

ABSTRACT

Title of Thesis: THE IMPACT OF CHILDHOOD SEXUAL ABUSE ON
LATER PARENTING SELF-PERCEPTIONS: THE
MODERATING EFFECT OF FAMILY SUPPORT

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Childhood sexual abuse has been found to be a risk factor for developing negative parenting self-perceptions later in life. Given this established relationship, it is crucial to investigate factors that may mitigate negative outcomes, such as family support. The present study used secondary analysis of a dataset of 265 predominantly African-American and low-income mothers. This study examined differences in parenting self-perceptions among mothers who experienced childhood sexual abuse and those who did not. Analyses revealed that mothers who experienced childhood sexual abuse did not differ in terms of parenting self-perceptions from non-sexually-abused mothers. After controlling for depression, there was no moderating effect of family support; however, a main effect for family support was observed. The results indicate that depression plays a larger role in mothers' parenting self-perceptions than childhood sexual abuse, and that family support is beneficial for all mothers, regardless of sexual abuse status. Clinical implications are discussed.

THE IMPACT OF CHILDHOOD SEXUAL ABUSE ON LATER PARENTING SELF-
PERCEPTIONS: THE MODERATING EFFECT OF FAMILY SUPPORT

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Chapter I: Introduction

Statement of the Problem

The effects of trauma on one's life can be far-reaching and long-lasting. One specific type of trauma, childhood sexual abuse, is unfortunately not uncommon. The Center for Disease Control and Prevention estimates that approximately 1 in 4 women in the U.S experience childhood sexual abuse at some point before the age of 18; while males are also the victims of this type of trauma, females are more likely than males to experience childhood sexual abuse (Center for Disease Control and Prevention, 2005). Given the prevalence of this type of trauma, and its disproportionate impact on women, it is crucial to study the impact of childhood sexual abuse as women age into adulthood.

Much of the research on the effects of childhood sexual abuse has examined intrapersonal difficulties or outcomes, such as individual mental health issues or psychopathology. For example, numerous studies have shown that childhood sexual abuse is linked to individual outcomes or characteristics such as depression, anxiety, post-traumatic stress disorder, substance abuse, self-mutilation, self-esteem impairment, and poor self-concept (Maniglio, 2009). While studying the intrapersonal sequelae of childhood abuse in general certainly yields fruitful information about the sexually abused individuals, attention must also be given to how the experience of abuse impacts women's functioning in family roles they make take on later in life.

In recent decades there has been a noticeable increase in the research that addresses how childhood sexual abuse affects women later in life in their family roles. The majority of this research has focused on their roles as spouses or partners (e.g. Friesen, Woodward, Horwood, & Fergusson, 2010), with growing attention given to their

roles as mothers. For example, Rumstein-McKean and Hunsley (2001) conducted a review of research on interpersonal and family relationships of childhood sexual abuse survivors later in life and found a number of studies about relationship difficulties, attachment styles, and sexual dysfunction. Only a few early studies examined parenting outcomes for childhood sexual abuse survivors who become parents themselves (e.g., Barcus, 1997; Cohen, 1995; Cole & Woolger, 1989; Goodwin, McCarthy, & DaVisto, 1981); however, recent years have seen an increased focus on the parenting experience of abuse survivors (e.g., Fitzgerald et al., 2005; Fitzgerald Pazdera, McWey, Mullis, & Carbonell, 2013; Steltman & Wright, 2013). In large part, this research has focused on both parenting behaviors (e.g., child maltreatment) and parenting beliefs (e.g. parenting satisfaction).

One specific aspect of parenting that has been studied in this recent research on abuse survivors' experience as mothers has been the mothers' views of their own ability to parent. Research suggests that mothers who experienced childhood sexual abuse tend to have more negative parenting self-perceptions than their non-sexually-abused counterparts (de Jong, Alink, Bijleveld, Finkenauer, & Hendriks, 2015, for a review). For example, mothers who are survivors of childhood sexual abuse have reported low parenting self-esteem and parenting confidence, low sense of parenting efficacy, low parental sense of competence, low parenting satisfaction, and feelings of irresponsible parenting (Bailey, DeOliveira, Wolfe, Evans, & Hartwick, 2012; Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005; Wright, Fopma-Loy, and Oberle, 2012). Taken together these findings indicate a relationship between the trauma of childhood sexual abuse and the way that mothers later view their own parenting.

Given the established relationship in the literature between childhood sexual abuse and negative parenting self-perceptions, it is important to give attention to factors that may minimize these negative self-perceptions for mothers who were victims of childhood sexual abuse. One factor which has been found to mitigate the effects of other stressful life events in general is social support. The existence of social support allows people to appraise these events as less stressful because there are greater resources available to cope with them (Cohen & Wills, 1985). For example, social support has been found to buffer the effects of family violence in childhood on adult mental health outcomes including trauma symptoms and general psychological symptoms (Banyard, Fitzgerald, Saunders, & Williams, 2008). Also, “support from someone special” (Hyman & Williams, 2001, p. 2001) was associated with high resiliency in adult women who experienced childhood sexual abuse.

Further, there is preliminary evidence that social support may specifically buffer the effects of childhood sexual abuse on later parenting. Steltmann and Wright (2013) found that current partner support partially attenuated the effects of childhood sexual abuse on poor parenting outcomes for mothers who were mildly depressed. While support from a partner may be important, less is known about the support received from other family members. Given that not every mother has a partner, it is crucial to widen the lens and look at other sources of support she may receive. It is possible that the existence of support from one’s family may buffer the effects of childhood sexual abuse on later parenting; however, the role of family support has never been studied in this context.

The present study will examine the relationships between childhood sexual abuse, parenting self-perceptions, and family support. Several questions will be addressed. First, this study will try to add to research which has examined the link between the experience of childhood sexual abuse and how it relates to women's self-perception of their parenting capabilities by using a primarily minority and low income sample. Second, in an attempt to examine factors which may mitigate this expected negative link, the current study will ask whether family support influences the way survivors of childhood sexual abuse view their own parenting.

Chapter II: Review of the Literature

Theoretical Foundation

A theoretical context used by many parenting researchers is ecological systems theory. Ecological systems theory frames human development in the context of the environments in which people are embedded. Bronfenbrenner (1977) outlines four systems that interplay to influence human development. The microsystem includes environments in which one has immediate interaction (e.g., home, work, school). The mesosystem contains the interrelation of microsystems (e.g., interaction of family with the community). The exosystem includes larger social structures such as local, state, or national government. Finally, the macrosystem refers to overarching institutional systems such as culture.

Ecological Systems Theory accounts for the effects of the family and broader social environment on the individual, which makes it a useful framework for studying parenting. Belsky (1984) applies ecological theory as a framework for examining the three “determinants of parenting” (p.84). According to Belsky, the factors that influence parenting are: 1) parents’ individual psychological characteristics and ontogenic resources 2) characteristics of the immediate family, and 3) contextual factors such as social support or stressful environments. This model provides the rationale for many studies of childhood sexual abuse and later parenting outcomes, including the current study. Childhood sexual abuse and the individual psychological outcomes such as poor self-concept can both be thought of as the first factor, whereas stress or support from the family can be thought of as the third factor.

The Impact of Childhood Sexual Abuse on Adult Women

Individual Impact

Childhood sexual abuse is associated with many long-term adverse effects for the individuals who experience it. Maniglio (2009) provides a comprehensive meta-analytic review that synthesizes data from 14 reviews on methodologically sound research on childhood sexual abuse. Results of Maniglio's review categorize negative outcomes into three groupings: 1) physical health outcomes, 2) psychological, behavioral, and sexual outcomes, and 3) revictimization. In terms of physical health, women who are survivors of childhood sexual abuse may experience medical problems, such as chronic pelvic pain (Latthe et al., 2006) and non-epileptic seizures (Sharp & Faye, 2006). In terms of psychological impact, childhood sexual abuse has been linked to mental health disorders such as depression, anxiety, post-traumatic stress disorder, eating disorders, dissociative disorders, obsessive-compulsive symptomology, and borderline personality disorder (Jumper, 1995; Fossati, Madeddu, & Maffei, 1999; Neuman, Houskamp, Pollock, & Briere, 1996; Smolak & Murren, 2002). Other psychological and behavioral outcomes associated with childhood sexual abuse include: self-esteem impairment, hostility and anger, suicidal ideation and behavior, self-injurious behavior, learning impairment, alcohol problems, feelings of inadequacy, and social maladjustment (Klonsky & Moyer, 2008; Neuman et al., 1996; Rind & Tromovitch, 1997; Rind, Tromovitch, & Bausserman, 1998). In female samples a relationship was found between childhood sexual abuse and later risky sexual behavior such as unprotected sexual intercourse and having multiple partners (Arriola, Loudon, Doldren, & Fortenberry, 2005). Finally, childhood sexual abuse was related to later revictimization, especially for females (Arriola et al., 2005;

Neumann et al., 1996). In other words, women who experienced sexual abuse as children are more likely to be victims of sexual violence as adults. Maniglio concludes that childhood sexual abuse should be considered a general risk factor in development of psychopathology.

As can be seen in the outcomes listed above, childhood sexual abuse seems to negatively impact the way that survivors see themselves (i.e. self-esteem, feelings of inadequacy). Murthi, Servaty-Seib, and Elliot (2006) examined the effects of childhood sexual abuse on various domains of self-concept in a nonclinical population of 149 undergraduate women. Self-concept was measured using the Multidimensional Self-Concept Scale which assesses six domains of self-concept: family, competence, affect, physical (i.e., body, appearance), academic, and social. Findings indicate that women with a history of childhood sexual abuse report lower self-concept in the domains of family, competence, affect, and physical, than non-abused women. According to this scale, “family self-concept” is conceptualized as how one views oneself and interacts with the family. “Competence self-concept” is the way one problem solves and functions effectively in their environment. “Affective self-concept” is one’s ability to evaluate, monitor, and regulate affect. “Physical self-concept” refers to evaluation of physical attributes and understanding of other’s evaluations of personal appearance. In other words, physical self-concept is how one views their appearance. It is unknown whether any of the women in this study were parents; however, the authors state “many survivors of CSA experience cognitive distortions and attributions that may affect their overall feelings of competence and their ability to solve problems and function effectively in their environment” (p. 985).

Impact on Family and Partner Roles

In addition to adverse effects on the individual, childhood sexual abuse also impacts survivors' roles in relationships and families. De Jong et al. (2015) performed a meta-analytic review of 51 studies related to childhood sexual abuse and transition to adult roles. The authors found that the most common area of study represented in the literature (28 of the studies) focused on intimate relationships and included aspects such as relationship satisfaction, interpartner violence (IPV), and sexual functioning.

Friesen and colleagues (2010) used a longitudinal study of a birth cohort born in a 4-month period in 1977 in New Zealand (The Christchurch Health and Development Study) to explore various relationship outcomes for survivors of childhood sexual abuse. The sample included 978 participants (509 females) who were interviewed at age 30 about previous and current romantic relationships. At ages 18 and 21 this cohort was interviewed about previous experience with childhood sexual abuse before age 16. In this sample 14.1% reported childhood sexual abuse before age 16, with 6.3% experiencing severe abuse (attempt of perpetrated intercourse). The results of this study indicated that childhood sexual abuse, especially more severe abuse, was associated with negative relationship outcomes such as cohabitation and parenting before the age of 21, relationship instability, lower relationship satisfaction, lower relationship investment, and higher rates of perpetrated interpartner violence. Self-esteem, number of sexual partners, and number of cohabitating relationships were found to mediate the link between childhood sexual abuse and interpartner violence. These findings include both subjective experiences (e.g., satisfaction) and behavioral outcomes (e.g., cohabitation, IPV

victimization) and demonstrate the variety of negative relationship outcomes that are associated with childhood sexual abuse.

Childhood sexual abuse may also impact sexual functioning in adult intimate relationships. Flemming (1999) found that in a large-scale study of Australian women (n=720), those who experienced childhood sexual abuse were twice as likely to report sexual problems later in life, with even higher rates for women who reported more severe abuse (i.e., penetration). Furthermore, women in this study were asked “whether they believed CSA had any long-term effect on their lives and if so, what type of effect” (Flemming et al., 1999, p. 153). Of the women who responded affirmatively to this question, 17% listed “sexual problems” as the most prominent effect. Additional results indicated that childhood sexual abuse was also predictive of greater relationship dissatisfaction, higher rates of IPV, and higher rates of divorce.

The literature suggests that there is an established relationship between the experience of childhood sexual abuse and later difficulties in the spouse/partner role. However, women who are survivors of childhood sexual abuse also take on other roles, such as parents. Until recently, the parenting role has been studied much less than the spouse or partner role and therefore it is important to focus research attention on this area of survivors’ lives.

Impact on Parenting

In recent years there has been a small but growing emphasis placed on studying the effects of childhood sexual abuse on the survivors’ current parental roles. In a review of the literature on parenting characteristics of childhood sexual abuse survivors, DiLillo

and Damascheck (2003) emphasize that “successful parenting, which is difficult under any circumstances, may be hampered by maternal psychopathology and distress that have been associated with a history of sexual abuse” (p.320). It should be noted that in the literature “parenting” is often broadly defined to include both parenting behaviors (e.g. discipline or warmth) and parenting beliefs (e.g., attitudes or self-perceptions). In the literature review below studies have been selected because they examine parenting self-perceptions, but some also include behavioral outcomes, such as use of punitive discipline. Findings for parenting behavior will be reviewed if they are included in the studies of parenting perceptions reviewed below.

Childhood Sexual Abuse and Later Parenting Self-Perceptions

Childhood sexual abuse has deleterious effects on self-concept, and these negative views of oneself have been shown to generalize into parenting beliefs. Several studies indicate that mothers who are survivors of childhood sexual abuse experience poor parenting self-perceptions, using terms such as low parenting confidence, low parenting self-esteem, low sense of parenting competence, low self-efficacy, and feelings of inadequacy (Cole, Woolger, Power, and Smith, 1992; Banyard, 1997; Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005; Bailey, DeOliveira, Wolfe, Evans, & Hartwick, 2012; Cranston, and Shadlow, 2012; Wright, Fopma-Loy, and Oberle, 2012 [all reviewed below]). Further, the effects of childhood sexual abuse on parenting sense of competence persist even when controlling for depression and other forms of childhood maltreatment (Bailey et al., 2012; Pazdera, et al., 2013).

Parenting self-perceptions represent important factors in the domain of parenting, especially for mothers who are survivors of childhood sexual abuse. Jaffe, Cranston, and

Shadlow (2012) took Bandura's (1982) concept of self-efficacy (one's perception of how well he or she can handle situations) and apply it to parenting. They argue that since self-efficacy influences the amount of effort one puts into certain situations, then parenting self-perceptions are important to study because mothers' self-efficacy may affect the effort they put into parenting. In this study mothers' perceptions of their ability to parent effectively was measured using the "Tool to Measure Parenting Self Efficacy" (TOPSE), which assesses areas of parenting such as discipline, empathy, and affection. Findings indicated a significant relationship between childhood sexual abuse and poor parenting self-efficacy for 20 mothers who were in a parenting intervention group due to their children being removed from the home by the Department of Human Services. These results reinforce the value of examining the relationship of childhood sexual abuse and parenting self-efficacy, especially in mothers who have become court-involved.

Several studies suggest that women who experience childhood sexual abuse may experience unique parenting difficulties even when compared to mothers with different adverse childhood experiences. Cole, Woolger, Power, and Smith (1992) examined parenting outcomes in mothers who were survivors of father-daughter incest, and compared these women to mothers with alcoholic (but non-abusive) fathers and a control group of mothers who were neither abused nor had alcoholic fathers. The sample was predominantly white, middle class, and college educated. The mothers who were survivors of childhood incest endorsed significantly less parenting confidence and parenting sense of control than non-abused mothers. The incest-survivor mothers also reported less support from partners and making fewer requests for mature behavior from their children when compared to the other groups. These findings demonstrate that

mothers with a childhood sexual abuse history perceive greater parenting difficulties than other mothers (in terms of both behavior and perceptions), even those who experienced different adversities in their families of origin. Banyard (1997) studied childhood sexual abuse, depression, family of origin issues, and parenting outcomes including worry about child, parent self-esteem, discipline tactics, and future parenting concerns in a large community-based sample of 518 primarily low-income women. Results indicated that childhood sexual abuse, negative family of origin experiences, and depression were associated with poor parenting outcomes. These findings indicated that childhood sexual abuse was a risk factor for use of physical punishment with children and negative views of self as parent (i.e., parenting self-esteem). Parenting self-esteem is a complex topic, so the findings of this study are limited given that only one question was used to assess for parent self-esteem.

A qualitative study by Wright, Fopma-Loy, and Oberle (2012) used grounded theory to explore the voices of mothers who were survivors of childhood sexual abuse. Their sample included 15 face-to-face interviews and 79 written responses to open-ended questions. This qualitative analysis yielded several findings that are relevant to the current study. First, many mothers in this study reported feelings of incompetence as a mother. Wright et al. (2012) found, “they consistently described times during which they perceived themselves to be inadequate as mothers. They expressed the high value they placed on being good mothers, and guilt and grief about those times in which they had been unable to meet their expectations of themselves” (p. 548). These feelings of incompetence were especially exacerbated by a lack of a positive parental model and by parenting situations that were triggers for reliving their childhood abuse. These triggering

situations were often related to bathing and diapering children, feeling a “loss of control” when children did not respond to discipline, or anniversaries relating to their experiences of childhood sexual abuse, such as one’s child reaching the age at which the mother’s own abuse began. Some mothers reported difficulties with empathy or relating to their children. Other issues included: over- or under-protection of children, blaming self for child’s mistakes or misbehavior, and difficulties setting limits and disciplining. This qualitative study provided rich details of the experiences of motherhood and parenting challenges for mothers’ who were survivors of childhood sexual abuse.

While several of the studies reviewed indicated a negative effect of childhood sexual abuse on both parenting perceptions and behaviors there is some research suggesting that the perceived lack of parenting abilities may not translate into their actual interactions with their children. For example, Fitzgerald et al. (2005) compared mothers who were incest survivors (n=17) to non-abused mothers (n=18) in domains of perceived parental efficacy and observed parenting behaviors. The results indicated that the incest-survivor mothers endorsed lower self-efficacy than non-abused mothers; however, both groups showed similar and generally positive parent-child interactions. Similarly, Bailey et al., (2012) found that although mothers who experienced childhood sexual abuse reported a lower sense of parental competence, these mothers did not show inhibited emotional availability when interacting with their children. The results of these two studies seem to suggest that mothers who are survivors of childhood sexual abuse may be able to parent effectively *in spite of* how they feel about themselves as parents; however, it should be noted that both of these studies only measure actual parenting at one time point. It is possible that over time the many deleterious effects of negative self-

perceptions could influence their parenting. For example, negative self-concept is associated with depression (Kast & Welch, 2015), and depression has been found to be related to poor parenting behavior such as child maltreatment (Pazdera, McWey, Mullis, & Carbonell, 2013). Findings such as these highlight the importance of continued research into how mothers *feel* about their ability to parent and factors that may influence the link between childhood sexual abuse and poor parenting self-perceptions.

As can be seen in the literature, there seems to be a relationship between childhood sexual abuse and negative parenting self-perceptions. Whether or not these perceptions influence mothers' parenting behaviors is unclear, but as Belsky (1984) posits, these individual psychological characteristics are only one contributing factor to parenting. Another factor in Belsky's model is the context or environment in which the mother finds herself. This context may include supports or added stressors that influence parenting. Given the expected negative link between childhood sexual abuse and parenting self-perceptions, it is important to examine contextual factors such as support that may be protective against these negative self-perceptions.

The Role of Support

While there are many contextual factors that may impact the relationship between childhood sexual abuse and parenting perceptions, literature on various types of stressful events continually cites social support as one such factor which protects against negative outcomes (Hobfoll, 1989; Pearlin, Menaghan, Lieberman, & Mullan, 1981; Aneshensel, 2015). Stressors such as childhood sexual abuse are events that erode one's resources, particularly those of self-concept, self-esteem, and mastery. These resources are important and valuable because they "help people define who they are" (Hobfoll, 1989, p.

517). Social support is one contextual factor that may buffer the negative effects of stress on self-concept, and those with lower social support tend to experience more adverse outcomes (Aneshensel, 2015; Pearlin, et al., 1981). Social support may provide mothers with a variety of resources, from logistical resources such as financial assistance or help with the children to emotional resources such as nurturance and encouragement. Hobfoll further posits, “social support's effect seems to hinge on its value in promoting or supporting a positive sense of self and a view that one can master or at least see through stressful circumstances” (p. 517). Therefore, social relations may help preserve vital resources such as self-esteem and beliefs about self. Given this framework for studying stressful life events and what is known about the link between childhood sexual abuse and self-concept, particularly parenting self-concepts, it is important to examine the ways in which social support may influence this relationship.

Very few studies examine the role of support in relationship to the negative sequelae of childhood sexual abuse. In a study using a community sample of 79 mothers with a history of childhood sexual abuse Wright, Fopma-Loy, & Fischer (2005) found that partner/spouse support was directly related to more positive outcomes in mothers’ depressive symptoms and perceived parenting competence. In another study, a more nuanced view was adopted to examine the interplay of severity of abuse, depression symptomology, partner support, and perceived parenting competencies in the domains of attachment, involvement, limit setting, communication, autonomy, and parental satisfaction in a community based sample of 54 sexually abused mothers (Steltmann & Wright, 2013). Findings indicated that severity of abuse affected parenting outcomes of attachment, limit setting, communication, and involvement indirectly through depression.

Partner support was able to buffer these negative effects of abuse at low levels of maternal depression, but the protective pattern did not persist for highly depressed mothers.

The limited research available does seem to emphasize the importance of partner support for some mothers who were victims of childhood sexual abuse. However, not all mothers who are survivors of childhood sexual abuse may have partners, or supportive partners for that matter. One source of support that may be overlooked for these mothers is other relatives in the family system. Thus, it is crucial to broaden the lens of support to include family support in relationship to childhood sexual abuse outcomes.

In the research on the role of social support for survivors of childhood sexual abuse, one study goes beyond partner support to include one's entire social network. Banyard et al., (2008) found that women who experienced family violence in childhood (n=166), including childhood sexual abuse (59% of sample), had less access to "adult protective resource markers" (p. 397). These "adult protective resource markers" are essentially any form of social support that may attenuate stress, including family support but also support from friends and community. The results of this study indicate that adult protective markers were associated with less general psychological distress and with fewer trauma symptoms. This finding highlights the importance of family support in the constellation of broader support for survivors of childhood sexual abuse, but does little to distinguish the role of family support alone.

Still, other studies of life stress suggest that family support is a protective factor against the adverse effects of stress. Holahan and Moos (1985) examined how personality traits, coping styles, and family support influence the relationship of life stress and both

physical and mental health outcomes for adult men and women. Gender differences were also examined, as study participants were 267 couples (male-female dyads). Findings indicate that, for women in particular, family support buffered the effects of stress on physical and mental health. The authors interpret this finding in terms of sex roles. For example, women tend to adopt more communal roles and turn towards others (perhaps family members) in times of stress. Therefore, it makes sense to examine the role of family support more closely in a population of mothers who have experienced childhood sexual abuse.

The role of family support as a stand-alone protective factor in relationship to childhood sexual abuse is understudied. Therefore, the current study will add a much needed layer to the research on parenting among adult survivors of childhood sexual abuse and the resources that might mitigate the parenting difficulties they experience.

Purpose

The purpose of this study is to add to the growing body of research on the outcomes of childhood sexual abuse. Specifically, it will examine the impact of childhood sexual abuse on later parenting self-perceptions. The role of family support in moderating the relationship between childhood sexual abuse and negative parenting self-perceptions will also be investigated. It should be noted that these variables will be examined after controlling for depression. This decision has been made because childhood sexual abuse has been consistently found to be related to depression (i.e., Jumper, 1995) and depression has also been associated for poor parenting outcomes for mothers who are survivors of childhood sexual abuse (Mapp, 2006). Controlling for

depression ensures that this study examines the unique effects of the variables of childhood sexual abuse and family support on parenting self-perceptions.

Hypotheses

First Research Question: Is the experience of childhood sexual abuse related to later perceived parenting capabilities?

1. It is hypothesized that women experiencing childhood sexual abuse will have more negative views of themselves as parents than will women who did not experience childhood sexual abuse.

Second Research Question: Does family support protect mothers who experienced childhood sexual abuse from negative parenting self-perceptions?

2. It is hypothesized that family support will buffer the relationship between childhood sexual abuse and later parenting self-perceptions such that the link between sexual abuse and negative parenting perceptions will be weaker for mothers with higher levels of family support than for mothers with lower levels of support.

Chapter III: Methods

Sample

Data for this study will come from the archived dataset, Parenting Among Women Sexually Abused in Childhood (PAWSAIC) (Benedict, 1998). This dataset is available through the National Data Archive on Child Abuse and Neglect (NDACAN) housed in Cornell University's College of Human Ecology. The researchers originally interviewed 357 women recruited from a community pregnancy clinic at Johns Hopkins Hospital. Of the 357 women originally interviewed, 265 women completed follow-up interviews and provided usable data. The dataset includes measures of childhood sexual abuse, parental competency, parental mastery, family measures, and other demographic variables such as education, occupation, and race (Benedict, 1998)

According to the final report on PAWSAIC majority of the sample is African-American (71%), and the remaining women are Caucasian; it was also reported that there are no significant differences in race among the control and childhood sexual abuse groups (Benedict, 1998). Benedict (1998) also reports that the women in the sample are primarily low-income, with 40% earning less than \$15,000, but about one third of the sample had an annual income over \$30,000¹. In the data available through NDACAN, however, data for income is missing for approximately half of the respondents, so it is unclear what the income breakdown is for women in the present study. Although income information is not available, 135 women (about half of the sample) reported receiving food stamps in the last year and 99 women reported receiving WIC. In this sample 201

¹ These data were collected in 1998, so income levels should be viewed in that context.

mothers (75.8%) had a high school diploma, 14 (5.2%) had a GED, and 50 (18.9%) had neither a diploma nor a GED. The average age in the sample was 27 years old, although the mothers ranged in age from 20 to 43 years old. In order to be included in the original study women must have been pregnant for the first time. At the time of the follow up interviews 187 women had one child, 71 had two live births, and the remaining children had between 3 and 5 live births. Of the 265 women who completed follow-up interviews, 40% were victims of childhood sexual abuse and the remainder of the women had no experience of sexual abuse in childhood (Benedict, 1998). Data on the demographic variables for the two groups can be found in Table 1.

Table 1. Demographics ^{2,3}

Variable	Childhood Sexual Abuse Group N = 107	Control Group N=158
Average Age (years)	27.5	26.7
Education		
High School Diploma	74.77%	76.58%
GED	0.06%	0.05%
Neither	19.62%	18.45%
Average Number of Live Births	1.39	1.29
Received Food Stamps in Last Year	50.47%	51.59%
Received WIC in Last Year	41.12%	35.03%

Procedure

Data for this study come from the publically available Parenting Among Women Sexually Abused in Childhood (PAWSAIC) dataset. The purpose of the PAWSAIC study

² Race differences between the two groups could not be examined because the data were not included in the public use data set

³ Income differences between the two groups could not be determined because of the extremely high level of missing data

was to examine the relationship between childhood sexual abuse occurring before the age of 18 to selected parenting behaviors and beliefs.

Participants were recruited from a pregnancy clinic in a University hospital using their medical records. The researchers mailed potential participants a letter describing the study, introducing the investigators, explaining that participation involved a 75-90 minute interview, and explaining that \$25.00 compensation would be provided. The letter also explained how confidentiality would be protected and that study participation was voluntary (Benedict, 1998).

Interviews were conducted in two-waves by trained interviewers who were blind to the study hypotheses. During wave one, women were interviewed during their regular prenatal visit between 28-32 weeks gestation and asked about previous childhood sexual abuse. The women were contacted for wave two of the interview when their children were between 2 and 4 years of age. During wave 2 they were interviewed about parenting beliefs and practices, physical and mental health (depressive symptomatology), stresses unrelated to parenting, current family violence or sexual revictimization, family structure, education, income, and occupation. Most of these interviews were conducted face-to-face, with the exception of 19.1% of the interviews being conducted over the phone due to the mothers' geographic location (Benedict, 1998).

Measures

Independent Variable: Childhood Sexual Abuse

The PAWSAIC study measured childhood sexual abuse using an adaption of Russel's (1983) questionnaire that probes for an abuse history. While the original

questionnaire does assess severity of abuse, that information was not archived in the public use data set. The only information that is included in the dataset is whether or not a women had experienced any incidence of childhood sexual abuse. Thus, women who responded affirmatively to experiencing at least one contact or non-contact episode of sexual abuse before that age of 18 were considered the index group. In general, the perpetrator of the abuse had to be at least five years older than the victim, unless force was used (women who experienced force were put in the index group regardless of age difference). Respondents who reported no incident of sexual abuse before the age of 18 or who were within five years of age of a perpetrator who used no force are considered the control group.

Dependent Variable: Parenting Self-Perceptions

The dependent variable, parental self-perceptions, was measured using the Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978) described below.

Parenting Sense of Competence. The Parenting Sense of Competence Scale (PSOC) (Gibaud-Wallston & Wandersman, 1978) was used to measure self-perceptions of parenting abilities. This measure contains 17 questions scored on a 4-point Likert scale (from strongly disagree to strongly agree). Scores are summed, with high scores indicating more self-perceived parenting competence. Sample questions include: “I would make a fine model for a new parent”, “I have all the skills to be a good parent”, and “Being a good parent is rewarding”. The PSOC measure contains two subscales of parenting competence: satisfaction and efficacy (Johnston & Mash, 1989). The PSOC scale has good internal consistency ($\alpha = .79$); the satisfaction subscale has an alphas

ranging from of .75 to .80 and the efficacy subscale has alphas of .76 to .80 (Johnston & Mash, 1989; Ohan, Leung, & Johnston, 2000). Six-week test-retest reliability coefficients ranged from .46 to .82 (Gibaud-Wallston & Wandersman, 1978). Evidence for validity is suggested by the PSOC's association with parental perceptions of child behavior problems (Johnston & Mash, 1989) and association with an "easy-going, low conflict parenting methods" (Ohan, Leung, & Johnston, 2000). The overall score will be used to measure perceived parenting competence. In the present study Chronbach's alpha was .81.

Moderating Variable: Family Support

Family support was used as the moderator variable in order to answer the second research question: Does family support protect mothers who experienced childhood sexual abuse from negative parenting self-perceptions? Family support was measured using the Family APGAR, (Smilkstein, 1978), which is an acronym for the five areas of family functioning assessed: Adaptation, Partnership, Growth, Affection, and Resolve. The questions are scored on a Likert scale from 1 to 3 (1=almost always, 3= hardly ever) with lower scores indicating greater family support (in the present study it is reverse-coded so that higher scores indicate higher support). The scale has shown good internal consistency with an alpha of .85 (Gardner et al., 2001). Although the initial measure used the term "family functioning," it has also been called a measure of "family functioning and social support in family life" (Sprusinska, 1994, p. 24). Further, more recent literature has indicated that it is more accurate to refer to this as a measure of satisfaction with the level of social support in the family (Gardner; Sprusinska)

In addition to the 5 questions in the Family APGAR the Parenting Among Women Sexually Abused in Childhood research team created three additional questions to assess family support. They are: 1) “Each person in the family is on his or her own to solve the problem”, 2) “We try to help each other come up with a way to deal with the problem”, and 3) “In general, on a day-to-day basis, the members of your family look out for each other”. These items were scored the same way as the Family APGAR (item 1 will be reverse scored). In Benedict’s (1998) final report an alpha of .82 was reported for the Family APGAR, but it is unclear whether the three additional items were included. Therefore, a factor analysis was run to assess the inter-item correlations between the original 5 items of the Family APGAR and the 3 support items added by the research team. All items loaded on one factor (eigenvalue = 4.57) with loading of .60 or better, therefore, all 8 items were included in the support measure. Chronbach’s alpha for the family support measure in this study was .86, indicating very good internal consistency. It should be noted that for all of the statements (Family APGAR and three additional support questions) respondents were instructed to consider family members who live in the home and those who do not live in the home, thus using a broad definition of family.

Control Variable: Depression

Given that childhood sexual abuse has been consistently found to be associated with depression (e.g., Jumper, 1995; Pazdera et al., 2013) it was important to control for this variable. Depression was measured using the Center for Epidemiologic Studies-Depression (CES-D) (Radloff, 1977). This 20-item measure was created to measure depression in the general population by asking about a list of symptoms experienced in

the past week and uses a 4-point Likert scale. It has good internal consistency (alphas of .85 in the general population and .90 in clinical settings) and moderate test-retest reliability (ranging from .45 to .70). The CES-D is considered a valid measure of depression due to its correlation with other measures of depression and ability to distinguish between a psychiatric inpatient population and the general population (Radloff). In the present sample, Chronbach's alpha was .897, indicating very good internal consistency. The original version of the CES-D uses scores from 0 to 3 for each question, with a cutoff score of 16 indicating depression (Radloff). In the present study, items were rated on a scale from 1 (Rarely or none of the time [less than 1 day a week]) to 4 (Most or all of the time [5-7 days a week]), meaning a score of 36 or higher indicates depression.

Proposed Analysis

To test the first hypothesis "Women experiencing childhood sexual abuse will have more negative views of themselves as parents than will women who did not experience childhood sexual abuse" an independent sample t-test was used to compare parenting self-perceptions of sexually abused mothers and control mothers.

To test the second hypothesis "Family support will buffer the relationship between childhood sexual abuse and later parenting self-perceptions such that mothers who receive higher levels of family support will endorse less negative self-perceptions" a step-wise multiple regression was used. Depression was used a control variable and will be entered in step 1. Childhood sexual abuse was entered on step 2. The data on childhood sexual abuse was dummy coded so that a score of "0" indicates non-sexually abused mothers and "1" indicates sexually abused mothers. In step 3 the family support

variable was entered. In step 4 the interaction effect of (childhood sexual abuse x family support) was entered.

Table 2. Descriptive Information on Variables/ Measures

	Childhood Sexual Abuse (IV)	Family Support (Moderator)	Parenting Self-perceptions (DV)	Depression (Control)
Measure	Single-Item Measure	Family APGAR + 3 project-derived family support questions (see Appendix B)	Parenting Sense of Competence Scale (see Appendix A)	Center for Epidemiologic Studies-Depression (CES-D) Scale (see Appendix C)
Items	1	8	17	20
Range of Possible Scores	0 or 1	8-24	17-68	20-80
Range of Reported Scores	N/A	8-24	32-67	20-66
Mean	N/A	20.14	48.88	31.71
Standard Deviation	N/A	3.64	5.34	10.29

Chapter IV: Results

The purpose of this study was to test the relationship between childhood sexual abuse and later parenting self-perceptions, as well as to examine whether family support moderates this expected relationship. The following hypotheses were tested in the present study:

1. It is hypothesized that women experiencing childhood sexual abuse will have more negative views of themselves as parents than will women who did not experience childhood sexual abuse.
2. It is hypothesized that family support will buffer the relationship between childhood sexual abuse and later parenting self-perceptions such that the link between sexual abuse and negative parenting perceptions will be weaker for mothers with higher levels of family support than for mothers with lower levels of support.

Hypothesis 1

To test the first hypothesis “Women experiencing childhood sexual abuse will have more negative views of themselves as parents than will women who did not experience childhood sexual abuse” an independent sample t-test was used to compare parenting self-perceptions of sexually abused mothers and control mothers. Contrary to the hypothesis there was not a significant difference in parenting self-perceptions for sexually abused mothers ($M= 48.14$ $SD= 4.89$) and non-sexually abused mothers ($M=49.38$ $SD= 5.59$); $t(1, 258)=1.84$, $p=.067$. These results suggest that mothers who were sexually abused in childhood do not differ from non-sexually abused mothers in their views of themselves as parents.

Hypothesis 2

To test the second hypothesis “Family support will buffer the relationship between childhood sexual abuse and later parenting self-perceptions such that mothers who receive higher levels of family support will endorse less negative self-perceptions” a step-wise multiple regression was used. Parenting sense of competence was entered as the dependent variable. Depression was used a control variable and was entered in step 1. Childhood sexual abuse was entered on step 2. The data on childhood sexual abuse were dummy coded so that a score of “0” indicates non-sexually abused mothers and “1” indicates sexually abused mothers. In step 3 the family support variable was entered. Finally, in step 4, the interaction variable was created by multiplying the family support variable with the childhood sexual abuse variable to test for moderation. As can be seen in Table 3, the overall model including all four steps was significant, $F(4, 253) = 12.189$, $p < .001$; however the test of the hypothesis can be understood by looking at each step independently.

The results indicated that depression, the control variable, was significantly related to parenting self-perceptions ($F(1, 256) = 39.33$, $p < .001$), such that mothers who were more depressed reported less parenting sense of competence. In step 2 there was no main effect for childhood sexual abuse ($F(1, 255) = 1.88$, $p = .172$, meaning that mothers who were sexually abused did not differ from the control mothers in parenting self-perceptions. In step 3 a main effect for family support was found ($F(1, 254) = 6.14$, $p = .014$) such that mothers with higher levels of support had more positive parenting self-perceptions. Finally, step 4 indicated that there was no significant interaction effect ($F(1, 253) = .53$, $p = .468$). These results did not support the hypothesis of a moderating effect

for family support, but instead indicated that having family support is beneficial for all mothers in terms of how they view themselves as parents.

Table 3. Hierarchical Multiple Regression Results*

Variable	SE (B)	β	t	p	95 % Confidence Interval	
					Lower	Upper
<i>Step 1: Control Variable</i>						
Depression	.030	-.385	-6.271	<.001	-.251	-.131
<i>Step 2: CSA</i>						
Depression	.031	-.356	-6.093	<.001	-.247	-.126
CSA	.633	-.080	-1.370	.172	-2.11	.379
<i>Step 3: Family Support</i>						
Depression	.034	-.283	-4.348	<.001	-.215	-.081
CSA	.628	-.070	-1.198	.232	-1.989	.484
Family Support	.095	.161	2.479	.014	.048	.421
<i>Step 4: Interaction Term</i>						
Depression	.034	-.289	-4.402	<.001	-.219	-.084
CSA	3.490	.161	.499	.618	-5.133	8.613
Family Support	.118	.196	2.425	.016	.054	.517
CSA x Family Support	.172	-.233	-.726	.468	-.468	.213

CSA= Childhood sexual abuse

*Dependent Variable: Parenting Sense of Competence

Chapter V: Discussion

The goal of the present study was to examine the relationship between childhood sexual abuse and later parenting self-perceptions and to test whether family support moderated this expected relationship. It was hypothesized that mothers who were sexually abused in childhood would have more negative parenting self-perceptions than non-sexually abused mothers. Furthermore, it was hypothesized that family support would moderate this relationship such that sexually abused mothers with more family support would have less negative views of themselves as parents. Previous research had found a link between childhood sexual abuse and negative parenting self-perceptions, yet no previous research had looked at the role of family support in this relationship.

Summary of Results

Results indicated that mothers who were sexually abused in childhood did not differ from mothers who were not sexually abused in terms of their parenting self-perceptions. After controlling for depression, there was no moderation effect for family support. However, there was a main effect of family support, indicating that regardless of childhood sexual abuse status, family support was associated with better parenting self-perceptions.

Discussion of Findings

Perhaps most surprising was the result that there was the lack of an association between childhood sexual abuse and later parenting self-perceptions, given that previous literature suggests that such a relationship exists (e.g., Banyard, 1997; Fitzgerald et al., 2005; Bailey et al., 2012). Since this relationship has been found in other studies it is important to consider the reasons why significant results were not obtained in this

sample. One possible explanation relates to the way the childhood sexual abuse variable was measured in this study. First, sexual victimization was operationalized as endorsing at least one episode of contact or non-contact sexual abuse by a perpetrator at least five years older (unless force was used) before the age of 18. This meant the control group may have included women who may have experienced sexual victimization by someone close in age, but who did not use force. The murky definition of childhood sexual abuse used to form the groups by the original data collectors complicates the results and may have hindered the ability to detect differences between the groups. Also, the data for childhood sexual abuse available through the National Data Archive on Childhood Abuse and Neglect were coded into a dichotomous variable of either no abuse or some abuse, even though the original dataset contained a measure of abuse severity. It is unclear why the data repository made this decision, and it removes the possibility to detect whether abuse severity has an influence on parenting self-perceptions.

Another possibility for the lack of significant findings for the relationship between childhood sexual abuse and later parenting self-perceptions may relate to the age of the children of mothers in this sample. It is possible that feelings about oneself as a parent may change over the course of a child's life. In the present study, new mothers were interviewed when their children were between two and four years old. As noted by Wright, Fopma-Loy, and Oberle (2012), sometimes mothers who are survivors of childhood sexual abuse experience more parenting difficulties when their children reach the age of anniversaries of their own abuse. The mothers of young children in the present study may not have reached that landmark event, but may experience negative parenting self-perceptions as their children grow and reach those ages. Also, studies that have

found differences in parenting self-perceptions between mothers who are survivors of childhood sexual abuse and non-sexually-abused mothers have looked at mothers whose children's ages range from infancy to adolescence. Some of the items on the Parenting Sense of Competence Scale used in the current study may be more relevant as the children age. For example, mothers may feel more competent in parenting young children, but may feel less able to protect their children as they begin to gain independence, start attending school, or reach the age that their own abuse occurred.

In addition, while significant results have been found in the aforementioned studies, there is a body of literature that suggests survivors of childhood sexual abuse can be well-adjusted. For example, Himelein & McElrath (1996) found that in a sample of 180 college students, survivors of childhood sexual abuse did not differ from their non-sexually-abused peers on an index of adjustment that included absence of psychological symptoms and life satisfaction. Instead, cognitive coping strategies such as optimism and locus of control explained differences in adjustment. In addition, a meta-analysis of 59 studies found that while victims of childhood sexual abuse may be slightly less well-adjusted than their peers, the effect sizes were small. This meta-analysis also found that childhood sexual abuse was often confounded with other variables related to the family environment and that controlling for these variables made the effects of childhood sexual abuse on adjustment insignificant (Rind, Tromovitch, & Bauserman, 1998). Although these studies did not examine parenting outcomes, they do provide evidence that there are other variables that help explain the relationship between childhood sexual abuse and negative outcomes. Furthermore, Wright et al., 2005 note that researchers tend to predict deficiencies in this group rather than looking for resilience. Perhaps there were factors in

this sample of women that were not investigated in the current study that lead to resilience for the sexually abused mothers.

Unlike prior research, the results of this study suggest that childhood sexual abuse alone is not a good predictor of poor parenting self-perceptions, and that other factors play a larger role in how women feel about themselves as parents. For example, the statistical model did yield noteworthy findings about the role of depression and family support in parenting self-perceptions of all mothers. In the model presented above, depression explained most of the variance in parenting self-perceptions. Although depression was not the focus of this study, the results found here are consistent with other work on the relationships with depression, childhood sexual abuse, and parenting outcomes. For example, previous research has found depression to be significantly related to poor parenting self-perceptions including sense of competence and parenting stress (Wright, et al., 2005; Scheutze & Eiden, 2005). The main effect for depression also makes sense in the context of a sample of predominantly low-income mothers, given that previous research has shown that low income mothers are at an increased risk for depression (Chung, McCollum, Elo, Lee, & Culhane, 2004; McLennan, Kotelchuck, & Cho, 2001). In addition, the relationship between childhood sexual abuse and later physical abuse of one's own children has been found to be mediated by depression and locus of control in a way that suggests that the risk of later child abuse was more closely related to the way that survivors of childhood sexual abuse resolved their own trauma rather than the abuse experience itself (Mapp, 2006). Findings such as these and the results of the current study suggest that depression is a major detriment to feeling like a competent parent above and beyond the experience of childhood sexual abuse.

Likewise, regardless of whether one has a sexual abuse history or not, having a supportive family is tied to how one feels about herself as a mother. This finding makes sense given that social support is often conceptualized as a mechanism that promotes a positive sense of self and helps people deal with difficult situations (which could include parenting) (Hobfoll, 1989; Cohen & Wills, 1985). It should also be noted that this was a sample with a high level of support, with a mean score of 20.14 out of a possible score of 24 on the family support measure, which defined family broadly as people living in and out of the home. Given that the sample primarily consists of African-American mothers, it is possible that the high degree of family support is reflective of the importance of kin networks in the African-American community. For example, Dressler (1985) found that perceived support from extended kin (which included parents, siblings, aunts, uncles, adult children, grandparents, nieces, nephews, and half siblings) was associated with fewer depressive symptoms in one African-American community. Previous research has also shown that larger and more supportive social networks are associated with more positive maternal caregiving outcomes for low-income African-American mothers (Burchinal, Follmer, & Bryant, 1996). Social support has also been found to be predictive of general resilience in African-American college students (Brown, 2008). In the context of parenting in the African American community, kinship networks allow for a more cooperative experience of parenting. African American mothers are more likely than European American mothers to rely on other relatives, particularly the child's grandparents, for help with parenting (McAdoo, 2002). It is possible that support from one's relatives and kinship network leads to African American mothers feel less uncertain about themselves as parents. Therefore, the high level of family support reported in the

present study of predominantly African-American mothers could account for why no significant link was found between childhood sexual abuse and negative parenting self-perceptions, especially since this association has been found in studies of primarily white samples (e.g., Bailey et al., 2012; Cole et al., 1992; Wright et al., 2005).

The significant main effect of family support is important for several reasons. First, literature on childhood sexual abuse addresses the need for research questions that examine moderators that may explain buffering effects for certain conditions (Wright et al., 2005). The present study answers that call, as there have been no studies to date that examine the role that family support plays in parenting self-perceptions for sexually abused mothers. Although the predicted moderating effect of family support was not found in the present study, it is useful to begin to explore these questions. Finally, the finding that family support was beneficial for all mothers contrasts some research that suggests that survivors of childhood sexual abuse have complicated relationships with their families. For example, some survivors have reported that their families were supportive whereas other families were sources of stress or emotional cutoffs (Wright et al., 2012). The results of the present study suggest that families *can* be important sources of support when it comes to parenting self-perceptions, not only for sexually abused mothers.

Clinical Implications

The analyses involving childhood sexual abuse yielded no significant results, which limits the clinical implications for this population. However, the lack of significant findings may provide one positive implication for clinicians to consider. Rather than making assumptions about the impact of childhood sexual abuse on parenting, clinicians

should consider that there are many factors (including depression and family support) that shape a survivor's parenting experience. Clinicians should of course continue to assess for a history of trauma, such as childhood sexual abuse, and explore how it impacts the survivor in various domains. In terms of parenting self-perceptions, however, depression and family support appear to impact negative views to a greater degree than childhood sexual abuse. Therefore, clinicians working with mothers who are survivors of childhood sexual abuse should assess for depression and family support. In addition to considering the implications for survivors of childhood sexual abuse who are already mothers, it is important to consider the implications for survivors who are not yet mothers but are either pregnant or planning on becoming parents in the future. Although sexual abuse status may not necessarily impact their parenting self-perceptions, assessing for depression and family support (and intervening if issues come to light) may yield the best possible outcomes when they do become mothers.

As mentioned, depression played the biggest role in determining mother's parenting self-perceptions. Certainly, depression has been linked to more negative self-appraisals and feelings of inadequacy in general (Kring, Johnson, Davidson, and Neal, 2013), and in specific domains like parenting. Furthermore, 78 mothers in the present study (about 30% of the sample) had more than one child in the 2-4 year follow-up period, so it possible that some of the results captured in the present study are reflective of post-partum depression. Clinicians should be aware of the impacts of depression and how it affects new parents like the mothers in this study, especially when working with populations like low-income mothers

In addition, the main effect of family support may provide additional clinically relevant knowledge. It was found that for all mothers (sexually abused and non-sexually abused) family support was associated with more positive parenting self-perceptions. This finding aligns with research suggesting that social support protects people from eroded self-esteem and sense of mastery (Hobfoll, 1989). The positive effect of family support suggests for all mothers presenting to therapy, particularly those who struggle with their self-concept as parents, clinicians should assess for family support. Systemically-focused therapies may be beneficial in this sense because they consider individuals within the context of their environment. In other words, if a mother endorses feelings of incompetence as a parent, it is important to address not only her feelings but also her family environment. Further, interventions for mothers with negative views of themselves as parents could include bolstering support, particularly from the family.

Limitations

The results of this study are limited in several ways. First, the data were collected in 1998, which limits the ability to interpret these results in the year 2016. One key variable that was studied was family support, which may look different almost 20 years after the data were collected. With the advent of technology such as cell phones and social media, it is possible that mothers today perceive a different type of support from their families than did mothers 20 years ago. For example, mothers in 2016 may use such technology in order to communicate with their family members regarding parenting questions or to share the joys and challenges of parenting with their relatives. Future studies should examine how social media and technology influence new mothers' perceptions of family support as well as how they view their own parenting.

Second, it was not possible to control for socioeconomic status due to a large quantity of missing data for income. Controlling for income would have shown if there are other factors in addition to depression that explain the variance in parenting self-perceptions in this sample.

Another limitation is that, as mentioned previously, childhood sexual abuse was coded as a dichotomous variable, and severity of abuse could not be assessed or included in analyses. Previous research has found an association between severity of childhood sexual abuse and both depression and parenting sense of competence (Wright et al., 2005; Steltman & Wright, 2013), so having severity data in this sample may have provided more nuanced results. Certainly, future research on childhood sexual abuse should seek to include measures of severity whenever possible.

Conclusions

In this sample, childhood sexual abuse did not impact mothers' parenting self-perceptions as predicted. The predicted moderating effect of family support for survivors of childhood sexual abuse was also not supported. Instead, of the variables studied, depression and family support both played a role in parenting perceptions for all mothers, with depression having the biggest contribution. These findings still support Belsky's (1984) determinants of parenting model that was used as the theoretical orientation for this study. Depression maps on to factor 1 as an ontogenic factor and family support is a contextual element related to factor 3; so, while the hypotheses for sexual abuse were not supported, a multifaceted view of parenting still emerged. Results such as these demonstrate the value in considering both individual and environmental factors that influence parenting.

Appendix A: Parenting Sense of Competence Scale (PSOC)

Now I would like to ask you some general questions about how you feel about being a parent. Please tell me if you strongly disagree, disagree, agree, or strongly agree with the following statements.

1	2	3	4
Strongly Disagree	Disagree	Agree	
Strongly Agree			

1. The problems of taking care of a child are easy to solve.
2. Even though being a parent could be rewarding, it is difficult now.
3. I go to bed feeling like I have not gotten a whole lot done.
4. Sometimes when I'm supposed to be in control, I feel like I am the one being controlled.
5. My parents were better prepared at being good parents than I am.
6. I would make a fine model for a new parent.
7. Any problems associated with being a parent are easily solved.
8. One problem with being a parent is not knowing whether you are doing a good job.
9. Sometimes I (feel/felt) like I (am/was) not getting anything done.
10. If anyone can find the answer to what is troubling my child(ren), I can.
11. I (do/did) a good job of caring for my child(ren).
12. I am more interested in other things than being a parent.
13. Considering how long I've been a mother I know what I'm doing.
14. I would be a better parent if parenting were more interesting.
15. I have all the skills to be a good parent.
16. Being a parent makes me tense and nervous.
17. Being a good parent is rewarding.

Appendix B: Family APGAR and Family Support Items

Family APGAR Questionnaire

For the next statements, please tell me whether you are almost always, some of the time, or hardly ever satisfied with your family including those members who are not living in the household.

- | 1 | 2 | 3 |
|---|------------------|-------------|
| Almost Always | Some of the Time | Hardly Ever |
| 1. I am satisfied with the help that I receive from my family when something is troubling me. | | |
| 2. I am satisfied with the way my family discusses items of common interest and shares problem solving with me. | | |
| 3. I find that my family accepts my wishes to take on new activities or make changes in my life-style. | | |
| 4. I am satisfied with the way my family expresses affection and responds to my feelings such as anger, sorrow, and love. | | |
| 5. I am satisfied with the amount of time my family and I spend together. | | |

When a problem arises would you say that ...

1. Each person in the family is on his or her own to solve the problem.
2. We try to help each other come up with a way to deal with the problem.
3. In general, on a day-to-day basis, the members of your family look out for each other.

Appendix C: Center for Epidemiologic Studies- Depression (CES-D) Scale

Now I would like to find out a little about how you have been feeling during the past week. Please tell me which of the following best describes how often you have felt or behaved this way during the past week.

- (1) Rarely or none of the time (less than 1 day a week)
- (2) Some or a little of the time (1-2 days a week)
- (3) Occasionally or a moderate amount of the time (3-4 days a week)
- (4) Most or all of the time (5-7 days a week)

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from friends.
4. I felt that I was just as good as other people
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells
18. I felt sad.
19. I felt that people disliked me.
20. I could not get "going".

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