



Impact of Sexual Abuse on Maternal Caregivers: Differential Effects of Sexual Abuse by Biological Fathers and Siblings

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Introduction

- > Youth who experience childhood sexual abuse (CSA) are at risk for developing a myriad of clinical symptoms including depression, anxiety, and posttraumatic stress disorder, (Tyler, 2002).
- > Victims of intrafamilial sexual abuse are at an elevated risk for experiencing these negative outcomes (Finkelhor, Hotelling, Lewis, & Smith, 1990).
- > Research shows that maternal support as well as parental expectations regarding their child's adjustment following the disclosure of CSA is critical to mediating its negative effects (e.g., Corcoran, 2004; Kouyoumdjian et al., 2005).
- > It has been suggested that maternal caregivers may experience some level of ambivalence upon disclosure of intrafamilial sexual abuse due to the costs of disclosure (i. e., fear of losing one's child or partner) and their attachment to the perpetrator (Bolen & Lamb, 2004).
- > Closeness to the perpetrator is shown to predict maternal support of the victim after disclosure of abuse, with closer relationships predicting less support (Bolen & Lamb, 2007).
- > Parental self-esteem and sense of competence are also influenced by the disclosure of CSA because an individual's sense of self-worth and control as a parent has been challenged (Manion et al., 1996). Therefore it is plausible to expect that parental efficacy and satisfaction would be greater affected by the discovery of abuse occurring within the home.
- > The number of difficulties faced by maternal caregivers upon the disclosure of intrafamilial CSA may potentially inhibit their ability to effectively support the victim.
- > While research has shown that maternal distress and lack of maternal support following the disclosure of CSA significantly impact emotional and behavioral adjustment in sexually abused youth (Elliott & Carnes, 2001), the differential impact of various familial perpetrators on these constructs has not been well researched.
- > The purpose of the current study is to explore how paternal caregiver and sibling sexual abuse may differentially impact maternal efficacy and sense of competence as well as expectations for victim adjustment.

Methods

Participants

- > Participants of the current study include 34 nonoffending maternal caregivers and their sexually abused children.
- > Maternal caregivers ranged in age from 26 years to 48 years ($M = 36.21$, $SD = 6.39$) and 34 (93.8%) identified as European American with the remaining 2 (5.9%) identifying as biracial. The majority of caregivers were married (50.0%), employed (85.3%), and completed high school or above (94.1%).
- > Children ranged in age from 4.67 to 16.83 ($M = 10.72$, $SD = 3.61$) with the majority being female (79.4%) and identifying as European American (93.8%).
- > Table 1 provides descriptive statistics of abuse characteristics based upon biological father and sibling perpetrators.

Measures

- > **Parental Efficacy Questionnaire (PEQ).** The PEQ is an 8-item self-report questionnaire adapted from the Maternal Efficacy Scale (MES; Teti & Gelfand, 1991) for Project SAFE assessment. The MES was developed to assess maternal perceived efficacy. The PEQ was modified to assess parental perceived efficacy. Caregivers are presented with a variety of parenting situations and are asked to rate how effective they are as a parent in each situation and overall.
- > **Parenting Stress Index (PSI; Abidin, 1995).** The PSI is a 101-item self-report questionnaire asking individuals to indicate the degree of stress they experience in their role as a parent. The Sense of Competence Subscale was utilized for this study. The PSI demonstrates internal consistency (alphas ranging from .70 to .84), test-retest reliability, and validity (Abidin, 1995).
- > **Parental Expectations Scale (PES; Meidlinger et al., 2012).** The PES is a 12-item measure that assesses the caregivers expectations of their child's general functioning compared with other children his/her age over the next year. Questions address school and social situations, family relationships, and personal feelings. Internal consistency for the PES is excellent ($\alpha = 0.916$; Meidlinger et al., 2012).
- > **Post Sexual Abuse Expectations Scale (PSAES; Meidlinger et al., 2012).** The PSAES is an 8-item measure that assesses the negative impact the caregiver expects the abuse will have on their child over the next year. Questions on this measure also address school and social situations, family relationships, and personal feelings. Internal consistency for the PSAES is excellent ($\alpha = 0.893$; Meidlinger et al., 2012).

Procedures

- > Participants received treatment for CSA at a Midwestern Child Advocacy Center through Project SAFE (Sexual Abuse Family Education). Project SAFE is a 12-week standardized group intervention program for sexually abused youth and their nonoffending caregivers. The treatment utilizes a variety of techniques (e.g., psychoeducation, anxiety management) to reduce overall symptomatology of sexually abused youth.
- > Prior to treatment, caregivers and youth completed an assessment battery that included the measures utilized in this study.

Table 1
Abuse Characteristics by Relationship with Perpetrator

Variables	Biological Father (N = 18)		Sibling (N = 16)	
	M (SD) or n (%)	M (SD) or n (%)	M (SD) or n (%)	M (SD) or n (%)
Perpetrator Age at Onset of Abuse	36.41 (4.23)	14.44 (2.48)		
	Range 27 to 41	Range 12 to 20		
Child Age at Onset of Abuse	7.62 (3.31)	7.90 (2.81)		
	Range 4 to 13	Range 4 to 11		
Duration of Abuse (in months)	42.00 (35.82)	9.78 (16.48)		
	Range 7 to 132	Range 0 to 48		
Frequency of Abuse				
1 Time	0 (0.0%)	5 (31.3%)		
1 to 11 Times per Year	2 (11.1%)	3 (18.8%)		
1 to 3 Times per Month	4 (22.2%)	2 (12.5%)		
1 Time per Week	0 (0.0%)	2 (12.5%)		
2 or more Times per Week	3 (16.7%)	1 (6.3%)		
Don't Know	9 (50.0%)	3 (18.8%)		
Number of Times Abused				
1 Time	0 (0.0%)	3 (18.8%)		
2 to 5 Times	4 (22.2%)	4 (25.0%)		
6 to 10 Times	1 (5.6%)	1 (6.3%)		
26 to 50 Times	1 (5.6%)	1 (6.3%)		
76 to 100 Times	1 (5.6%)	0 (0.0%)		
More than 100	4 (22.2%)	1 (6.3%)		
Don't Know	7 (38.9%)	6 (37.3%)		
Severity of Abuse				
Pornography and Exposure	0 (0.0%)	0 (0.0%)		
Fondling and Digital Penetration	8 (44.4%)	5 (31.3%)		
Vaginal, Anal, and Oral Sex	9 (50%)	11 (68.8%)		
Don't Know	1 (5.6%)	0 (0.0%)		
Use of Force				
Yes	3 (16.7%)	9 (56.3%)		
No	1 (5.6%)	4 (25.0%)		
Don't Know	14 (77.8%)	3 (18.8%)		
How Abuse was Disclosed				
Child Told	12 (66.7%)	5 (31.3%)		
Other Family Member Told	4 (22.2%)	2 (12.5%)		
Perpetrator Told	0 (0.0%)	1 (6.3%)		
Perpetrator Caught	1 (5.6%)	3 (18.8%)		
Child Sexually Acted Out	1 (5.6%)	0 (0.0%)		
Undisclosed	0 (0.0%)	5 (31.3%)		

Table 2
Descriptive Statistics for the Bivariate Analysis of Maternal Efficacy, Competence, and Expectations Based on Victim/Perpetrator Relationship.

Measures	M (SD)		F
	Biological Father	Sibling	
Parental Efficacy Questionnaire	0.40 (0.73)	-0.07 (0.82)	3.155*
Parenting Stress Index - Sense of Competence	0.57 (0.81)	0.01 (0.72)	4.365**
Parental Sexual Abuse Expectations Scale	0.25 (0.02)	0.19 (0.13)	4.013**
Parental Expectations Scale	-2.1 (1.03)	0.09 (0.78)	0.932

Note. ** = $p < .05$, * = $p < .10$

Table 3
Discriminant Function Analysis of Maternal Efficacy, Competence, and Expectations Based on Victim/Perpetrator Relationship.

Measures	t		β
	Biological Father	Sibling	
Parental Efficacy Questionnaire	-0.508*	-0.344*	
Parenting Stress Index - Sense of Competence	0.597*	0.636*	
Parental Sexual Abuse Expectations Scale	0.573*	0.466*	
Parental Expectations Scale	0.276	0.649*	

Note. * Indicates Significance at +/- .30 or higher

Results

- > A Linear Discriminant Function (LDF) analysis was conducted to identify factors that are characteristic of the victim/perpetrator relationship (i. e., biological father vs. sibling), specifically maternal efficacy, sense of competence, and expectations for the child.
- > Bivariate analyses revealed a significant difference in mean scores of maternal distress ratings between biological father and sibling perpetrators (Table 2).
- > Specifically, maternal caregivers reported less efficacy and sense of competence as a parent as well as more negative expectations related to the sexual abuse for their child. There was no significant difference for maternal reports in their general expectations for their child.
- > A significant LDF, $\chi^2(4) = 9.716$, $p = 0.045$, R^2 canonical = 0.526, reflected differences in the groups for parental efficacy, parental sense of competence, and parental expectations following sexual abuse (Figure 1).
- > Examination of structure weights indicate that maternal reports of efficacy, sense of competence, and expectations for child related to the sexual abuse significantly correlate with the LDF model (Table 3).

Figure 1
Group Centroid Plot of Differential Effects of Maternal Efficacy, Competence, and Expectations Based on Victim/Perpetrator Relationship.



Discussion

- > Maternal support as well as parental expectations regarding their child's adjustment following the disclosure of CSA is critical to mediating its negative effects (e.g., Corcoran, 2004; Kouyoumdjian et al., 2005). However, these factors may be influenced by parental self-esteem and sense of competence (Manion et al., 1996) as well as closeness to the perpetrator (Bolen & Lamb, 2007). As such, the number of difficulties faced by maternal caregivers upon the disclosure of intrafamilial CSA may potentially inhibit their ability to effectively support the victim. Furthermore, this ability may be differentially impacted dependent upon which family member was the perpetrator.
- > Findings from this study indicated that CSA perpetrated by siblings compared to biological fathers differentially impacted maternal efficacy and sense of competence as well as expectations for victim adjustment related to the sexual abuse.
- > Specifically, results suggest that mothers whose child was sexually abused by a sibling compared to those whose child was sexually abused by a biological father report feeling less efficacious and competent as a parent. Additionally, these mothers reported that their child's abuse will have a more negative impact on their child when the perpetrator was a sibling.
- > Given that maternal caregivers are responsible for both children and may still be involved in the perpetrators life when the perpetrator is a sibling, it is understandable that maternal support would be impacted by challenges that are distinct from other intrafamilial relationships.
- > Although this study expands upon the understanding of the impact of intrafamilial CSA on maternal caregivers, there are limitations. This study consisted of primarily European American families and as such the results are not generalizable to a broader population. Additionally, this study was limited in sample size and other variables were unable to be evaluated. Finally, the sibling relationship (i. e., biological, step, adopted) was not identifiable and as such differential effects of sibling relationships were not accounted for.
- > Despite the limitations, however, these findings have implications for treatment for youth who experience CSA, specifically those that involve nonoffending caregivers. For instance, given that maternal support has been shown to have a significant impact in achieving positive outcomes for the victim (Bolen, 2002), services for non-offending caregivers should be incorporated into victim treatment specifically to address perceived efficacy, parental sense of confidence, and expectations in addition to other factors that may influence parental support.