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, 1988; Kendall-Tackett et al., 1993; Rodriguez, Ryan, Bowan, & Jof, 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 (Layever, Baggett, Ressauc, Kilpatrick, & Staudenm 2006). The research in this area has been mixed, however several studies have found a relationship between familial perpetration and greater negative outcomes such as PTSD when compared to non-familial perpetrators (Bosworth McGee & Finkelhor, 1999). Mc Leonard, Dobling, Akeson, Foa, & Kelijpe, 1998; Meiners & Markle, 1991). Furthermore, mothers of children who had a familial perpetrator reported greater levels of maternal distress (Hether, Degenstein, Collier-Nico, & Yee, 2007). Researchers have found differences in the presence and severity of symptoms when comparing child and parental reports of psychopathology following disclosure of CSA (Cohn & Manfrato, 1984; Spacapani & Flaca, 1997). Cohen and Manfrato (1980) found that parents raised 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 parent-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 member would report increased negative outcomes. This study also examined differences in maternal 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 113 females and 34 male children ages 3 to 17 years (M = 10.98, SD = 3.11). The majority of the youths were European American (73%), 12% were biocentric or multiracial, 7% African American, 6% Hispanic, and 3% Native American. The parents were biological mothers who ranged in age from 25 to 54 (M = 44.75, SD = 9.98). The majority of the mother's were European American (85%), 6% were Hispanic, 1% biocentric or multiracial, 4% African Americans, and 1% Native American.

Parental-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, relationship to the perpetrator, nature of abuse, frequency, and number of times abused.

Perpetrated 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 (PASES) – The PASES is an 8-item measure used to assess parental expectations of the negative outcomes 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 strategies.

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 Measures

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

Child Behavior Checklist - Self-Report (CBCL – SRS; Achenbach, 1991) – The CBCL-SRS is a 113-item measure used to assess child behaviors in children.

Child’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.

Results

Introduction to the Perpetrator: Parental Reports of Psychopathology, Family Support, Child Expectations, and Perceptions of their Sexually-Abused Child

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

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Data were analyzed using SPSS 22.0. The chi-square was used to examine differences on categorical variables. The Student t-test was used to examine differences on continuous variables. The Pearson product moment correlation was used to analyze the correlation between continuous variables. The ANOVA was used to compare group differences. The Bonferroni post hoc was used to examine the significance of differences. A value of p < .05 was considered significant. The alpha level was adjusted using Bonferroni correction when appropriate.

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.

1. Close Family
2. Distant Family
3. Non-Family

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 comprised assessment measures prior to participation in group treatment. Both the nonoffending caregiver and youth 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.

No differences were found between the maternal reports of internalizing and externalizing behaviors on the CBCL and the youth self-report 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 lower delinquent behaviors in their children who had experienced CSA. A similar trend was found for internalizing behaviors and somatic complaints though they were not statistically different between the groups. No other significant differences were found on the CBCL.

The results suggest that the mother’s relationship to the perpetrator might be a more robust indicator 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.