variables and to determine associations between them without altering the natural study environment (Creswell, 2018). The application of quantitative methods further enabled the assessment of both the strength and direction of the relationship between ACEs and marital satisfaction.

The target population consisted of married Catholic men and women residing in Kabete Deanery, which encompasses Our Lady of the Rosary Parish (Ridgeways), St. Catherine of Siena (Spring Valley), St. Austin (Msongari), Consolata Shrine (Westlands), Holy Trinity (Kileleshwa), St. Joseph the Worker (Kangemi), and St. Raphael (Kabete). Parish registers estimated the total population at approximately 1,200 married individuals. A multistage sampling strategy was utilized to enhance representativeness. In the first stage, all parishes within the Deanery were purposively included. In the second stage, married individuals were randomly selected from parish family life registers. In total, 339 questionnaires were distributed, of which 292 were returned, yielding a response rate of 86.1%. After the exclusion of 21 incomplete or inconsistent responses, 271 questionnaires were retained for analysis, representing a usable response rate of 79.9%. According to Sataloff and Vontela (2021), a response rate of 70% or higher is adequate for reliable inference in social science research. The achieved rate therefore, confirmed the adequacy of the sample for meaningful analysis.

Data were collected using a structured questionnaire consisting of three sections: demographic information, the Childhood Trauma Questionnaire (CTQ), and the Couples Satisfaction Index (CSI). The CTQ (Bernstein & Fink, 1998) assessed the prevalence of ACEs across five domains: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The CSI (Funk & Rogge, 2007) measured marital satisfaction. Both instruments are internationally recognized and have been validated in multiple contexts, including locally, with strong psychometric properties supporting their reliability and validity.

Instrument reliability in this study was confirmed through Cronbach's alpha coefficients, which yielded $\alpha = 0.87$ for the ACEs scale and $\alpha = 0.91$ for the marital satisfaction scale, indicating excellent internal consistency (Field, 2018). Ethical clearance was obtained from the Tangaza University Ethics Review Committee and the Archdiocese of Nairobi Family Life Office. Participant recruitment was facilitated by parish priests and family life coordinators. Informed consent was obtained from all participants, who were assured of confidentiality, anonymity, and voluntary participation.

Data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS, Version 28). Descriptive statistics, including frequencies, percentages, and means, were used to summarize demographic characteristics and variable distributions. Inferential statistics were applied to test hypotheses, with Pearson's product–moment correlation coefficient (r) employed to assess the relationship between ACEs and marital satisfaction. The threshold for statistical significance was set at $p < .05$.

RESULTS

This section presents the findings of the study in three stages. First, it describes the socio-demographic characteristics of the respondents. Second, it outlines the levels of Adverse Childhood Experiences (ACEs) and marital satisfaction among married individuals in Kabete Deanery, Archdiocese of Nairobi. This provides important context for understanding the distribution of the key study variables, which is critical for accurate statistical interpretation. Finally, the section reports the results of the Pearson product–moment correlation analysis, which was used to establish the relationship between ACEs and marital satisfaction, followed by linear regression analysis, which was performed to determine the predictive power of ACEs on marital satisfaction.

Socio-Demographic Characteristics of Participants

The study gathered essential socio-demographic information to provide context for interpreting the relationship between Adverse Childhood Experiences (ACEs) and marital satisfaction. The demographic variables considered included age, gender, educational level, religious denomination, primary residence, and years of marriage. These characteristics offered a comprehensive profile of the participants and enabled a nuanced understanding of how background factors may interact with marital outcomes.

Table 1: ***Demographic Characteristics of Respondents.***

Variable	Category	Frequency (%)	Percentage (%)
Age	18–30	75	27.7
	31–45	80	29.5
	46–60	76	28.0
	60 and Above	40	14.8
Gender	Male	125	46.1
	Female	146	53.9
Education Level	Primary School	5	1.8
	Form IV	50	18.5
	Diploma/Bachelor	144	53.1
	PG Diploma/Masters	66	24.4
	PhD	6	2.2
Religious Denomination	Catholic	253	93.7
	Another Christian Church	17	6.3
Primary Residence	Nairobi City	163	60.1
	Town	66	24.4
	Village	42	15.5

Variable	Category	Frequency (%)	Percentage (%)
Years Married	1–5 Years	83	30.6
	6–10 Years	49	18.1
	10–20 Years	50	18.5
	25–49 Years	89	32.8

As presented in Table 1, the analyzed data indicate a diverse demographic profile of healthcare personnel. A majority of respondents were relatively young, with 42 participants (58.3%) aged between 20 and 30 years, while only a small proportion were above 40 years of age. The gender distribution revealed a higher representation of females, with 44 participants (61.1%), compared to 28 males (38.9%).

With regard to professional experience, most respondents, 46 (63.9%), reported between six months and five years of work experience. A smaller group, 20 participants (27.8%), had more extensive experience, and only 6 respondents (8.3%) reported 16 years or more of professional service. Marital status showed that 37 respondents (51.4%) were single, 32 (44.4%) were married, and 3 (4.2%) were separated or divorced.

In terms of occupational role, 30 participants (41.7%) were nurses, 23 (31.9%) were laboratory technicians, and 19 (26.4%) were clinicians. Overall, the demographic distribution reflects a relatively young, predominantly female workforce, with varying levels of professional experience and representation across key healthcare roles.

Levels of Adverse Childhood Experiences and Marital Satisfaction

Prior to analyzing the association between childhood adversity and marital satisfaction, the study assessed the prevalence of Adverse Childhood Experiences (ACEs) among married individuals in Kabete Deanery. Table 2 illustrates the distribution of participants across three ACE exposure categories: low, moderate, and high.

Table 2: ***Levels of Adverse Childhood Experiences among Participants***

Levels of ACEs	Range	Frequency	Percentage (%)
Low	0 - 10	18	25.7
Moderate	11 - 20	32	45.7
High	21+	20	28.6
Total		**70**	**100.0**

As presented in Table 2, the distribution of Adverse Childhood Experiences (ACEs) among participants reflects notable variation in exposure. The largest proportion of respondents (45.7%) reported moderate levels of adversity, followed by 28.6% who reported high exposure and 25.7% who indicated low exposure. Cumulatively, nearly three-quarters of the sample experienced at least moderate adversity during childhood. These findings demonstrate the prevalence of adverse early-life events within the population and underscore the likelihood that a substantial proportion of participants entered adulthood with psychosocial vulnerabilities that may affect their emotional functioning and relational well-being.

Levels of Marital Satisfaction among Participants

In addition to examining childhood adversity, the study assessed marital satisfaction among the same participants using the Couples Satisfaction Index (CSI). This measure was essential for establishing the level of relational wellbeing, thereby providing a basis for analyzing the relationship between adverse childhood experiences and marital satisfaction. The distribution of scores is summarized in Table

Table 3: ***Levels of Marital Satisfaction among Participants***

Levels of Marital Satisfaction	Range (CSI Scores)	Frequency	Percentage (%)
High	≥ 120	22	31.4
Moderate	90 - 119	33	47.1
Low	≤ 89	15	21.4
Total		**70**	**100.0**

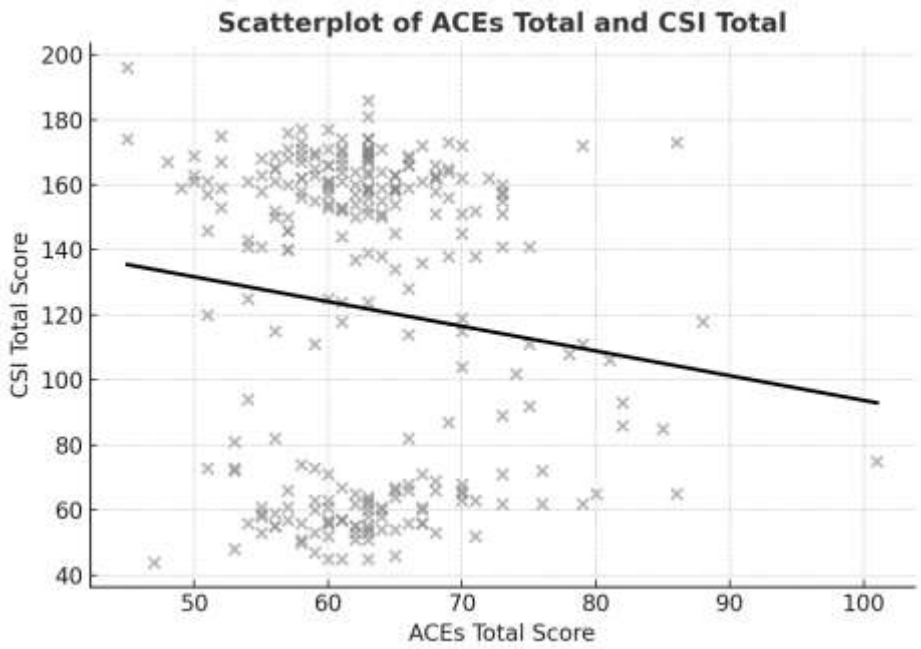
As presented in Table 3, nearly half of the respondents (47.1%) reported moderate levels of marital satisfaction, while 31.4% indicated high satisfaction and 21.4% reported low satisfaction. This distribution suggests that while a majority of marriages demonstrate relative stability, a considerable proportion of participants experience varying degrees of dissatisfaction.

The predominance of moderate satisfaction indicates that, for many couples, relationships may be functioning adequately but could benefit from deeper emotional connection and improved communication. The presence of about one fifth of respondents reporting low satisfaction further points to a segment of couples experiencing relational challenges that may require targeted support or counseling interventions.

Relationship Between ACEs and Marital Satisfaction

The study investigated the relationship between Adverse Childhood Experience (ACE) scores and levels of marital satisfaction. To assess the direction and magnitude of this relationship, Pearson's correlation analysis was employed. Figure 1 presents a visual illustration of the relationship between the two variables.

Figure 1: ***Visual Representation of Correlation between Adverse Childhood Experiences and Marital Satisfaction CSI Total***



The scatterplot in Figure 1 illustrates the relationship between Adverse Childhood Experience (ACE) scores and marital satisfaction. The distribution of data points displays a discernible downward trend, with the fitted regression line clearly indicating a negative correlation. This suggests that as ACE scores increase, marital satisfaction tends to decrease, highlighting an inverse association between childhood adversity and relational wellbeing in adulthood. While Figure 1 offers a visual representation of this negative relationship, the specific statistical correlations are presented in greater detail in Table 4.

Table 4: ***Relationship Between ACEs and Marital Satisfaction***

			ACEs Total	CSI Total
ACEs	Total	Pearson Correlation	1	-.122**
		Sig. (2-tailed)		.046
		N	271	271
CSI	Total	Pearson Correlation	-.122**	1
		Sig. (2-tailed)	.046	
		N	271	271

The scatterplot in Figure 1 illustrates the association between Adverse Childhood Experiences (ACEs) and marital satisfaction. The plotted regression line exhibits a negative slope, reflecting a statistically significant inverse relationship ($r = –.312$, $p = .012$) between the two variables. This pattern indicates that higher ACE scores are moderately associated with lower marital satisfaction. The visual representation aligns with the results presented in Table 4, underscoring that adverse experiences in childhood may have enduring consequences for adult relational wellbeing.

Exploring the Predictive Value of ACEs on Marital Satisfaction

Although the primary objective of this study was not to develop predictive models, the presence of a statistically significant negative correlation between Adverse Childhood Experiences (ACEs) and marital satisfaction warranted further analysis. Specifically, the researcher sought to examine whether ACEs could serve as a meaningful predictor of marital satisfaction. To this end, a simple linear regression was performed. This additional test was motivated by the correlational findings, with the aim of extending the analysis beyond association to explore the extent to which ACE scores could account for variations in marital satisfaction and thereby provide a basis for predictive interpretation.

Table 5: ***Predictive Value of ACEs on Marital Satisfaction***

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t	Sig. (p)	95% Confidence Interval for B
(Constant)	142.60	5.87	—	24.28	.000	131.05 to 154.15
ACEs Total	–0.76	0.38	–.122	–2.01	.046	–1.50 to –0.02

As shown in Table 5, the regression analysis produced an R value of 0.312, reflecting a modest correlation between Adverse Childhood Experiences (ACEs) and marital satisfaction. The coefficient of determination ($R^2 = 0.097$) indicates that ACEs accounted for approximately 9.7% of the variance in marital satisfaction scores. The model was statistically significant, as evidenced by an F-statistic of 8.125 and a p-value of 0.006, confirming its validity at the 0.05 significance level. The unstandardized regression coefficient (B = –0.76, p = .046) further demonstrates that for each unit increase in ACE score, marital satisfaction decreased by approximately 0.76 units when controlling for other factors. This negative slope suggests that higher levels of childhood adversity are associated with reduced marital satisfaction among married individuals in Kabete Deanery. Nonetheless, the relatively modest proportion of explained variance ($R^2 = 9.7\%$) highlights the likelihood that other variables, such as communication quality, emotional regulation, spirituality, financial stability, and conflict resolution, also exert substantial influence on marital outcomes within this population.

DISCUSSION

This study examined levels of Adverse Childhood Experiences (ACEs) and marital satisfaction among married individuals in Kabete Deanery, Archdiocese of Nairobi, and further explored the association between these two constructs.

The results demonstrated that participants reported varying degrees of childhood adversity: 25.7% indicated low ACE exposure, 45.7% moderate exposure, and 28.6% high exposure. These findings suggest that a significant proportion of married individuals in the Deanery have encountered some form of adversity in childhood. This pattern is consistent with national estimates by the Kenya National Bureau of Statistics and UNICEF (2020), which indicate that nearly half of Kenyan children experience abuse, neglect, or other adversities before the age of eighteen. While not all participants experienced severe trauma, the predominance of moderate ACEs highlights the cumulative effects of adversity, which, as Felitti et al. (1998) and Merrick et al. (2017) emphasize, can have lasting consequences for attachment, self-esteem, and emotional regulation.

Regarding marital satisfaction, 31.4% of respondents reported high satisfaction, 47.1% moderate satisfaction, and 21.4% low satisfaction. These results indicate that while many couples in the Deanery enjoy relatively stable marriages, nearly one-fifth face considerable dissatisfaction. This finding resonates with global scholarship showing that unresolved childhood adversity often undermines adult relationships through its influence on trust, communication, and emotional closeness (Whisman, 2014; Merrick et al., 2017). At the same time, the predominance of moderate satisfaction levels may reflect the stabilizing role of community and faith-based networks in sustaining marital relationships, even in the face of earlier trauma.

The correlational analysis further confirmed a significant negative association between ACEs and marital satisfaction ($r = –0.312$, $p = 0.012$). Regression analysis indicated that ACEs accounted for 9.7% of the variance in marital satisfaction ($R^2 = 0.097$, $F = 8.125$, $p = 0.006$). Although this explanatory power is modest, the statistical significance reinforces the argument that childhood adversity exerts a measurable influence on adult relational wellbeing. Similar results have been reported in longitudinal studies, such as Raby et al. (2015), which demonstrated that individuals from adverse caregiving environments often experience diminished relationship quality in adulthood. Likewise, Hughes et al. (2017) and Anda et al. (2016) linked ACEs to heightened stress reactivity, insecure attachment, and relational instability, all of which compromise marital satisfaction.

African-based research further substantiates these patterns. For example, Ede, Igbo, and Eze (2021) documented the association between childhood neglect and marital strain among Nigerian couples, while Okello and Musisi (2015) in Uganda found that unresolved trauma manifested as mistrust and communication breakdown within marriages. Similarly, Meinck et al. (2016) reported that South African adults exposed to multiple ACEs displayed increased relationship instability and heightened conflict risk. Taken together, these findings illustrate that the relational consequences of ACEs transcend cultural and geographical boundaries, reinforcing the universality of trauma's long-term effects.

The findings are well explained through the study's theoretical lenses. Attachment Theory (Bowlby, 1988; Ainsworth et al., 1978) posits that early caregiver interactions form the foundation of relational expectations and behaviors in adulthood. Insecure attachment styles—whether anxious or avoidant—emerging from adverse childhood experiences often manifest in marriages as mistrust, emotional withdrawal, or excessive dependency (Mikulincer & Shaver, 2016). Trauma Theory (Herman, 1992; van der Kolk, 2014) complements this by highlighting how unresolved trauma dysregulates

affect and stress responses. Hyperarousal, avoidance, and emotional detachment (Porges, 2011; Perry, 2017) can hinder intimacy, empathy, and conflict resolution within marriage. The negative association found in this study thus affirms both theoretical perspectives.

Importantly, the findings also highlight variability: not all individuals with high ACE scores reported low marital satisfaction. This suggests the moderating role of protective factors such as resilience, faith, forgiveness, and social support. Research by Krumrei, Mahoney, and Pargament (2011) found that religiosity and divine forgiveness can buffer the effects of trauma on marital relationships. Within Kenyan Catholic communities, spiritual practices and communal belonging may provide additional pathways for meaning-making and healing, reducing the negative impact of early adversity on adult partnerships.

The modest predictive power of ACEs ($R^2 = 0.097$) underscores that while adverse childhood experiences are significant, they are not the sole determinants of marital outcomes. Communication quality, financial stability, emotional intelligence, and cultural norms also exert substantial influence on marital satisfaction (Karney & Bradbury, 2020; Fincham & Beach, 2010; Fowers, 2016). This reinforces the multidimensional nature of marriage, shaped by complex interactions of personal histories, relational processes, and socio-cultural contexts.

From a Catholic perspective, marriage is a sacrament that integrates human love with divine grace (John Paul II, 1981). Healing from trauma thus requires both psychological and spiritual dimensions. Forgiveness, compassion, and grace become central to fostering reconciliation and emotional renewal. As Mwiti and Muriithi (2017) observe, many Kenyan couples approach conflict behaviorally, overlooking its deeper psychological roots. This study therefore highlights the value of trauma-informed pastoral counseling that integrates psychological knowledge with faith-based practices to enhance marital resilience and wellbeing.

In summary, the study confirms that Adverse Childhood Experiences significantly predict marital satisfaction among married individuals in Kabete Deanery. The results align with both Attachment and Trauma Theories and resonate with international and African scholarship, demonstrating the enduring effects of childhood adversity on adult intimacy. At the same time, the findings point to the buffering role of faith and community support, suggesting that integrative interventions, psychological, relational, and spiritual, are essential for strengthening marriages in the Kenyan Catholic context.

CONCLUSION

This study established that a considerable proportion of married individuals in Kabete Deanery, Archdiocese of Nairobi, reported exposure to Adverse Childhood Experiences (ACEs) at varying levels, ranging from low to high. The results revealed a statistically significant negative relationship between ACEs and marital satisfaction ($r = –0.312$, $p = 0.012$), indicating that individuals with greater exposure to childhood adversity are more likely to experience diminished marital satisfaction. These findings affirm that early adverse experiences exert long-lasting effects on adult emotional functioning, attachment security, and relational stability.

The linear regression analysis provided further insight into the predictive value of ACEs. The regression model yielded an R value of 0.312 and an R^2 of 0.097, indicating that ACEs explained approximately 9.7% of the variance in marital satisfaction. The F-statistic of 8.125 ($p = 0.006$) confirmed the statistical significance of the model, while the unstandardized coefficient ($B = –0.76$, $p = 0.046$) demonstrated that each unit increase in ACE score predicted a corresponding 0.76-point decrease in marital satisfaction. These results confirm that childhood adversity is not only correlated with but also significantly predicts marital outcomes, even though the proportion of explained variance remains modest.

The findings therefore suggest that marital wellbeing is shaped by a combination of historical and contemporary factors. While ACEs emerged as a significant predictor, the relatively low predictive power highlights the influence of additional determinants such as communication quality, emotional regulation, financial stability, cultural expectations, and faith. This underscores the multidimensional nature of marital satisfaction, which arises from the interaction between unresolved childhood experiences and present relational dynamics.

The study concludes that addressing marital challenges requires acknowledging the enduring influence of childhood trauma on adult relationships. Trauma-informed approaches to marriage counseling and pastoral care are essential, as they can facilitate healing, forgiveness, and deeper mutual understanding among couples. Within the Catholic context, integrating psychological insights with faith-based guidance can enable couples to pursue both emotional and spiritual wholeness.

In sum, the study demonstrates that early adversity casts a lasting influence into adulthood, affecting how individuals form, maintain, and experience intimacy within marriage. Interventions that emphasize emotional awareness, healing from unresolved childhood wounds, effective communication, and the integration of faith are vital in fostering resilient, fulfilling, and enduring marriages characterized by love, trust, and grace.

RECOMMENDATIONS

The findings of this study demonstrate that Adverse Childhood Experiences (ACEs) exert a significant negative influence on marital satisfaction. In light of these results, several recommendations are proposed to enhance marital well-being and mitigate the long-term effects of childhood adversity.

First, marriage counselors, pastoral caregivers, and psychologists should adopt trauma-informed approaches that integrate psychological healing with faith-based principles. Couples need to be guided in recognizing unresolved childhood wounds and their influence on communication, trust, and emotional connection. Incorporating trauma-awareness and emotional healing into premarital counseling and ongoing marital enrichment programs can foster self-awareness, empathy, and healthier relational patterns.

Second, Church-based Family Life Ministries and diocesan offices should collaborate with professional therapists to develop marriage enrichment initiatives that emphasize emotional literacy, forgiveness, resilience, and communication skills. Training faith leaders in basic psychological first aid and referral practices would further strengthen early intervention in cases of emotional or relational distress.

Third, policy makers and religious institutions are encouraged to prioritise mental health and family counselling as integral components of pastoral care. Establishing structured referral systems between parishes, diocesan counselling centres, and licensed mental health professionals would improve access to professional support. At a broader level, diocesan leadership could advocate for national guidelines on trauma-informed pastoral care to ensure that emotional well-being is recognised as central to family ministry.

Finally, future research should expand on these findings by employing mixed-method and longitudinal designs to examine how factors such as faith, forgiveness, communication, and social support mediate the relationship between ACEs and marital satisfaction. Such studies would contribute to a deeper understanding of the complex interplay between childhood adversity, spirituality, and adult relational health within Kenya's cultural and religious contexts.

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