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 (Krug & Stovin, 2008; Sandok, et al., 1992; Tyson, 2002).
- Studies have found that rates of CSA are unexpectedly high among those with OCB (e.g., Cath & et al., 2000; Murry & et al., 1993; Sandok, 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 (Krug & Stovin, 2008), children may be prone to emotional difficulties (e.g., perfectionism) when exposed to CSA and have a CSA history (e.g., Armstrong & Strom, 1995).
- Caregivers with a CSA history have reduced confidence in parenting, greater negativity in relationships with their children (Roberts & et al., 2000), and are more likely to engage in authoritarian parenting styles (Duck & et al., 2000; Bear & et al., 2000).
- Studies have linked authoritarianism to greater perfectionism tendencies in children (e.g., Cradock & et al., 2009; Flett & et al., 1995).
- When an individual exhibits OCB, family members often change routine parameters to accommodate the obsessions and compulsions (Kulka & et al., 2000).
- 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 & et al., 2009).
- Though perfectionism can be functional (e.g., achievement striving), it is a multidimensional construct that also includes maladaptive components such as self-blame, worry, absurd, and avoidance.
- A self-report questionnaire designed to identify a wide arrange of anxiety symptomatology in individuals over the age of 13.
- A self-report questionnaire designed to assess obsessive compulsive symptomatology in children between the ages of 7 and 17.
- A self-report questionnaire designed to identify a wide range of anxiety symptoms in children ranging from age 8 to 10 years.
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Methods

Participants
- Participants included 121 sexually abused youth and their non-offending caregivers who were referred for treatment from Project SAFE. Non-offending caregivers were measured at 37-21 years. The majority were biological mothers (83.0% of European American descent (85.3%). Sixty-one (50.4%) of the non-offending caregivers had a CSA history while 50 (40.6%) had no CSA history. The majority of the sexually abused youth were female (52.0%). European American (78.3%) and had a mean age of 11.84 years.

MEASURES
- Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1983). A 26-s item self-report survey used to assess five negative childhood experiences including emotional or physical neglect, emotional, physical, or sexual abuse.
- Child Depression Inventory (CDI; Kovacs, 1992). A self-report measure questionnaire designed to assess depressive symptomatology in children between the ages of 7 and 17.
- Child Manifest Anxiety Scale-Expanded (CMS-E; Reynolds & Richmond, 1978). A self-report questionnaire designed to identify a wide range of anxiety symptoms in children ranging in age from 8 to 10 years.
- Child’s Impact of Traumatic Events Scale-Revised (C-ITNESS; Wells, Garland, Mathews, & Wells, 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.

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 CSA history 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 = 40.00, SD = 10.94).

A correlation analysis was used to investigate the relationship between caregiver reports of OCB and youth reports of perfectionism.
- The results indicated that youth who experienced CSA, R² = .320, 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.
- 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 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, R² = .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.
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Discussion

- The results indicated that youth who experienced CSA and had caregivers with OCB were not more likely to exhibit perfectionist tendencies that those whose caregivers reported lower levels of OCB.
- The model accounted for 13.5% of the variance in predicting perfectionism, child-reports of self-blame/guilt were not significantly correlated with child perfectionism (see Table 1).
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Findings also suggest that caregiver CSA history, more so than OCB, is associated with greater perfectionism in children who have experienced CSA. Contrary to the hypothesis, no relationship was found between caregiver OCB and child perfectionism (see Table 1).

- Some caregivers identified as a step parent, adoptive parent, or grandparent, which may have impacted results as OCB is highly heritable.
- Homogenous nature of the participants which may limit the generalizability of the findings to other populations (e.g., majority European-American).
- Overall, the findings from this study provided additional support for the link between a caregiver’s history of CSA and greater OCB.
- Findings also suggested 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 CSA.
- 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., Armstrong & Strom, 1995; Frost & 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).
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