



Relationship of Obsessive-Compulsive Behaviors of Primary Caregivers with a History of Sexual Abuse and Perfectionism in their Sexually Abused Children

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Introduction

- Childhood sexual abuse (CSA) is associated with many short- and long-term sequelae such as depression, anxiety, obsessive-compulsive behaviors (OCB), and perfectionism (Kong & Bernstein, 2008; Saunders et al., 1992; Tyler, 2002).
- Studies have found that rates of CSA are unexpectedly high among those with OCB (e.g., Cath et al., 2008; Murrey et al., 1993; Saunders et al., 1992).
- OCB arises from dysfunctional beliefs that can disrupt family life such as: the persistent need to be in control of one's thoughts, the need for perfectionism, and a duty to prevent danger (Taylor et al., 2009).
- Because dysfunctional family environments are associated with unhealthy coping techniques and psychopathology in youth (Stark et al., 1990), children may be prone to emotional difficulties (e.g., perfectionism) if caregivers exhibit OCB and have a CSA history (e.g., Armsworth & Stronck, 1999).
- Caregivers with a CSA history have reduced confidence in parenting, greater negativity in relationships with their children (Roberts et al., 2004), and are more likely to engage in authoritarian parenting styles (DiLillo, Tremblay, & Peterson, 2000; Maker & Buttenheim, 2000).
 - Studies have linked authoritarianism to greater perfectionism tendencies in children (e.g., Craddock et al., 2009; Flett, Hewitt, & Singer, 1995).
- When an individual exhibits OCB, family members often change personal routines to accommodate the obsessions and compulsions (Challacombe & Salkovskis, 2009).
 - Children also exhibit more perfectionism if their parents exhibit perfectionist tendencies (e.g., those with OCB), as they internalize their parents' behaviors and attempt to meet their stringent demands (Frost & Steketee, 2002).
- Though perfectionism can be functional (e.g., achievement striving), it is a multidimensional construct that also includes maladaptive components such as self-blame, worry, avoidance, and low feelings of self-efficacy (Frost et al., 1990; Hart et al., 1998; Hewitt & Flett, 1991; Kawamura et al., 2001).
 - As such, perfectionism is associated with a number of negative outcomes such as anxiety, depression, and eating disorders (Bardone-Cone et al., 2006; Hewitt & Flett, 1991; Kawamura et al., 2001).
- Despite the high prevalence of OCB among those with a CSA history, current literature lacks a comprehensive understanding of the relationships among caregivers' expression of OCB, caregiver CSA history, and child perfectionism. Therefore, the purpose of this study was to examine this relationship.

HYPOTHESES

- Caregivers with a history of CSA would report greater OCB than caregivers without a history of sexual victimization.
- Children with caregivers who had a CSA history would report greater perfectionism than children with caregivers who did not have a CSA history.
- Children with caregivers who reported greater OCB would report greater perfectionism than children with caregivers who reported fewer OCB.
- A caregiver's OCB and history of CSA would uniquely contribute to a model predicting child-reports of perfectionism, even when accounting for child characteristics already known to be associated with perfectionism.

Methods

PARTICIPANTS

- Participants included 121 sexually abused youth and their non-offending caregivers who were referred for treatment from Project SAFE. Non-offending caregivers had a mean age of 37.23 years. The majority were biological mothers (80.3%) of European American descent (85.8%). Sixty-one (50.4%) of the non-offending caregivers had a history of CSA while 60 (49.6%) had no CSA history. The majority of the sexually abused youth were female (82.0%), European-American (78.5%) and had a mean age of 11.84 years.

MEASURES

- Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998).** A 28-item self-report survey used to assess five negative childhood experiences including emotional or physical neglect, and emotional, physical, or sexual abuse.
- Symptom Checklist-90 - Revised (SCL-90-R; Derogatis, 1994).** A self-report measure designed to assess an expansive array of psychopathic symptomatology in individuals over the age of 13.
- Child Depression Inventory (CDI; Kovacs, 1992).** A self-report questionnaire designed to assess depressive symptomatology in children between the ages of 7 and 17.
- Child Manifest Anxiety Scale-Revised (CMAS-R; Reynolds & Richmond, 1978).** A self-report questionnaire designed to identify a wide arrange of anxiety symptoms in children ranging in age from 6 to 9 years.
- Children's Impact of Traumatic Events Scale-Revised (CITES-R; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991)** A self-report questionnaire designed to evaluate the outcomes and effects of CSA in children ranging in age from 8 to 16 years old.
- Multidimensional Anxiety Scale for Children (MASC; March, 1998).** A self-report measure designed to identify and assess anxiety symptomatology in children ranging in age from 8 to 19 years.

PROCEDURE

- Participants in this study received treatment from Project SAFE, a 12-week cognitive behavioral, parallel group treatment for sexually abused youth and their non-offending caregivers. Project SAFE is offered through a Midwestern Child Advocacy Center and utilizes a variety of techniques (e.g., psychoeducation, emotion regulation, stress management, and assertiveness training) to reduce overall symptomatology of sexually abused youth and their non-offending caregivers.
- Youth and caregivers completed an assessment battery as part of a larger study examining outcomes of CSA, effects on the family, and treatment effectiveness.

Results

- A between-groups analysis of variance (ANOVA) was performed to examine the relationship between a caregiver's history of CSA and OCB.
 - As hypothesized, there was a significant difference in the level of OCB reported by caregivers with and without a CSA history, $F(1,119) = 9.64, p = .002$ such that caregivers with a CSA history reported more OCB ($M = 49.12, SD = 11.23$) than those without a CSA history ($M = 43.66, SD = 9.96$).
- A between-groups ANOVA was performed to examine the relationship between caregivers CSA history and child-reports of perfectionism.
 - As hypothesized, there was a significant difference in perfectionism scores between children with caregivers who had a history of CSA and those whose caregivers did not have a CSA history, $F(1,119) = 5.09, p = .026$. Children whose caregivers had a CSA history reported significantly greater levels of perfectionism ($M = 50.48, SD = 10.91$) than those whose caregivers did not have a history of CSA ($M = 46.00, SD = 10.94$).
- A correlation analysis was used to investigate the relationship between caregiver reports of OCB and youth reports of perfectionism.
 - Contrary to the hypothesis, no relationship was found between caregiver OCB and child perfectionism (see Table 1).
- A series of correlations was also used to examine the relationship between child characteristics and perfectionism.
 - Child reports of ineffectiveness, worry, and avoidance were significantly correlated with perfectionism, while child reports of self-blame/guilt were not significantly correlated with child perfectionism (see Table 1).
- A multiple regression model was performed to examine whether or not caregiver OCB and CSA history uniquely contributed to a model predicting child perfectionism scores, while taking into account avoidance, self-blame/guilt, ineffectiveness, and worry.
 - The model accounted for 30.2% of the variance in predicting the perfectionism children who have experienced CSA, $R^2 = .302, F(6,112) = 7.64, p < .001$ (see Table 2). As hypothesized, a caregiver's history of CSA significantly and uniquely contributed to the model.
 - However, contrary to the research hypothesis, caregiver OCB did not uniquely contribute to the model. As expected, ineffectiveness, avoidance, and self-blame/guilt were significant contributors.

Table 1. Correlation Coefficients with MASC Perfectionism Scores

	P	C-CSA	C-OCB	S-B	I	W
C-CSA	.21*					
C-OCB	.03	.18*				
S-B	.16	.15	-.02			
I	-.29**	.12	.03	.28**		
W	.26**	.20*	.16	.28**	.15	
A	.37**	.14	.25**	.05	-.18	.25**

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

P = Perfectionism; C-CSA = Caregiver Childhood Sexual Abuse; C-OCB = Caregiver Obsessive Compulsive Behaviors; S-B = Self-Blame; I = Ineffectiveness; W = Worry; A = Avoidance

Table 2. Regression Weights in a Model Predicting Perfectionism in Sexually Abused Youth

Variable	B	SE β	β
Caregiver CSA	3.83*	1.91*	.170*
Caregiver OCB	-.08	.09	-.075
Self-Blame	.46	.23*	.174*
Ineffectiveness	-.32***	.08***	-.338***
Worry	.40	.21	.170
Avoidance	.96**	.32**	.260**

Note. Caregiver CSA is coded as 0 = no history of CSA and 1 = history of CSA

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

Discussion

- Overall, the findings from this study provided additional support for the link between a history of CSA and greater OCB.
- Findings also suggest that caregiver CSA history, more so than OCB, is associated with greater perfectionism in children who have experienced CSA.
 - Multiple regression results indicated that a caregiver's CSA history significantly predicted perfectionism even when accounting for child characteristics associated with perfectionism.
 - This may be due to the parenting styles common among parents with a CSA history (e.g., authoritarian), which literature has shown can elicit perfectionism in children (e.g., Armsworth & Stronck, 1999; Flett et al., 1995).
 - It is also possible that child perfectionism was impacted by other psychopathologies associated with the caregiver's CSA history (e.g., depression).
- Interestingly, the results indicated that youth who experienced CSA and had caregivers with OCB were not more likely to exhibit perfectionist tendencies than those whose caregivers reported lower levels of OCB.
 - Although the literature has made the link between caregiver OCB and child perfectionism (e.g., Frost & Steketee, 2002), the current study did not replicate previous findings. It is possible that this link was not found because the caregivers in this study did not exhibit clinical levels of OCB.

LIMITATIONS

- Homogenous nature of the participants which may limit the generalizability of the findings to other populations (e.g., majority European-American).
- Some caregivers identified as a step parent, adoptive parent, or grandparent, which may have impacted results as OCB is highly heritable.
- Caregivers chose to participate in the therapy for their children, and thus were likely to be highly motivated, supportive, and trusting.

FUTURE RESEARCH

- Determine whether differences in OCB between caregivers with or without a CSA history, as well as perfectionism in children, are minimized by the Project SAFE treatment program.
- Target a broader, more diverse population, but also more specific populations such as those not seeing treatment.
- Assess parenting styles in those with or without a CSA history and OCB, as parenting style may be a mediating or moderating variable.