Mother's Relationship to the Perpetrator: Parental Reports of Psychopathology, Family Support, Child Expectations, and Perceptions of their Sexually-Abused Child

Elaine K. Martin, B.S., Christopher Campbell, M.A., Poonam Tavkar, M.A., Sarah Evans, M.A., and David J. Hansen, Ph.D.
University of Nebraska - Lincoln

Introduction

Child sexual abuse (CSA) is a prevalent problem that has immediate and long-term consequences including internalizing, and externalizing problems, sexual behavior problems, poor self-esteem, posttraumatic stress disorder, depression, and anxiety (Finkelhor, 1994; Kendall-Tacket et al., 1993; Rodriguez, Ryan, Rowan, & Foy, 1996). Due to the negative consequences associated with CSA, researchers have tried to identify risk factors for these outcomes. In particular, the child's relationship to the perpetrator has been examined as a potential risk factor for negative outcomes following CSA (Lawyer, Ruggiero, Resnick, Kilpatrick, & Saunders 2006). The research in this area has been mixed, however several studies have found a relationship between familial perpetrators and greater negative outcomes such as PTSD when compared to non-familial perpetrators (Boney-McCoy & Finkelhor, 1995; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Mennen & Meadow, 1995). Furthermore, mothers of children who had a familial perpetrator reported greater levels of maternal distress (Hebert, Daigneault, Collin-Vezina, & Cyr, 2007).

Researchers have found differences in the presence and severity of symptoms when comparing child and parental reports of psychopathology following disclosure of CSA (Cohen & Mannarino, 1988; Spaccarelli & Fuchs, 1997). Cohen and Mannarino (1988) found that parents rated their children as having more behavioral problems than the children reported. However, limited research has examined the mother's relationship to the perpetrator and the impact of this relationship on parental reports. This relationship is important to examine due to the reliance on parental report measures of children's behaviors in the area of CSA.

This study examined the effects of the mother's relationship to the perpetrator on reports of parental psychopathology, expectations of the child, family support, and reports of child's internalizing and externalizing behaviors. It was expected that mothers of children who were abused by their family members would report increased negative outcomes. This study also examined differences in reports of internalizing and externalizing behaviors between children and their parents. It was expected that mothers of children who were abused by their family members would have a greater discrepancy between child and parental report of internalizing and externalizing behaviors.

Method

Participants

Participants were 147 sexually abused children and their biological mothers. The youth sample was comprised of 115 females and 31 males ranging in age from 5 to 17 years (M = 10.98, SD = 3.11). The majority of the youths were European American (75%), 12% were biracial or multiracial, 7% African American, 6% Hispanic, and 1% Native American. The parents were biological mothers who ranged in age from 23 to 54 (M = 34.75, SD = 5.90). The majority of mother's were European American (85%), 6% were Hispanic, 5% biracial or multiracial, 4% African American, and 1% Native American.

Parent Report Measures

Child History Form - The CHF was designed to collect information about the child's abuse history, including age at onset, duration of abuse, relationships to the perpetrator, nature of abuse, frequency, and number of times abused.

Parental Expectations Scale (PES) – The PES is a 13-item measure used to assess parental expectations of their child's functioning across several domains.

Post Sexual Abuse Expectations Scale (PSAES) – The PSAES is an 8-item measures used to assess parental expectations of the negative impact CSA across different domains of functioning.

Family Adaptability and Cohesion Evaluation Scale (FACES-III; Olson, 1986) - FACES-III is a 20-item measure used to assess family adaptability and cohesion.

Family Crisis Oriented Personal Evaluation Scales (F-COPES; McCubbin, Olson, & Larsen, 1987) - The F-COPES is a 30-item measure used to assess family coping attitudes and behaviors.

Child Behavior Checklist (CBCL; Achenbach, 1991) – The CBCL is a 113-item measure used to assess social competency and behavioral problems in children.

Symptom Checklist-90-R (SCL-90-R; Derogatis, 1983) – The SCL-90-R is a 90-item measure used to assess general symptoms of psychopathology.

Child Self-Report Measure

Children's Depression Inventory (CDI; Kovacs, 1992) - The CDI is a 27-item measure that assesses cognitive and somatic symptoms of depression.

Child Behavior Checklist - Youth Self-Report (CBCL – YSR; Achenbach, 1991) – The CBCL-YSR is a 113-item measure used to assess internalizing and externalizing behaviors in children.

Children's Manifest Anxiety Scale-Revised (CMAS-R; Reynolds & Richmond, 1985) - The CMAS-R is a 37-item measure used to assess general anxiety.

Procedure

All participants participated in Project SAFE (Sexual Abuse Family Education), a 12-session cognitive behavioral group treatment for sexually abused youth and their non-offending caregivers. Project SAFE addresses topics related to abuse, such as sex education, depression, anxiety, and preventative strategies. Participants were referred to Project SAFE through the Child Advocacy Center, the Department of Health and Human Services, and local mental health professionals. Families were excluded from participation if the parent or child had significant impairment in cognitive functioning.

Participants completed assessment measures prior to participation in group treatment. Both the non-offending caregiver and youths completed measures related to the abuse, psychological sequelae, and family cohesion. Initial assessments were administered by a clinical psychology graduate student. Families were given a $20 payment for compensation after completing the initial assessment.

Results

Formation of Groups

The mother's relationship to the perpetrator was divided into three categories to examine the impact of close relationships with the perpetrator to more distant relationships.

- ❖The first category included *immediate family members*, such as husbands, boyfriends, and children. This category included *49%* of the participants.
- ❖The second category included *more distant family members*, such as the mother's parents and siblings. This category included *13%* of the participants.
- ❖The last category *excluded family members* and was primarily comprised of neighbors, friends, peers, and strangers. This category included *38%* of the participants.

Table 1. Means and standard deviations of measured variables for each group

Variable	Close Family M (SD)	Distant Family M (SD)	Non-Familial M (SD)
Abuse Characteristics			
Age at Onset	7.74 (3.28)	8.37 (4.07)	9.02 (3.30)
Duration of Abuse	21.29 (2 6.36)*	12.05 (1 4.16)	4.69 (1 1.06)
Number of Perpetrators	1.13 (.37)	1.26 (.45)	1.14 (.35)
Frequency of Abuse	5.09 (3.11)*	3.78 (3.12)	2.49 (3.40)
Maternal Psychopathology (SCL-90-R)			
Somatization	47.67 (1 0.60)	52.83 (1 4.21)	49.46 (1 0.47)
Obsessive-Compulsive	46.18 (9.48)	48.33 (1 3.66)	46.92 (1 0.56)
Interpersonal Sensitivity	44.90 (8.64)	48.44 (1 1.86)	46.14 (9.98)
Depression	44.46 (9.09)	50.06 (1 4.57)	45.02 (1 1.39)
Anxiety	42.40 (1 0.00)	47.94 (1 5.52)	44.73 (1 1.00)
Hostility	46.39 (7.19)	50.11 (1 0.56)	50.02 (9.88)
Phobic Anxiety	45.12 (9.79)	48.28 (1 6.08)	46.67 (8.49)
Paranoid Ideation	47.93 (7.70)	50.00 (1 0.50)	47.86 (9.40)
Psychoticism	42.40 (9.66)	45.11 (1 2.88)	42.82 (1 1.61)
Severity Index	44.12 (1 0.10)	48.56 (1 4.96)	45.41 (1 1.97)
Positive Symptom Total	45.68 (1 0.24)	49.61 (1 3.41)	47.98 (1 3.12)
Positive Symptom Distress	44.43 (1 0.65)	48.39 (1 5.59)	42.71 (1 0.24)
Family Support (FACES and F-COPES)			
FACES Subscales			
Cohesion Now	37.41 (6.78)	35.00 (7.97)	36.13 (6.44)
Adaptability Now	24.50 (5.25)	26.05 (4.35)	25.96 (4.44)
Cohesion Ideal	44.14 (4.94)	44.37 (4.13)	44.93 (4.15)
Adaptability Ideal	33.70 (6.60)	32.32 (5.33)	32.22 (4.18)
F-COPES Subscales			
Social Support	27.93 (6.64)	28.89 (8.50)	28.25 (6.58)
Reframing	29.99 (4.33)	29.63 (3.10)	28.60 (4.74)
Mobilizing	14.94 (2.67)	16.63 (2.97)	15.56 (2.93)
Spiritual Support	13.25 (3.92)	13.84 (4.39)	13.93 (4.42)
Passive Appraisal	14.66 (3.36)	15.00 (2.98)	14.80 (2.86)
F-COPES Total	100.74 (1 3.45)	104.00 (1 7.20)	101.13 (1 4.50)
Maternal Expectations (PES and PSAES)			
PES Total	77.71 (1 5.05)	86.47 (2 0.16)	75.21 (19.34)
PSAES Total	19.15 (5.73)	19.47 (9.48)	20.16 (7.38)
Child Behavior (CBCL)			
Withdrawn	59.69 (9.95)	65.53 (1 1.93)	62.35 (1 1.32)
Somatic Complaints	57.9 (7.76)	60.74 (8.31)	61.33 (8.77)
Anxious/Depressed	60.75 (1 0.68)	64.95 (9.65)	64.13 (1 0.78)
Social Problems	58.39 (9.78)	59.05 (7.74)	59.69 (9.69)
Thought Problems	57.07 (8.97)	60.21 (8.90)	60.53 (1 0.09)
Attention Problems	61.55 (1 1.58)	61.74 (8.96)	61.82 (1 0.32)
Delinquent Behavior	59.07 (8.10)**	64.16 (1 0.01)	63.05 (1 1.96)
Aggressive Behavior	60.58 (1 0.43)	65.37 (1 0.85)	62.33 (1 1.92)
Internalizing Problems	58.73 (1 1.90)	64.21 (1 2.67)	63.02 (1 2.01)
Externalizing Problems	58.42 (1 1.68)	63.74 (1 2.71)	60.89 (1 3.18)
Total Problems	59.34 (1 2.18)	63.95 (1 2.43)	62.98 (1 2.50)

*p<.001, **p<.05

Demographic Comparisons

The groups did not differ on demographic characteristics. However, children whose perpetrators were a sibling or their mother's intimate partner experienced a significantly longer duration [$F(2, 136) = 9.97$, $p < .001$] and a greater frequency of CSA [$F(2, 142) = 10.00$, $p < .001$].

Maternal Psychopathology

An ANOVA was conducted to examine the relationship between mother's relationship to perpetrator and maternal report of symptoms of psychopathology, parental expectations, family support, and internalizing and externalizing behaviors in their children.

- ❖No significant differences between the groups were found on parental psychopathology using the SCL-90-R.

Family Support

An ANOVA was conducted to examine the relationship between the mother's relationship to the perpetrator and maternal report of family support.

- ❖The groups did not differ on maternal reports of family support on the FACES and F-COPES.

Maternal Expectations

An ANOVA was conducted to examine the relationship between the mother's relationship to the perpetrator and maternal expectations of their children.

- ❖The groups did not differ on parental expectations on the PES and PSAES.

Child Internalizing and Externalizing Behaviors

An ANOVA was conducted to examine the relationship between mother's relationship to the perpetrator and maternal report of internalizing and externalizing behaviors in their children.

- ❖Mothers whose intimate partner or child was the perpetrator reported less delinquent behaviors in their children who had experienced CSA. A similar trend was found for internalizing behaviors and somatic complaints though they were not significantly different between the groups. No other significant differences were found on the CBCL.

Pearson's product-moment correlation analyses were used to assess for differences between the groups in reporting between child-report and maternal-report of internalizing and externalizing behaviors.

- ❖No differences were found between the maternal reports of internalizing and externalizing behaviors on the CBCL and youth self-report of behaviors on the CBCL-YSR.

Discussion

The results suggest that the mother's relationship to the perpetrator does not impact maternal psychopathology, family support, maternal expectations of their children, and maternal reports of internalizing and externalizing behaviors. More research is needed in this area.

Contrary to the relationship that was hypothesized, mothers whose intimate partner or child was the perpetrator reported less delinquent behaviors in their children who had experienced CSA. A similar trend was found for internalizing behaviors and somatic complaints. It is possible that mothers whose intimate partner or child was the perpetrator might seek to minimize the impact of CSA on their children due to the emotional attachment between the mother and the perpetrator. However, further research is needed in this area.

Maternal-report and child-report of externalizing and internalizing behaviors were not correlated suggesting that an informant discrepancy exists in reports of problematic behaviors for children who have experienced CSA. The discrepancy between child and maternal reports of behaviors is notable because studies have shown that child report is a better predictor of psychopathology for children who have experienced CSA than parental report (Avery, Massat, & Lundy, 1998; Bolen & Lamb, 2007).

This study further highlights the importance of using both parental and child reports of problem behaviors in children who have experienced childhood sexual abuse to gain a more accurate depiction of the outcomes associated with CSA. However, this discrepancy does not appear to be related to the mother's relationship with perpetrator. It is possible that emotional attachment to the perpetrator might be a more robust indictor of the relationship to the perpetrator than familial status in predicting maternal reports of negative outcomes for CSA. Future studies should investigate this possible relationship.