



Research article

Childhood sexual trauma and subsequent parenting beliefs and behaviors[☆]



B.J. Zvara^{a,*}, W.R. Mills-Koonce^b, K. Appleyard Carmody^c, M. Cox^a,
The Family Life Project Key Investigators¹

^a The University of North Carolina at Chapel Hill, USA

^b The University of North Carolina at Greensboro, USA

^c Duke University, USA

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ABSTRACT

Using propensity-matched controls, the present study examines the long-term adjustment of women reporting childhood sexual trauma (CST) at or before the age of 14 in terms of parenting efficacy and parenting behavior. Data for these analyses were obtained from mother reports and from observational protocols from a longitudinal study of low-income, rural families. The novel use of propensity-matched controls to create a control group matched on family of origin variables provides evidence that when women with CST are compared with the matched comparison women, females who experienced CST show poorer functioning across multiple domains of parenting (sensitivity, harsh intrusiveness, boundary dissolution), but not in parenting efficacy. Follow-up moderation analyses suggest that the potential effects of trauma on parenting behaviors are not attenuated by protective factors such as higher income, higher education, or stable adult relationships. Implications for interventions with childhood sexual trauma histories and directions for future study are proposed.

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Introduction

Childhood sexual trauma (CST) is related to numerous domains of adult functioning in women, including problems in the parental role (Trickett, Noll, & Putnam, 2011). However, not all women with CST have poor parenting outcomes (Alexander, Teti, & Anderson, 2000; DiLillo & Damashek, 2003). Methodological reasons may account for some of the heterogeneity of findings across studies, including issues related to sampling, definition of sexual trauma, and differences in the use of statistical controls in analyses. Scholars have noted that it is difficult to determine if the behaviors documented in sexual

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* Corresponding author at: 220 Rosenau Hall, CB #7400, Chapel Hill, NC 27599-7400, USA.

¹ The Family Life Project (FLP) Key Investigators include Lynne Vernon Feagans, The University of North Carolina; Martha Cox, The University of North Carolina; Clancy Blair, New York University; Peg Burchinal, The University of North Carolina; Linda Burton, Duke University; Keith Crnic, The Arizona State University; Ann Crouter, The Pennsylvania State University; Patricia Garrett-Peters, The University of North Carolina at Chapel Hill; Mark Greenberg, The Pennsylvania State University; Stephanie Lanza, The Pennsylvania State University; W. Roger Mills-Koonce, The University of North Carolina at Greensboro; Emily Werner, The Pennsylvania State University and Michael Willoughby, The University of North Carolina.

trauma survivors (e.g., parenting behavior) are related to the trauma per se, or to other early life risk factors such as low income or additional traumas experienced (Waldinger, Schulz, Barsky, & Ahern, 2006).

A key component that is still unclear in the trauma literature is how childhood sexual trauma may be linked to subsequent parenting behavior. While many previous studies have focused on establishing the frequency with which survivors of childhood sexual trauma experience parenting difficulties, only recently have scholars begun to incorporate an analysis of how or under what conditions the experience of childhood sexual trauma may affect later parenting behaviors and thereby influence the development of children whose mothers have trauma histories. For example, recent findings suggest that a supportive marital relationship may serve as protective factors against negative parenting outcomes including perceived competence (Wright, Fopma-Loy, & Fischer, 2005), decreased parenting stress (Alexander et al., 2000), and greater use of authoritative parenting practices (Ruscio, 2001), compared to survivors with less support.

Childhood Sexual Trauma and Subsequent Parenting Behaviors

There are numerous reasons why parenting behaviors may be associated with CST. First, CST survivors are likely to have grown up in a dysfunctional family environment that provided them with inadequate exposure to effective models of parenting (Godbout, Briere, Sabourin, & Lussier, 2014; Trickett et al., 2011), particularly in the event of intra-familial abuse. In their study exploring the relationship between CST and parenting practices Kim, Trickett, and Putnam (2010) failed to find evidence for an association between childhood sexual abuse and suboptimal parenting, independent of other childhood adversities. Therefore, some researchers have argued that the symptoms manifested in childhood trauma survivors, such as parenting difficulties, may develop from the dysfunctional family of origin rather than from the abuse itself (Waldinger et al., 2006). Second, prior research links maternal self-efficacy to her parenting behavior (Sanders & Woolley, 2005). The abuse experience and its associated symptoms (e.g., anxiety, depression) may diminish not only the survivors' ability to manage the demands of parenting, but also their confidence in their own childrearing abilities (DiLillo & Damashek, 2003). A number of reports reveal a general concern on the part of mothers with a history of CST about their abilities to parent their children. Previous findings suggest that mothers with CST histories compared to mothers without trauma histories felt more inadequate, negative, and incompetent as parents, had less appropriate perceptions of their child's need for autonomy, and had more unrealistic and rigid expectations for their child (Cohen, 1995).

Although a number of studies have examined the impact of childhood sexual abuse on parenting, few have focused on the theoretical domains of maternal sensitivity and harsh intrusive parenting. The ways in which parents interact with children have been linked to child adjustment in multiple domains, as well as to the development and maintenance of psychopathology. Reviews of the childrearing literature have identified two pivotal aspects of parenting, maternal sensitivity and harsh intrusiveness (Cox & Harter, 2003). Maternal sensitivity is the ability to recognize and respond both effectively and promptly to the distress and needs of one's child (Cox & Harter, 2003). In so doing, the parent or caregiver helps the child develop his or her own self-regulation by responding to the child's distress with support and sensitivity (Cassidy, 2008). Parents characterized as harsh and controlling emphasize children's compliance and the achievement of particular goals. Although prior research has linked CST to harsher discipline practices, the associations between CST and less sensitive or more harsh intrusive parenting specifically are less clear.

An additional, relatively understudied area of study is boundary violations in the parenting of mothers with CST histories. In one of the first empirical studies to examine the association between childhood sexual trauma and later parenting, Burkett (1991) found that, compared to non-abused mothers, mothers with a history of childhood sexual trauma were more self-focused and dependent on their children for emotional support. More recent findings by Alexander et al. (2000) support these findings, such that women with a history of sexual abuse who were dissatisfied with their relationship with their partner were significantly more likely to report engaging in an emotionally dependent role reversal relationship with their child compared to sexual abuse survivors who were satisfied with their partner or women without a history of sexual abuse. Often referred to as boundary dissolution, this manner of parenting is defined in the literature as "a form of parent-child relationship disturbance in which the typical parent and child roles become distorted or even reversed" (Shaffer & Sroufe, 2005, p. 67). Researchers posit that although boundary dissolution may help the parent meet his or her own needs, it undermines the child's adjustment (Alexander et al., 2000) including the development of autonomy and self-concept (Macfie, McElwain, Houts, & Cox, 2005).

The Influence of Other Factors on Parenting

Socio-demographic and relationship factors have been consistently linked to parenting practices, suggesting that parenting is not necessarily fixed in nature but rather may be contingent on the presence or absence of other factors. Models of the determinants of parenting behavior suggest that numerous factors including the individual characteristics of parents, relationships between couples, economic resources, and interactions among these factors all play a role in parenting behavior (Belsky, 1984). McLoyd (1998), for example, has argued that poverty increases parents' stress and decreases the psychological resources that can be dedicated to parenting, thereby increasing the use of less effective parenting strategies, such as more coercive control. Similarly, marital stability has been linked to parenting behaviors, such that disturbances in the marital relationship lead to poor parenting practices (Belsky, 1984; Erel & Berman, 1995). In addition, prior research

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