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The Relationship between Parenting Stress and Family Cohesion in Non-Abusing Parents of Sexually Traumatized Children

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The Relationship between Parenting Stress and Family Cohesion in Non-Abusing Parents
of Sexually Traumatized Children

A Dissertation Presented to the College of Education and Human Services

Seton Hall University

in Partial Fulfillment of the Requirements for the Degree

Doctor of Philosophy

by

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The Relationship between Parenting Stress and Family Cohesion in Non-Abusing Parents
of Sexually Traumatized Children

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Abstract

A significant shortcoming of the literature concerning sexual abuse and parenting stress is a focus on the parenting stress of non-abusing parents of sexually traumatized children. While there have been several studies investigating the parenting stress among many clinical groups, there has been an absence of studies on the parenting stress of the non-offending parent of sexually traumatized children. This study examined the parenting stress and family cohesion and adaptability among non-abusing parents of sexually traumatized children and their respective controls. The forty-one participants (seventeen clinical and twenty-four controls) in this study were seen at a large general medical facility in the Northeast. This investigation utilized archival data from a 1999 larger participant sample. Non-abusing parents of sexually traumatized children did not experience greater levels of parenting stress as compared to controls when controlling for general life stress. Parent characteristics including level of social support, presence of depression, perceived competence and spousal involvement played a more significant role for those parents that reported greater levels of parenting stress in comparison to child characteristics. Parents experiencing greater levels of parenting stress also reported more internalizing problems with their children versus externalizing problems. Of note, parenting stress was not related to parent perceived degree of family cohesion and adaptability. The importance of evaluating parenting stress, of clearly identifying parent and child characteristics salient to non-abusing parents of sexually traumatized children as well as methodological limitations of the present study are discussed.

Chapter I

Introduction

Child maltreatment is a disconcerting reality of today's society. The fact that child maltreatment has received increasing coverage and public awareness within the last decade has had interesting implications for the rise in incidence. According to the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2005), the rate of child maltreatment victimization per 1,000 children in the national population decreased from 13.4 in 1990 to 12.4 children in 2003. Despite differing views regarding the incidence of child maltreatment including prevention, treatment, and criminal justice activity to a drop in the number of reported cases, an overwhelming number of cases are still being reported today (Finkelhor & Jones, 2004).

In 2003, an estimated 906,000 children were the victims of abuse or neglect. Caucasians accounted for just over half the number of 2003 victims (53.6%), while African-Americans made up one-quarter (25.5%) and Hispanics accounted for one-tenth of the estimated victims (11.5%). Of the child maltreatment victims in 2003, 51.7 percent were girls and 48.3 percent were boys; and young children age birth to three years accounted for the highest percentage of victims. In terms of perpetrators, parents or caregivers were identified as the abuser in 80 percent of maltreatment cases (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2005).

Of the nearly one million child maltreatment victims, ten percent of those children were sexually abused (U.S. Department of Health and Human Services, 2005). Child sexual trauma is a pernicious social problem involving a number of complex factors that

can have a wide-ranging impact on the victims and their families. In a meta-analysis conducted by Paolucci, Genuis, and Violato (2001), the average prevalence of child sexual abuse ranged from 15 to 20 percent of children and adolescents. Among 10,000 children an average of .05% are sexually abused while in daycare, while .09% of 10,000 children are abused in the home (Faulker, 2003). Even today child sexual abuse is believed to be widely underreported possibly due to the difficulty in determining what behaviors and/or actions constitute sexual abuse (Faller, 1993).

The terms child abuse and neglect and child maltreatment encompass a variety of acts committed against children. Garbarino and Gilliam (1980) define maltreatment as “acts of omission or commission by a parent or guardian that are judged by a mixture of community values and professional expertise to be inappropriate and damaging” (p. 7). Within these umbrella terms are specific subcategories of abuse including sexual abuse. Several variations within the child abuse literature exist regarding the definition of child sexual abuse ranging from quite vague to rather specific.

The National Center on Child Abuse and Neglect (NCCAN, 1978) defined child sexual abuse as:

Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in the position of power or control over another child. (p. 2)

Unlike other definitions found within the literature, the above definition is broad enough to encompass extrafamilial and intrafamilial abuse as well as acts that involve

physical contact or noncontact acts (Barnett, Miller-Perrin, & Perrin, 1997). Sexual abuse may be differentiated from non-abusive sexual acts by consideration of three factors: power differential, knowledge differential, and the gratification differential. According to Faller (1993), ...“the power differential implies that “one party (the offender) controls the other (the victim) and that the sexual encounter is not mutually conceived and undertaken” (p. 10). A knowledge differential in relation to a sexually abusive act is the offender’s greater awareness of the gravity and consequences of his or her actions, while the perpetrator’s goal of their own sexual gratification is considered the gratification differential. As the definitions of sexual abuse vary, the outcomes of child sexual abuse also differ and while victims may be predisposed to particular sequelae, the developmental impact must be considered on an individual basis with mediating variables playing a significant role in the long-term implications of childhood sexual trauma (Finkelhor, 1990; Gil, 1991; Paolucci, Genuis & Violato, 2001; Pearce & Pezzot-Pearce, 1997; Swenson & Hanson, 1998). While researchers have identified sequelae common to this population, the variation within this population and complexity of effects must be underscored.

The short- and long-term sequelae of childhood sexual trauma have been studied extensively. Paolucci, Genuis, and Violato’s (2001) meta-analysis on the effects of sexual abuse highlighted several themes within the research including: internalizing disorders such as depression and anxiety and externalizing problems encompassing aggression, conduct disorder, dissociation, and sexualized behavior. The authors also found additional problems associated with sexual abuse. “Specifically, sexual maladjustment, interpersonal problems, educational difficulties, acute anxiety neuroses,

self-destructive acts, somatic symptoms, loss of self-esteem, prostitution and delinquent criminal behavior, depression, and actual or attempted suicide are some of the difficulties reported by CSA victims” (p. 19). Child victims may also experience psychological trauma with post-traumatic stress disorder (PTSD) being one of the most frequently reported problems. Results of the above meta-analysis failed to support a syndrome of child sexual abuse and instead conceptualized child sexual trauma as an event or events with “multifaceted effects” that may be compounded by many different variables (Paolucci, Genuis, & Violato, 2001;p. 33).

Eth and Pynoos (1985) defined psychic trauma as the following: “...when an individual is exposed to an overwhelming event resulting in helplessness in the face of intolerable danger, anxiety, and instinctual arousal” (p. 38). Elwell and Ephross (1987) emphasized the child sexual abuse victim’s perception of trauma as a mediating factor in his or her initial traumatic reaction to abuse. The researchers found three factors to be associated with a high level of initial trauma reactions: “(1) physical injury to the child, (2) force applied by the perpetrator, and (3) rectal or vaginal penetration” (p. 116). In addition to consideration of factors related to initial trauma, researchers have considered the impact of trauma on development.

van der Kolk (1987) asserted that psychological trauma interferes with the child’s cognitive and psychosocial development. Terr’s (1990) conceptualization of trauma seems to support this in that “...traumatized children repeat actions. Whereas adults who are shocked or severely stressed tend to talk about it, dream, or to visualize, children take far more action” (p. 200). In other words, the young child’s externalization of the trauma may likely impact cognitive and interpersonal functioning. In a study of the

neuropsychological sequelae of sexually abused children, Palmer (1995) found that sexually abused children evidenced deficiencies in sustained attention to verbal information and in the encoding and recall of verbal information.

It has been theorized that abuse is a factor that has important consequences for child development, yet several mediating factors serve to influence the degree of trauma (Finkelhor, 1979; Gil, 1991; Pearce & Pezzot-Pearce, 1997).

These factors include the age of the child at the time of the abuse, the chronicity, the severity, the relationship to the offender, the level of threats to the child, the emotional climate of the child's family prior to the abuse, the child's mental and emotional health prior to the abuse, the amount of guilt the child feels, the sex of the victim, and the parental response to the child's victimization. (Gil, 1991; p. 3)

Age at the time of abuse discovery can have important implications for adjustment. Specifically, adolescents have been found to experience greater depressive symptoms and lower self-esteem one year after the abuse in comparison to child victims. It is hypothesized that the normative stress of adolescence coupled with the stress of the abuse can make adolescent victims of sexual abuse particularly vulnerable to affective dysregulation and/or negative self-concept (Feiring, Taska & Lewis, 2002). Malinosky-Rummell and Hansen (1993) categorized several mediating factors related to the developmental outcome of sexually traumatized children into maltreatment, individual, family, and environmental factors. In terms of family factors, the quality and amount of non-offending parental support were identified as critical factors to the victimized child's post-abuse healing (Faulconer, Hodge, & Culver, 1999; Lovett, 2004; James & Nasjleti, 1983; Sgori, 1982; Summit & Kryso, 1978). It is critical to point out the complexity of

these factors as they may act as a risk factor in some cases while working as a preventive factor in others (Pearce & Pezzot-Pearce, 1997).

The impact of child sexual trauma on the non-offending parent has also been the topic of more recent investigations (Alaggia, 2002; **Carter, 1993**; Manion et al., 1996). Non-offending mothers of child sexual abuse victims frequently report feeling guilty, angry, confused, fear, low self-esteem and grief following both extrafamilial and intrafamilial sexual abuse of their child (Mayer, 1985; McCourt & Peel, 1998). Often times, there is a complex dynamic that exists between the non-abusive parent and abused child. Herman (1997) writes,

Sometimes the child attempts to preserve a bond with the nonoffending parent. She excuses or rationalizes the failure of protection by attributing it to her own unworthiness. More commonly, the child idealizes the abusive parent and displaces all her rage onto the offending parent. She may in fact feel more strongly attached to the abuser, who demonstrates a perverse interest in her, than in the nonoffending parent, whom she perceives as indifferent. (p. 106)

Herman's notion of the idealized abusive parent and indifferent non-abusive parent is simply one possible reaction by the victimized child. Many in the field of child sexual abuse now argue against the 'mother-blaming' tendency as more feminist approaches to understanding the abuser have emerged, thus, placing responsibility with the abuser (Carter, 1993; deYoung, 1994; Elbow & Mayfield, 1991; McCourt and Peel, 1998). Moreover, deYoung (1994) and Elbow and Mayfield (1991) point out that many non-offending mothers are supportive and protective of their abused children. Their reaction to abuse may be best understood from a life stress model in that the non-offending parent

may struggle with conflicting images of herself, the offender, her spouse and the child. Thus, the non-offending parent may face role challenges and question their competency as a parent and spouse (Elbow & Mayfield, 1991).

The relational dynamics between the non-offending parent and abused child in conjunction with the impact of the sexual abuse on the entire family may serve to increase the degree of parenting stress for the non-offending parent. Parents of sexually traumatized children often struggle with a multitude of stressors in that the non-abusive mother is not only faced with the impact of abuse on her child, but the impact of the abuse as secondary victims (Lovett, 2004; McCourt & Peel, 1998). In cases of intrafamilial sexual abuse, the non-offending parent may also experience dramatic changes within the family that may have serious financial and emotional implications.

Parenting stress is conceptualized as a product of the interplay of parental, child and environmental variables (Abidin, 1990; Mash & Johnston, 1990). Abidin (1992) theorized the parenting role variable is determined by the parent's perception of himself or herself as a parent, which influences the level of stress experienced by parents as they "assess the harm or benefit that confronts them in the role of parent" (p. 410). Another factor that may impact parenting stress is the parent's conceptualization of the child's victimization (Gil, 1991; Pearce & Pezzot-Pearce, 1997).

Statement of the Problem

Recently, researchers within the field of child psychology have focused on evaluating the stress levels of parents of children with behavioral disorders, developmental disabilities, medical conditions, and even physical abuse, yet review of the child sexual trauma literature revealed a paucity of research investigating the levels of

stress in parents of sexually traumatized children (Anastopoulos et al., 1992; Baxter, Cummins & Yiolitis, 2000; Bradley et al., 1991; Hastings, 2002; Hawley et al., 2003; McCleary, 2002; McGlone et al., 2002; Morgan, Robinson, & Aldridge, 2002; Rodrigue et al., 1990; Smith et al., 2001; Soliday, McCluskey-Fawcett, & Meck, 1994). There has been amassing clinical evidence regarding the relationship between parental characteristics and child abuse; however, virtually no empirical work has been conducted that examines the parental stress of the non-abusing parent of child sexual abuse victims. Similarly, while investigations of the effects of child sexual abuse on the non-offending parent have associated bereavement themes of guilt, anger, isolation, depression, and disbelief as well as the impact on “health, finance, housing, work and career, marital relationships and personality” (Hildebrand & Forbes, 1987; Mayer, 1985; McCourt & Peel, 1998, p. 288; Winton, 1990), few studies have investigated parenting stress among non-abusive parents of sexually abused children. More specifically, while Davies (1995) did assess parental distress among parents of child victims of extra-familial sexual abuse in comparison to a control sample and found significantly higher levels of parental distress among the abuse parent group, this is a relatively unexplored area of research.

Significance of the Study

The proposed study will focus on the nature and extent of parenting stress among non-offending parents of sexually traumatized children. Physically abusive families and in particular the abusive parent over the non-abusive parent have been shown to experience higher levels of life stress and decreased social support (Conger, Burgess, & Barrett, 1979; Justice & Justice, 1976; Perry, Wells, & Doran, 1983). However, as stated

above, there is a paucity of research on the parenting stress levels of non-abusive parents of sexually abused children.

This research has important implications for practitioners working with sexually traumatized children and their families. Parental variables can have a significant impact on the long-term effects of sexual trauma on the child. The examination of parenting stress levels is a critical area of study, as parental response to the child's victimization and subsequent healing has been identified as a critical mediator in the long-term impact of abuse on the child (Finkelhor, 1979; Gil, 1991; Pearce & Pezzot-Pearce, 1997). In addition to the parent's ability to cope with the impact of the abuse on their child, they must also deal with the impact of the abuse on themselves as secondary victims. This would seem to suggest a greater likelihood of perceived parenting stress.

As noted previously sexually abused children may experience a variety of behavioral, interpersonal, emotional, academic, and cognitive problems, which may place the family at risk for parent-child interactive stress. The mental health professional's working knowledge of the contributing factors associated parenting stressors will have important implications for therapeutic work with sexually abused children and the non-offending parent. Therefore, examination of parenting stress among parents of sexually abused children presents a reasonable opportunity to further understand the impact of sexual trauma on families, which in turn may pave the way for improved prevention and intervention approaches.

Objectives

Objectives of the this study encompass examining the parenting stress amongst non-offending parents of sexually traumatized children in comparison to the parents of non-traumatized children while controlling for life stress. In addition, the relationship between child and parent characteristics and total parenting stress with life stress as a covariate is examined. Lastly, the relationship between family type (i.e., cohesion and adaptability) and parenting stress is examined.

Thus, the following questions are asked:

Questions

1. What differences exist between non-offending parents and parents of non-abused children when controlling for life stress?
 - 1a. Controlling for life stress, which domain contributes most to total parenting stress: child characteristics or parent characteristics?
2. What is the relationship between emotional and behavioral child problems and parenting stress?
3. What is the relationship between parenting stress and combined family cohesion and adaptability?

Hypotheses

1. It is believed the non-offending parents will evidence higher levels of parenting stress in comparison to parents of controls when controlling for life stress.
 - 1a. Consistent with Mash & Johnston (1990) findings that the parenting stress experienced by parents of physically abused children was not associated with child

characteristics as compared to parents of hyperactive children, it is believed parent characteristics will contribute the greatest to overall parenting stress.

2. It is anticipated that parenting stress will be positively correlated with child reported behavioral and/or emotional problems.

3. It is believed that parenting stress will be negatively correlated with combined family cohesion and adaptability.

Definition of Terms

Parenting Stress: is defined as a parent's perceived stress that impacts the parent child system (Abidin, 1992). For the purpose of this study, parenting stress will include the Parenting Stress Index (PSI) Total Stress score. The PSI Total Stress score is the overall level of parenting stress an individual is experiencing (Abidin, 1995).

Parent Characteristics: encompasses the stresses reported in the areas of personal parental distress as measured by the PSI **Parent Domain (PD)**. The PSI Parent Domain subscales include:

Competence: child management, parenting expectations, and child development knowledge.

Isolation: degree of social isolation from peers, relatives and other sources of emotional support.

Attachment: sense of emotional closeness to the child.

Health: health status of the parent.

Role Restriction: the parent's perceived degree of parent role as restricting one's freedom or ability to maintain one's identity.

Depression: symptoms of clinical depression.

Spouse: degree of emotional and active support of one's spouse.

Child Characteristics: are stresses derived from the parent's interactions with the child as measured by the PSI Child Domain (CD). The PSI Child Domain subscales encompass:

Distractibility/Hyperactivity: presence of behavioral symptoms such as overactivity, restlessness, distractibility, short attention span, inability to listen, difficulty completing tasks, and difficulties concentrating.

Adaptability: ability to adjust to physical or social environment.

Reinforces Parent: degree that child is perceived as positive reinforcement.

Demandingness: degree to which the child places demands upon the parent.

Mood: presence of difficulties with mood.

Acceptability: the parent's acceptability of the child's physical, intellectual, and emotional characteristics.

General Life Stress: is operationally defined as the parent perceived stress outside the parent-child relationship (Abidin, 1995). The Life Stress (LS) scale provides some index of the amount of stress outside the parent-child relationship that the parent is currently experiencing.

Behavioral Problems: are defined as the presence of externalizing behaviors as indicated by the BASC Externalizing Problems Composite score.

Emotional Problems: are defined as the presence of internalizing behaviors as indicated by the BASC Internalizing Problems Composite score.

Cohesion: is defined as the degree of emotional bonding within a family ranging from disengaged (very low cohesion), separated (low to moderate cohesion), connected (moderate to high cohesion) or enmeshed (very high degree of cohesion) (Olson et al.,

1985). Several studies examining both the cohesion and adaptability dimensions of the FACES II and III demonstrated that these dimensions are linear versus curvilinear (high scores = balanced; low scores = dysfunction) (Duis & Summers, 1997; Olson, 1991).

Adaptability: is the degree to which a family is able to modify role relationships and family rules in response to stress ranging from rigid (very low adaptability), structured (low to moderate), flexible (moderate to high), to chaotic (very high adaptability) (Olson et al., 1985).

Family Type: is the combination of both the family cohesion and adaptability linear dimensions ranging from balanced, moderately balanced, mid-range, and extreme (disengaged and rigid) family types as measured by the FACES II (Olson et al., 1985).

Chapter II

Review of the Literature

The following chapter provides the reader with a historical background of stress and transitions to working models of parenting stress. In addition, salient characteristics of child sexual abuse are explored including family characteristics, the effects of child sexual abuse on the non-abusing parent, and potential sequelae of sexual abuse for the child victim. Lastly, a review of the existing literature on parenting stress and family cohesion among non-abusing parents of sexually traumatized children is provided along with rationale for the current study.

Historical Perspectives and Definitions of Stress

The notion of stress dates back to the ancient Greek texts of Hippocrates who “clearly recognized the existence of a *vis medicatrix naturae*, or healing power of nature, made of inherent bodily mechanisms for restoring health after exposure to pathogens” (Seyle, 1991, p. 23). Nineteenth century French physiologist, Bernard was the first to describe the living organism’s ability to maintain a consistent internal state despite changes in the external environment. Cannon, an American physiologist advanced the understanding of internal states by referring to the organism’s steady state as homeostasis and through his studies, he identified the stimulation of the sympathetic nervous system, which sets various systems in motion to prepare the organism for reaction. The work of the aforementioned physiologists provided the necessary groundwork for Hans Seyle, a major contributor to stress research.

Hans Seyle introduced the term ‘stress’ in 1956 when he referred to the organism’s non-specific reaction to an agent or demand (stressor). The organism’s

physiological reaction to a stressor begins with the discharge of hormones by the adrenal glands in situations of pain or rage. The organism subsequently undergoes cardiovascular changes, which prepares the body for the fight or flight response (Seyle, 1991). Seyle (1991) later proposed a three-stage model of the physiological reaction to stress. In the alarm stage, a fight-flight reaction takes place and includes not only adrenal glands as postulated by Cannon, but also the hypothalamus and pituitary glands. “In the second stage, adaptation, there is a return to physiological homeostasis, or perhaps augmented functioning. In the third stage, exhaustion, the organism may fall ill or die if the stress continues” (Aldwin, 1994, p. 29). Several researchers have refuted Seyle by claiming the existence of individual reaction differences to stress. Lazarus and colleagues speculated different physiological responses to stress in individuals. Moreover, Mason (1971) provided preliminary evidence that different types of stress could produce different or specific neuroendocrine reactions to stress (Aldwin, 1994). While research has shown moderate stress reaction differences do exist, many definitions continue to reflect Seyle’s conceptualization of a general reaction to stress.

A noteworthy phenomenon within the stress literature is the lack of agreement regarding the definition of stress (Aldwin, 1994; Lazarus, 1991; Lazarus & Folkman, 1984; Seyle, 1991). Lazarus (1991) explained that stress is the result of a mismatch between the demands of a given situation and the individual’s ability to cope or meet the demand. Most researchers will agree on several fundamental components of the stress process including internal sources of stress resulting from physiological and/or emotional reactions. Lazarus (1991) contended emotional reactions to stress encompass negative feelings such as anger, sadness, shame, guilt, anxiety, and boredom. Another widely

agreed upon component of stress is the role of the external environment, which encompasses major trauma, major life events, or other environmental characteristics (noise, pollution, etc.) and problems (marital problems, poverty, hassles, daily life events, etc.). Lastly, stress can stem from exchanges between the individual and the environment and specifically when “there is a mismatch between an individual’s resources and the perceived challenge or need. In this schema, an individual’s cognitive appraisal of stress—the recognition of harm, loss, threat or challenge—must be present for any emotional or physiological reactions to occur” (Aldwin, 1994, p. 24). Several stress researchers such as Lazarus, Appley, and Turnbull have applied a transactionism paradigm (assumption that two agents are mutually affected or changed by a transaction versus a dualist-interactionist model that assumes two agents are working independently of one another and remain unchanged) to the study of stress (Aldwin, 1994; Lazarus & Folkman, 1984).

Aldwin (1994) provides a useful illustration of the transactionist model proposed by Lazarus when she explained that the functioning of the body influences an individual’s state of mind and conversely, one’s emotional and cognitive responses impact the body and subsequently as a result of either transaction, both the mind and the body are altered. The transactionist point of view has been applied to the understanding the dynamics between a single stressful event, appraisal and coping. Appraisal has been defined as an individual’s judgments or perceptions regarding a stressor, while coping is defined as “the process of managing external or internal demands that are perceived as taxing or exceeding a person’s resources” (Taylor, 1991, p. 71). In this model, individual and environment factors impact the appraisal of the demand or agent and subsequently determine the coping response (Aldwin, 1994). Thus, one person’s perception of an

event may be quite different from the appraisal of another resulting in two distinctively different coping responses to a given situation.

Another conceptual view of the nature and handling of stress by Sheridan & Radmacher (1998) is divided into four domains:

These include (a) the stressor, or any event or situation that exceeds an individual's coping abilities; (b) strain, or the physical and emotional symptoms of a stressful event, including fatigue, irritability, muscle strain, and headaches; (c) coping resources, or those things that an individual can help mediate and manage the effects of a stressor, such as social support networks, intrapersonal strengths and skills, and educational contacts and resources; and (d) coping strategies, or the specific ways that an individual uses the available coping resources to avoid or reduce the effects of stressors. (Lessenberry & Rehfeldt, 2004, p. 232)

Parenting Stress

The following review is based on articles representing research on parenting stress. This area of study has increased substantially within the last decade as the study and conceptualization of stress has evolved into examining stress in different areas of everyday functioning. Parenthood presents new and exciting challenges, yet at the same time, is a major life event that may be characterized as a source of stress. LeMasters (1957) contended that a majority of middle class parents are susceptible to an experience of 'crisis' as a result of parenthood. The notion of parenthood as a 'crisis' period was largely criticized by researchers and deemed an inappropriate description. Nonetheless, others within the field, particularly, Abidin & Burke (1978) began to examine those

factors that impact parenting. More specifically, the stress associated with parenting led to increasing empirical attention and exploration in the 1990's of the stresses of parenting and impact on the family, and as a result the term 'parenting stress' is now commonly found within the psychology and social work literature (Baker, 1994; Bradley et al., 1991; Crnic, & Greenberg, 1990; Deater-Deckard & Scarr, 1996; Deater-Deckard, 1998; Duis & Summers, 1997; Eyberg, Boggs, & Rodriguez, 1992; Jarvis & Creasey, 1991; Lavee, Sharlin & Katz, 1996; Mash & Johnston, 1990).

Parenting stress has been defined as a parent's reaction to an event (stressor) that impacts the parent-child system (Abidin, 1992). Moreover, Abidin contended, "Parenting stress is, thus, the result of a series of appraisals made by each parent in the context of his or her level of commitment to the parenting role. Conceptually, parenting stress is viewed as a motivational variable which energizes and encourages parents to utilize the resources available to them to support their parenting" (p. 410). Thus, parenting stress can arise from both negative and positive events.

While Abidin's definition of parenting stress is widely accepted within the field, a review of the literature revealed differing operational definitions of the construct. However, Morgan, Robinson & Albridge (2002) point out, ... "there is general consensus that it involves a mismatch between perceived resources (e.g. knowledge and self-efficacy beliefs) and the actual demands of the parenting role" (p. 219). It has been hypothesized that the mismatch experienced by parents and subsequent stress is a product of the parent's negative feelings toward the self and the child (Deater-Deckard, 1998; Morgan, Robinson & Albridge, 2002).

Parenting stress is a phenomenon experienced by all parents that may vary in degree from low levels as a result of the daily hassles of parenting to more extreme levels of parenting stress, which appear to have larger implications for problematic or dysfunctional parenting (Deater-Deckard, 1998). A number of researchers have explored the potential relationship between higher or extreme levels of parenting stress and dysfunctional parenting or problematic parent-child interactions. Specifically, greater parenting stress has been associated with child abuse and neglect (Chan, 1994; Mash & Johnston, 1990; Perry, Wells & Doran, 1983), insecure child attachment (Jarvis & Creasey, 1991; Robson, 1997; Teti et al., 1991), and negative views associated with marital quality (Lavee, Sharlin, & Katz, 1996). The children of those parents who experience greater levels of parenting stress have also been identified as a possible risk factor for child and adult psychopathology (Deater-Deckard, 1998).

Soliday, McCluskey-Fawcett, and Meck (1994) in their discussion of the parallels between the parenting stress of biological and foster parents referenced Belsky (1984) who “proposed that multiple sources of stress and support affect parental functioning, and parents’ appraisal of events related to their parenting roles can have important implications for their individual, child, and family functioning” (p. 17). In particular, those parents that perceive greater levels of stress associated with parenting may experience “decreased satisfaction with parenting, less optimal parent functioning, less optimal parent-child interactions, lower child developmental competence, and risk for child abuse” (p. 17).

A popular area of study within the parenting stress research has been the examination of parenting stress among clinical and non-clinical parents. Parents of those

children with behavioral and/or developmental disorders have been found to experience greater levels of parenting stress and/or dysfunctional parenting characteristics (Webster-Stratton, 1990). Parents of children with Attention Deficit Hyperactivity Disorder (ADHD) and children with externalizing behavior problems have been shown to demonstrate higher levels of parenting stress (Anastopoulos et al., 1992; Eyberg, Boggs, & Rodriguez, 1992; Mash & Johnston, 1990; Morgan, Robinson, & Aldridge, 2002). In addition, parents of children with developmental disabilities have been found to experience greater levels of parenting stress in comparison to the parents of typically developing peers (Baxter, Cummins & Yioliotis, 2000; Bradley et al., 1991; Hastings, 2002; Hendriks et al., 2000; McKinney & Peterson, 1987; McGlone et al., 2002; Rodrigue et al., 1990; Smith et al., 2001). Several correlational studies have shown behavior problems in children with developmental disabilities to predict parenting stress when controlling for parent and family variables (Konstantareas & Homatidis, 1989; Quine & Pahl, 1991; Sloper et al., 1991). In Hastings (2002) elucidation of the relationship between parenting stress and the behavior problems of children with developmental disabilities he postulated, ...“various parental appraisal variables may also mediate or moderate the impact of child behavior problems on parental negative emotional reactions to such behaviors” (p. 156). The parenting stress of foster parents in comparison to biological parents has also been another avenue of investigation.

Soliday, McCluskey-Fawcett and Meck (1994) examined the relationship between parenting stress and social support of foster mothers of drug-exposed and at-risk toddlers. The authors pointed out that investigations of the parenting stress of biological parents of disabled children have shown social support as well as problem-focused coping strategies

to be positively correlated with parenting stress and family adjustment. The foster mothers did not differ significantly in terms of parenting stress and also endorsed high levels of parenting satisfaction. The authors hypothesized that the amount of social support may have contributed to the levels of parenting stress and satisfaction. While several studies have found spousal support to be related to the amount of perceived parenting stress, this study also highlighted the importance of community sources of support including social service agencies and churches (Soliday, McCluskey-Fawcett & Meck, 1994).

One would also expect parenting stress to be a **salient issue** for parents of sexually abused children as these children may evidence externalizing and/or internalizing problems as well as socioemotional or neurocognitive deficits. While a number of studies highlighting the differences between the parenting behavior and perceptions of physically and sexually abusive parents versus controls exist (Araji & Finkelhor, 1985; Burgess & Conger, 1978; Julian, Mohr, & Lapp, 1980; Kavanagh, Youngblade, Reid, & Fagot, 1988; Mash, Johnston & Kovitz, 1983; Reid, Kavanagh, & Baldwin, 1987; Trickett & Susman, 1988), the potential parenting stress of non-offending parents of sexually traumatized children is not well understood. This is believed to be an important area of study as there is well-documented clinical evidence of the negative impact accompanying sexual abuse in families.

Family Characteristics of Child Sexual Abuse

A plethora of research has been conducted on the family risk factors and family characteristics of child sexual abuse (CSA). While much of the research has been conducted on the family characteristics of incestuous families, there are familial risk

factors that are also associated with extrafamilial sexual abuse. The incestuous family has been characterized by inappropriate child-rearing, isolation, disorganization with role confusion and lack of boundaries, rigid, lack of cohesion, and problematic communication (Barrett, Sykes, & Byrnes, 1986; Gil, 1991; Schetky & Green, 1988; Wolfe, 1987). Gil (1991) cited a study by Julian, Mohr, and Lapp (1980) who found “factors most often associated with incest families are family discord, mental health problems, broken family, alcohol dependence, spouse abuse, social isolation, and insufficient income” (p. 5). In Black et al.’s (1999) review of the literature regarding familial risk factors for child sexual victimization, income was commonly identified as a risk factor as those families with lower incomes were at greater risk for child sexual victimization. The authors also highlighted several other salient risk factors found within the literature including the amount of time a child is left home without adequate supervision, marital dissatisfaction, single parent families, and parent history of child sexual abuse.

Effects of Child Sexual Abuse on the Non-Abusing Parent

There has been little empirical research conducted on the adjustment of the non-offending parent following the sexual abuse of their child. The existing literature on this topic is based on the evaluation of various support groups for parents that have a sexually abused child (Baghramian & Kershaw, 1980; Hildebrand & Forbes, 1987; Hooper, 1992; Koch & Jarvis, 1987; Mayer, 1985; Winton, 1990). These investigations highlighted several themes for mothers of children that were sexually abused including feelings of guilt, anger, low self-esteem, grief and loss, fear and isolation. Finkelhor (1984) highlighted the differences in mothers’ reactions to the abuse as potentially related to the

child's gender. He postulated mothers reactions to male victims tends to be less severe in comparison to female child victims and may be characterized as more supportive. Faller (1993) illuminated Finkelhor's (1984) theory when she stated,

In part this is because when boys are sexually abused, the offender is more often, than with girls, **someone outside** the family. **Moreover**, when victimized within the family, boys tend to be abused along with their sisters, meaning the mother is less likely to regard a single child as to blame or as the source of her frustrations. However, this phenomenon may also relate to **differences in role** relationships between mothers and daughters and mothers and sons. (p. 77)

McCourt and Peel (1998) conducted a qualitative individual focused treatment study of the effects of child sexual abuse on the non-offending parent. "Though each subject experienced this 'nightmare' as an individual, there were common themes, with effects on health, finance, housing, work and career, marital relationships and personality" (p. 288). Financial strain often encompassed transitioning from a joint to **single** income household, while medical problems ranged from shingles to depression for **five** participants. Several parents in the study had to abandon their careers or make arrangements for work coverage. In terms of other emotionally experienced commonalities, mothers (nine total) and fathers (two fathers and two step-fathers) reported initial disbelief, guilt and self-blame, and distrust, while anger, fear and feelings of isolation were also noted by some of the participants. The importance of family and social and/or therapeutic support for the non-abusive parent was highlighted by many of the participants (McCourt & Peel, 1998).

Koch and Jarvis's (1987) case examples of sexual abuse group treatment work with mothers of incest victims emphasize several key treatment issues including: emotional support, exploring their own abuse histories, reducing dependency by working on problem solving skills and strength recognition, and developing parent skills. Specifically, Koch and Jarvis (1987) underscore the importance of developing parenting skills and role expectations when they wrote, "Because of their strong tendency for role reversal, many mothers, of incest victims may lack parenting skills. As roles are redefined during treatment, mothers express a lack of knowledge about parenting. They may need to learn how to talk to a child appropriately, take the child's concerns seriously, and encourage self-discipline and self-confidence in their children" (p. 101). Several other parenting support programs have been developed over the years for work with parents of sexual abuse victims and have evidenced similar treatment objectives such as increasing the parent's knowledge of child development, improving parent decision making and problem solving, and enhancing parenting skills as related to child development (Winton & Mara, 2001). While individual and group treatment studies have helped increase the thinking of parents as secondary victims, there has been a paucity of empirical work focusing on the effects of sexual abuse on the parenting of the non-abusive parent.

Following an extensive review of the psychology, family therapy and social work literature, the only investigation to examine the parenting stress of non-abusing parents of sexually abused children was conducted in the United Kingdom by Davies (1995). The researcher aimed to gain insight into the distress experienced by parents after the disclosure of extrafamilial sexual abuse. In this exploratory study, Davies (1995)

examined the perceived difficulties of parents using a semi-structured interview and several questionnaires to assess depression, stress reactions, parental attitude, and marital satisfaction among 17 families. An interesting finding regarding the parent-child dynamic following disclosure was the common theme of parents' inability to trust the adolescent victim as evidenced by an increase in intensive questioning, which did not occur prior to the abuse. Overall, research findings supported significant levels of distress experienced by parents of victims of extrafamilial abuse, which appeared to persist despite predominately child-focused therapeutic intervention and regardless of the existence of child problems. While parents did receive support from "helping agencies," it was not enough to address parental problems that in some cases predated the abuse.

Davies (1995) elucidated the complexity of post-disclosure interactions between the abused adolescent and parent participants by noting:

Adolescents resented this, and often responded by becoming more secretive about their activities. These situations frequently resulted in quarrels and other negative interactions. For some parents stress was incurred as a direct result of the behavioral changes in the child following the abuse. These adolescents were all perceived by parents to have "changed," appearing more "adult" to them almost overnight. (p. 404)

Results of this research also highlighted the presence of depression, posttraumatic stress, and unresolved anger in parents as well as personal relationship problems. Specifically, marital problems were evident for several participants with some difficulties existing prior to the abuse, which reportedly intensified as a result of the abuse for some

participants. Some parents were noted by the researcher to be susceptible to greater stress and reported positive psychiatric histories (Davies, 1995).

While evidence provided by Davies (1995) is groundbreaking in that it is one of the few investigations to examine the parenting stress among parents of sexually abused children and unquestionably contributes to the understanding of the complex dynamics that exist for these parents and their children. Close examination of this study revealed several methodological limitations. The study lacked a control group for comparison on objective data measures and the sample size was quite small. Secondly, while the findings indicated that parenting stress was associated with changes or problems in the child, no standardized measures of child behavior were utilized. Additionally, examination of family cohesion and social support using parent questionnaires would have proved fruitful in further understanding the role of these factors related to parenting stress.

Parenting Stress Models

As the incidence of child abuse rises and children are increasingly unsupervised, there is a burgeoning focus on child development and family stressors that appear to impact parenting. More specifically, research findings regarding parenting stress have led to the conceptualization of several models of parenting stress. A majority of parenting stress models have been proposed within the last decade (Abidin, 1992; Mash & Johnston, 1990; Webster-Stratton, 1990), and have led to increased understanding of the complex interplay of factors associated with parenting stress.

In Webster-Stratton's (1990) conceptual model of parenting stress among parents of conduct-problem children they contend that parenting stressors are due to extrafamilial

factors, interparental factors, or child factors. The parent's state of psychological health and amount of external support including social and familial support, determine whether stressors will adversely impact parent functioning. Webster-Stratton (1990) theorized an indirect pathway in her conceptualization of the impact of parental stress on children as dependent upon the quality and sensitivity of parents' interactions with their children as originally postulated by Patterson (1983). For instance, the author pointed out that those parent-child relationships that are characterized as coercive and rejecting tend to produce children who exhibit more aggressive and externalizing problem behavior (Webster-Stratton, 1990).

The focus of Webster-Stratton's (1990) model is on the sources of parenting stress along with mediating factors and how they both impact parental functioning. Major stressors for parents are categorized under extrafamilial (low socioeconomic status, unemployment, stressful life events or daily hassles), interparental (divorce/single parent or marital distress), and child stressors (difficult temperament or conduct problems), which all have been found to have potentially deleterious effects on an individual's ability to parent. However, whether these stressors disrupt parent functioning is determined by several mediating factors including parent psychological well-being, social support and parent's gender and drug/alcohol use. As the author noted, "Some parents who experience stressors recover their developmental stride and maintain parental competence, whereas others seem to become more enmeshed in conflict and increased stress symptoms" (p. 306). As the model suggests these protective or vulnerable mediators serve to impact parenting behavior with both direct and indirect pathways

occurring between stressors, vulnerable mediating factors and child conduct problems (Webster-Stratton, 1990).

Deater-Deckard (1998) offered three hypotheses in her theorization of parenting stress and potential child psychopathology. Specifically, she hypothesized a positive correlation between parenting stress and poorer, more reactive versus child-centered parenting. In other words, as parents experience greater levels of parenting stress they will evidence decreased responsiveness, increased authoritative parenting, and neglect or abuse. Deater-Deckard also hypothesized that adult-centered parenting may negatively impact children's cognitive and socioemotional development. In her third hypothesis, she emphasized the importance of the interplay between individual differences and parenting stress and child outcomes.

Similar to the model proposed by Webster-Stratton (1990), those parents who experience greater levels of stress tend to be less nurturing and more punitive. Similarly, both authors concluded that inept parenting might result in child maladjustment. However, it is important to highlight the potential differences between specific culturally bound parenting behaviors. For instance, Deater-Deckard, Dodge, Bates, & Pettit (1996) found no relationship between physical discipline used by a sample of African American parents and child externalizing problems, yet a positive correlation did exist for Caucasian participants. While Deater-Deckard (1998) was able to make strong arguments for the first and second hypotheses based on previous research, little investigative work has been conducted that relates to her third hypothesis, thus suggesting the need for further empirical support.

Two influential models of parenting stress proposed by Abidin (1992) and Mash and Johnston (1990) emphasize a complex interplay between parent, child and environmental factors that influence parent-child interactions. Abidin (1982) espoused that parenting stress stemming from negative events leads to dysfunctional or problematic parenting. He then later concluded that parenting stress does not necessarily bring about dysfunctional parenting, rather, dysfunctional parenting arises from the dynamic interplay of parent, child and environmental factors that vary in importance and intensity, which impact the parenting stress in a respective parent-child relationship (Abidin, 1990). For the purpose of this study, an extensive review of Abidin (1992) and Mash & Johnston's (1990) models of parenting stress will be presented as they are believed to provide a conceptual foundation for research in the area of parenting stress.

Abidin & Burke (1978) developed a model of parenting stress that "acknowledge the interaction between variables and changes in behaviors and cognitions as a function of recursive events" (Abidin, 1990, p. 298). This model provided a theoretical framework for construction of the Parenting Scale Index (PSI) and was based primarily on studies of main effects. This initial model included parent, child and situational characteristics thought to be integral to the construct of parenting and was based on the overriding belief that higher levels of parenting stress were associated with dysfunctional parenting. However, Abidin (1982) found a dynamic versus linear relationship existed between stress levels and dysfunctional parenting and that problematic parenting also occurred with lower levels of parenting stress "due to the disengagement of the parent and the subsequent low level of vigilant parental behaviors" (Abidin, 1992, p. 408). Abidin (1990) later noted that this model failed to recognize several important factors and

was lacking in several respects. The interactive effects of factors to total stress load as well as parent personality and cognitions in relation to the experience of parenting stress were not considered. This led Abidin to reconsider the construct and develop a dynamic multivariate model of parenting stress.

Abidin's (1992) revised model encompasses environmental, sociological, behavioral and developmental factors which are believed to influence parenting behavior and stress. In this model the personality, cognitions, and beliefs of the parent serve as major factors that influence the parenting role. Parenting stressors along with parent and child characteristics serve to influence the relevance of the parenting role, which is described as an appraisal moderator leading to motivational arousal (parenting stress). Parenting stress is then mediated and influenced by resources including social support, parenting alliance, parenting skills competencies, material resources, and cognitive coping. Interestingly, the conceptual path between parenting stress and parenting alliance is bi-directional. The parenting alliance is considered to be those aspects of a marriage that impact parenting behavior. While this model provides a much more comprehensive approach to understanding parenting stress, a model proposed by Mash and Johnston (1990) explain the determinants of parenting stress utilizing parent, child and environmental variables, yet with a focus on parent-child interactions.

The model proposed by Mash and Johnston (1990) is similar to the work of Webster-Stratton in that parent, child and environmental characteristics are the focus of their conceptualization of parenting stress, however they offer a four-component model of parent-child interactive stress. They defined parent-child stress as "characterized by high levels of control-oriented and negative interchanges and are often accompanied by a

lack of positive and mutually responsive interactions” (p. 313). Thus, Mash and Johnston (1990) believed it was fruitful to focus on the stress of the parent-child relationship. The stress in parent-child interactions is examined within the context of two types of families, those with hyperactive and physically abused children. The authors chose these clinical populations as a majority of these children have cognitive, social, and academic difficulties and the parents are more susceptible to problems.

As noted in Mash and Johnston’s (1990) review of the research, the stress for each type of family seemed to stem from different sources. For example, the interactive stress for the abusive families appeared related more to parental and environmental characteristics versus the stress in families with hyperactive children that originated more from child versus parent characteristics. Through their examination of parent-child interactive stress for these groups, Mash and Johnston derived a model of parent-child stress with influences from social, clinical and developmental psychology. The following section is a discussion of each of the four components of this model.

Child Characteristics of Parenting Stress

Mash and Johnston (1990) identified the child’s temperament, cognitive functioning, physical attributes, and behavioral difficulties as child characteristics of the conceptual model. In their examination of hyperactive and physically abused children, the authors noted several salient differences. In families with hyperactive children, child characteristics appeared to be the overriding source of parenting stress. Mash and Johnston (1990) noted, “The inattentive, impulsive, overactive, and defiant behaviors of hyperactive children seem to drive the negative and control-oriented parent-child interactions” (p. 317). Moreover, when the hyperactive children’s behavior became more

compliant with fewer externalizing problems, mothers' behavior became less controlling and negative. The authors discussed several other studies supporting their findings and cited double-blind placebo drug studies, which also found differences in parental behavior following child behavioral changes as a result of the introduction of methylphenidate.

The parent-child interactions of families with a physically abused child were quite different from the hyperactive children and their parents. More specifically, the parent-child interactive stress was not associated with child behavioral difficulties as in the case of hyperactive children. Previous studies have suggested the physical attributes of abused children including "prematurity, physical appearance, mental and physical handicaps, or difficult behavior may provoke harsh parental treatment, there is little evidence to indicate that these factors are sufficient to predict maltreatment" (p.317). Thus, the child characteristics as they relate to parenting stress and stressful parent-child interactions require further empirical examination.

As with any conceptual model it is hard to account for every mediating factor and the authors failed to include factors such as the sociocultural factors, social support and the parent alliance or marital relationship. Additionally, as highlighted by McCleary (2002), Mash and Johnston's model failed to provide clear distinctions between parenting stress, interactive stress and parent-child conflict, which seemed to be used interchangeably. While it behooves those within the field to conduct research within a theoretical framework, it is apparent that continued attempts at the development and reexamination of conceptual models of parenting stress are necessary.

In their discussion of the limitations within the research conducted with abusive children and their families, Mash and Johnston (1990) wrote, “Although the inconsistencies of findings related to patterns of negative behavior in abused children may be partly related to the use of insensitive measurement systems, certainly, even the child difficulties that have been found seem insufficient to explain the drastic negative parenting behaviors that define parent-child interactions in abusive families” (p. 317). As mentioned previously, the majority of research conducted on parent-child interactive stress has been limited to those children that experience behavioral and/or developmental problems or have been physically versus sexually abused. Thus, it appears that more rigorous study of the child characteristics of both physically and sexually abused children and the relationship to parenting stress is needed in order to further understand how the child’s post-abuse behavior and cognitive attributes contribute to interactive stress in these families.

Parent Characteristics of Parenting Stress

Similar to the child characteristic differences and their impact on parenting stress observed with hyperactive and physically abused children (Mash and Johnston, 1990), several differences also exist for the two groups in regards to parent characteristics. The authors believe maternal cognitions play a focal role in determining parent behavior and that while it has not been thoroughly researched automatic cognitive processing likely play a significant role in determining behavior as there is a notable amount of behavioral predictability and swiftness that characterize parent-child conflicts. Central to maternal cognitions are the cognitive and psychological characteristics of parents. The authors commented, “Such characteristics may include parental conceptual tempo (e.g.,

impulsiveness or reflectiveness), intellectual ability, psychological complexity, and problem-solving and reasoning capabilities” (p. 315). Beliefs and attitudes held by parents as well as values related to child rearing are some of the other general cognitive schemas, which the authors briefly mentioned. In their discussion of parent characteristics, the authors also paid significant attention to three types of maternal cognitions encompassing perceptions of child behavior, attributions for child behavior and parenting self-efficacy (Mash & Johnston, 1990).

Research findings have shown that perceptions of child behavior influence parent-child interactive stress (Konstantareas & Homatidis, 1989; Mash & Johnston, 1983; Mash et al., 1983). Interestingly, examination of the parental perceptions of those with hyperactive and abused children revealed a striking difference. While both groups perceived their children as more difficult in comparison to controls, dissimilar to mothers’ perceptions of those with hyperactive children, mothers with abused children differed from others’ perceptions of their child suggesting that negative perceptions were influenced not by child characteristics, but parental characteristics. Specifically, parent perceptions seem to provide an “internal script” for parenting that outweighs her child’s behavior in a given situation, thus, highlighting a disconnect between a maternal response and the actions of her child (p. 319). Attributions of child behavior are also part of maternal cognition that appears to influence parent-child interaction stress.

Little research has been conducted on the attributional style of parents with hyperactive children, studies investigating the positive attributional bias of parents, which is when a parent attributes their child’s successes to stable, internal characteristics (e.g., athletic ability) versus failures which are attributed to unstable external sources (e.g.,

poor coaching). In contrast to the majority of parents, abusive parents do not demonstrate a positive attributional bias for their children and seem to attribute a child's failure to internal/stable factors. Mash and Johnston (1990) postulated that this negative attributional bias (e.g., attributing the child's misbehavior as due to them being "bad") among abusive parents may "function as a cognitive link mediating between child characteristics and parent-child interactive stress. It is suggested that evaluating child behavior as threatening or as intentionally bad contributes to parent-child conflict and to lowered levels of positive interactions observed in abusive families" (p. 320). Thus, specific cognitions of abusive parents appear to play an important role in the understanding of abusive parent-child dyad.

In their discussion of parenting efficacy, Mash & Johnston again explore this concept in parents of hyperactive and abused children. By definition, parenting efficacy refers to a parent's perceptions of their competence in the parenting role as well as their ability to address child difficulties. The authors elucidated this concept when they stated, "Mothers' beliefs about their effectiveness in child-rearing situations are presumed to influence the way in which they process and attend to information, the amount of effort they devote to child rearing, and their emotional reactions to child behavior and the parenting role" (p. 320). Mash and Johnston (1990) referred to several investigations of the parenting self-efficacy of abusive parents that demonstrated lower levels in comparison to the parents of controls. More specifically, they highlighted the findings of several studies that indicated lower levels of parenting self-efficacy was associated with "perceptions of the child as difficult, a perceptual readiness to focus on relationship problems, heightened autonomic arousal, negative affect, feelings of helplessness in

response to difficult child behavior, and the use of coercive and intense disciplinary tactics in an effort to control child behavior” (p. 321). It is believed that compromised parenting efficacy may be related to the parent’s beliefs regarding the importance of power and a manner in which to conceal poor parenting self-esteem (Mash & Johnston, 1990).

Environmental Characteristics of Parenting Stress

Environmental circumstances have long been shown to impact children and their families. More specifically, a number of studies have shown situational characteristics such as major life events and daily hassles (Crnic & Greenberg, 1990; Deater-Deckard & Scarr, 1996; Krech & Johnston, 1992; Ostberg & Hagekull, 2000), poverty (Garbriano, 1976; Gecas, 1979; Hess, 1970) parenting alliance (Emery, 1988), and isolation and social support (Bonds, Gondoli, Sturge-Apple & Salem, 2002; Cohen & Wills, 1985) have all been shown to have deleterious effects on parenting. In both samples of hyperactive and physically abused children, daily hassles and negative life events were associated with increased chances of parent-child interactional stress (Patterson, 1983; Wolfe, Jaffe, Wilson, & Zak, 1985). Several investigations of non-clinical parenting behavior and socioeconomic class found parents of lower socioeconomic status “are less likely to use reason, to show support, and to allow independence in their children; they are more likely to use negative controlling behaviors and spanking with their children than are middle-class families” (Webster-Stratton, 1990, p. 304). In terms of parenting alliance, Abidin (1992) replaced the marital satisfaction variable with parenting alliance in his 1984 model of parenting stress, as several studies of marital satisfaction did appear to adequately predict parenting behavior.

Several researchers have commented on the multifaceted construct of social support. Social support can be conceptualized as a mediating factor against stress and may serve as a buffer in that support can influence the degree to which stress impacts other areas of an individual's life (Ostberg & Hagekull, 2000). While different types of social support have been delineated (e.g., general social support and parenting support), there are aspects of social support, which have yet to be examined (Bonds et al., 2002; Ostberg & Hagekull, 2000). An extensive review of the research on social support and parenting stress revealed a lack of studies on the relationship between family cohesion and parenting stress.

Bonds et al., (2002) aptly discussed their results in the context of Belsky's conceptualization of parenting and social support including both spousal and family support when they wrote, "Belsky (1984) identified social support from the spouse as the primary support system for parents, yet the results of this study suggest that social support from family and friends has a significant impact on parenting as well" (p. 429). Thus, spousal as well as family member support appear to have a significant impact on the level of parenting stress, yet it is not well understood what facets of spousal and family member support influence parenting stress. When considering family social support, the importance of family cohesion is believed to be an important avenue for further research.

The concept of family cohesion is often referred to as the "qualities of family relationships such as support, affection, and helpfulness" or affective involvement and/or the degree of bonding within a family (Baer, 2002). Family systems theory highlights the importance of the above intrafamilial variables and their bidirectionality among family

members. Accordingly, the above aspects that define family cohesion seem reasonably sound dynamics to investigate in relation to parenting stress. In fact, Duis and Summers (1997) examined parent- and child-related stress among several different types of families as well as the intrafamilial (e.g., family cohesion) and extrafamilial factors that predict parent- and child-related stress.

Family Adaptability and Cohesion

A final point of discussion is family adaptability and cohesion in relation to parent social support, a significant environmental characteristic in relation to parenting stress. McCubbin and McCubbin (1987) were among the first to discuss how cohesion and adaptability may be important mediating factors related to family stress management. Duis & Summers (1997) further elucidated the relationship by hypothesizing that greater adaptability and cohesion would be associated with lower stress levels. The circumplex model of marital and family systems research has dominated the conceptualization of researchers in terms of family functioning and cohesion (Maynard & Olson, 1987). Olson (2000) conceptualized cohesion within the circumplex model as consisting of several key dimensions including: “emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interests, and recreation” (p. 145). Furthermore, Olson (2000) noted that family cohesion is conceptualized along a continuum of members’ separateness at one end and togetherness on the other end.

High functioning families were initially hypothesized to fall within the middle range of the curvilinear continuum of cohesion and adaptability, while dysfunctional families were considered to lie at either end of the spectrum. However, others in the field criticized the curvilinear assumption of cohesion and adaptability and proposed a linear

theory where high functioning families fall at the higher end while poorly functioning families are located at the lower end. Studies examining both the cohesion and adaptability dimensions using the Family Adaptability and Coping Evaluation Scales (FACES II and FACES III) demonstrated that these dimensions are in fact linear versus curvilinear (high scores = balanced; low scores = dysfunction) (Duis & Summers, 1997; Olson, 1991). As a result, a three-dimensional or 3-D Circumplex Model was devised that included: balanced, mid-range, and extreme classifications for cohesion and adaptability (Olson, 1991).

Historically, empirical evidence has not been consistently supportive of one theory over another. In 2002, Yahav investigated families of children with externalizing and internalizing symptoms in relation to linear and curvilinear theories of the circumplex model. The author hypothesized that families of children with externalizing symptoms would be categorized as more chaotic and disengaged, while families of children with internalizing symptoms would be classified as rigid and enmeshed. The findings supported the hypotheses in that a majority of families with externalizing children fell in the disengaged areas with a smaller percentage located in the enmeshed areas. Linear analysis revealed that parents of externalizing children evidenced lower levels of cohesion suggesting greater levels of dysfunction. As for internalizing families, they were located in the enmeshed area while only slightly above the disengaged range with intermediate scores on the cohesion dimension. Thus, internalizing families did not differ significantly from either externalizing or control families suggesting that “(a) internalizing families may share certain characteristics with each of the other groups; and (b) internalizing families appear to be functioning better than families of externalizing

children, but not as well as controls” (p. 51). Hence, a multitude of different factors could potentially influence child symptoms as well as family functioning. Based on review of the literature, an investigation of parenting stress and family functioning is believed to be a reasonable avenue of study, yet there is a paucity of research on parenting stress and family type.

In one study, Lavee and Olson (1991) examined the Circumplex Model of Family Systems’ family types and family stress. Data was collected from 1, 140 families and a multivariate model of the effect of stressors, strains, family resources, and family perceptions on the well-being among four family types was tested. Classification of the four family types was determined by results of the FACES III and consisted of: flexible-separated, flexible-connected, structured-separated, and structured-connected. Predictor variable measures encompassed: Stressful Life Events Scale, Normative Transitions Scale, Intrafamily Strains, ENRICH, and the Family Coping Strategies (F-COPES) (Lavee and Olson, 1991).

While Lavee and Olson’s (1991) study yielded several findings. Results revealed differences in family type especially in regards to family connectedness and adaptability are likely related to the effect of stressful life events and normative transitions on family functioning and well-being. “For example, a direct effect of intrafamily strain on well-being was found in “flexible” but not in “structured” families” (p. 796). Thus, the authors hypothesized that families with greater structure and more clearly defined roles and rules may fair better after stressful life events and transitions in comparison to their more flexible, ambiguous family types. Other noteworthy findings included: flexible-connected family types seemed to be more affected by accumulation of stressful events,

and both flexible-separated and structured-connected family types were impacted by transitions and stressful events. Overall, results of this study indicated that the sense of connection and coherence as well as the interplay of cohesion and adaptability might have the greatest impact on a family's ability to buffer stress (Lavee and Olson, 1991).

Duis and Summers (1997) examined family cohesion and adaptability as a predictor of parent and child stress among 29 single-parent families, 35 two-parent families, 17 families of children with Down syndrome, 16 families of children with a hearing impairment and 29 families of children with a developmental delay. Measures included: the Parenting Stress Index, Family Support Scale, Family Resource Scale, Sibling Behavior Scale, and FACES III. Results indicated higher levels family cohesion to be associated with lower levels of parenting stress for both single- and two-parent families with nondisabled families. As for families with disabled children, family cohesion was not the best predictor of parent or child stress; however, external support was negatively correlated with parenting stress for these families. A particularly interesting finding from this study included the FACES III discrepancy scores (i.e., discrepancy between ideal and actual family type) and lower parent-related stress. The authors hypothesized that a social desirability bias may be occurring and ...“the inability to accept one's family would thus lead to increased levels of stress” (p. 60). Given the results of the aforementioned studies, it is believed an examination of parenting stress and family type among non-offending parents of sexually traumatized children considering the many challenges faced by this group in particular, is an important avenue for study.

Summary and Conclusions

While professionals within the fields of psychology and social work have made tremendous gains in the understanding of parenting stress, researchers have called for continued research regarding the different sources of parenting stress (Abidin, 1992; Webster-Stratton, 1990). Several models of parenting stress have emphasized child characteristics as a contributing factor of parenting stress, however, it is not well understood what specific child characteristics (e.g., behavioral problems, etc.) influence the degree of parenting stress. This is also the case for several environmental characteristics in that some demographic variables have strong empirical support while others do not. More importantly, the construct of parenting stress while studied with samples of physically abused children and their parents, few investigations of the parenting stress among non-abusing parents of sexually traumatized children have been conducted.

From a family systems perspective, both intrafamilial and extrafamilial variables are important factors to consider in the conceptualization of parenting stress. Specifically, intrafamilial variables such as family cohesion and adaptability have far reaching implications for the family system. Research has demonstrated the positive effects of social support on parenting and child development (Dunst et al., 1990). Thus, cohesion and adaptability may be critical components to understanding parenting stress. Families that have been directly impacted by child sexual abuse are at-risk for a number of problems and it is hypothesized that the non-offending parents are likely to experience parenting stress. Thus, it is critical to examine the parenting stress of the non-abusing

parent in conjunction with family adaptability and cohesion in order to further understand how these factors impact one another.

The preceding literature review has identified several principal components, which serve as the framework for this research. First, sexually traumatized children may exhibit a wide spectrum of behavioral, emotional, and neuropsychological sequelae. Second, the non-abusing parent has a tremendous impact on the child's treatment and recovery. Third, the non-abusing parent often struggles with their child's victimization and subsequent effects on their family as well as on themselves as secondary victims. Fourth, several complex and interconnected child, parent and environmental characteristics associated with parenting stress are likely to be experienced by sexually traumatized children and their families. Fifth, the degree of combined family cohesion and adaptability (i.e., family type) may influence a parent's perceived parenting stress.

Chapter III

Method

This chapter details the methodology of the present study including detailed descriptions of participants and instruments as well as power analyses for each of the respective research questions. Archival data from a larger participant sample was utilized for the current study. Instruments used for this investigation included parent self-report measures of parenting stress, emotional and behavioral functioning of their children, and parent perceived family cohesion and adaptability.

Participants

Participants were seventeen sexually abused and twenty-four non-abused children and their non-abusing parents. Children of the parent participants included twenty-four girls and seventeen boys. The abused children were ages six years, eleven months through fifteen years with a mean age ten years, six months. The mean age of the comparison children was eight years, six months, with an age range from six years, seven months to thirteen years, six months. Demographically, twenty-three of the participants were African American, eleven were Caucasian, six were Hispanic and one indicated "Other". This participant group contained a higher percentage of African American families in comparison to other ethnic/racial groups, which is in sharp contrast to the typical breakdown of ethnicity/race that is typically cited in the literature. Clinical participants were recruited from a general medical facility located in the Northeast, while comparison participants were comprised of medical staff members' children. Parent participants ranged in age from 22 to 38 and were all female with the exception of one

male participant. Other relevant demographic information on the non-abusing parent is unknown. In all clinical cases the gender of the abuser was male.

Psychologists first identified the clinical participants and then both child and parent were presented with information about the research. Potential participants were then asked to participate on a voluntary basis and for their involvement in this study parent participants were provided with a check in the amount of 50 dollars upon completion of data collection. Assent was obtained from child participants and consent was obtained from their guardians. The clinical participants had confirmed histories of child sexual abuse by either a medical and/or psychological evaluation. The determination of the severity of trauma was coded using Wolfe's History of Victimization Form Coding Scheme (Wolfe et al., 1986).

Instruments

Parenting Stress Index (PSI). The PSI (Abidin, 1995) is a 120-item self-report rating scale inventory designed to reflect the presence of parenting stress in parents of children ages one month to twelve years. This measure was developed based on Abidin's (1976) theoretical model of determinants of dysfunctional parenting. The PSI yields a Total Stress score, which is comprised of two Domains: the Parent and Child Domains. The Child Domain consists of those items, which reflect child qualities that may contribute to parenting. Child Domain subscales include Distractibility/Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Mood, and Acceptability. Items within the Parent Domain encompass the parent's functioning and how this may impact parent-child interactions. Parent Domain subscales encompass Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse subscales. The optional

Life Stress scale is a measure of general situational stressors that may impact parent functioning. A Defensiveness Responding score indicates the respondent's level of defensiveness and a low score of this subscale is suggestive of high levels of defensive responding. Domain and Total scores are converted to percentile scores from raw scores and the normal range of scores is considered within the 15th to 80th percentile, while high scores are believed to be above the 85th percentile.

The PSI was normed on 2,633 mothers and 200 fathers with adequate representation across ethnic/racial groups and socioeconomic status. Internal reliability of PSI two Domain and Total scores were .90 and greater (Abidin, 1995). Zakreski (1983) found a test-retest reliability of .77 for the Child Domain, .69 for the Parent Domain, and .88 for the Total Stress score among a sample of 54 parents. Evidence of validity is supported from three factor analytic analyses, which showed moderate correlations among subscales. In addition, a six-factor solution accounted for 41% of the variance for the Child Domain and a seven-factor solution accounted for 58% of the variance for the Parent Domain (Abidin, 1995).

Family Adaptability and Cohesion Scales II (FACES II). The FACES II (Olson, Portner, & Bell, 1983) is a 30-item self-report rating scale questionnaire developed to measure family functioning of members ages 12 and up along two dimensions of the Circumplex Model of Marital and Family Systems: cohesion and adaptability. Cohesion is regarded as the degree of emotional bonding between family members, while adaptability is understood as the extent to which the family system is flexible and able to respond to change and stress. The scale was designed to measure both perceived and ideal family functioning (Duis & Summers, 1997). "The discrepancy between perceived

and ideal functioning provides an inverse measure of family satisfaction” (Grotevant & Carlson, 1989, p. 299). Family cohesion items assess emotional bonding, boundaries, coalitions, time, space, friends, decision-making and interests and recreation. Cohesion score levels range from disengaged (1-2), separated (3-4), connected (5-6) to very connected (7-8) (Olson, Portner, & Bell, 1983). FACES II Adaptability items encompass family power (assertiveness, control, and discipline), negotiation styles, role relationships, and relationship rules. The four adaptability score levels are classified as rigid (1-2), structured (3-4), flexible (5-6) to very flexible (7-8). Linear scoring of both the cohesion and adaptability scales when combined yields a family type raw score. Balanced family types are those considered to have high cohesion (very connected classification) and adaptability (very flexible classification) raw scores, while mid-range types are those scores that fall in the 3 to 6 score range for both cohesion (separated; connected classifications) and adaptability (flexible; structured classifications) (Olson, Portner, & Bell, 1983). Extreme types consist of overall scores from 1 to 2.

In an investigation of reliability, the FACES II had an internal consistency of .77, test-retest reliability of .83 for cohesion and .80 for adaptability (Olson, Portner, & Lavee, 1989). Factor analysis revealed moderate item-total correlations within each scale (.51 to .74 for the cohesion scale and .42 to .56 for adaptability). This instrument has been used in over 300 social science studies and was designed to measure two dimensions of family functioning which have long been established within the literature as critical dynamics of family functioning (Olson, Portner, & Lavee, 1989).

Behavioral Assessment Scale for Children (BASC). The BASC parent form (Reynolds & Kamphaus, 1992) was administered to parent participants in order to obtain

information regarding child participants' social, emotional, and behavioral functioning. The BASC parent form measures observable behaviors of children ages 4-18 years and has two broad based factors, Externalizing and Internalizing. The Internalizing Scale relates to problems associated within an individual (i.e., depression, anxiety, withdrawal), while the Externalizing Scale involves problematic manifestations of behavior (i.e., aggression, hyperactivity, inattention). The BASC elicits ratings across ten Clinical Scales: Hyperactivity, Aggression, Conduct Problems, Anxiety, Depression, Somatization, Attention Problems, Learning Problems, Atypicality, and Withdrawal, as well as four Adaptive Scales: Adaptability, Social Skills, Leadership, and Study Skills.

BASC raw score are converted to T-scores and percentiles. A standard T-score between 41 and 59 falls within the average range on the Clinical and Adaptive Scales. On the Clinical Scales, a standard score between 60 and 69 falls within the "at-risk" category. A score in the "at-risk" range may signify potential or developing problems that need to be monitored more carefully. A standard score of 70 or above on the Clinical Scales falls within the "clinically significant" range and denotes a high level of maladaptive behavior.

The normative sample for this instrument included a large sample of the population that spanned across socioeconomic status, parental education, and various ethnic/racial groups. Repeat administration of the BASC composite scores was demonstrated by test-retest reliability ranging from the mid .80s to low .90s (Reynolds & Kamphaus, 1992). Factor analyses and composite correlations with the Achenbach Child Behavior Checklist were notably strong (Reynolds & Kamphaus, 1992).

Power Analysis

In order to determine the appropriate sample size for this study and to have meaningful outcomes, three power analyses were conducted. The analyses were conducted using the G*Power (Faul & Buchner, 1992) and employed Cohen's (Cohen, 1988) criteria for effect size. The first hypothesis, comparing the parenting stress of non-abusing parents of sexually traumatized children and parents of non-abused children is tested using a 1-way analysis of covariance (ANCOVA). Assuming values of $\alpha = 0.10$ and power = 0.40 with a large effect size, the required sample is 42. The power for this test is 0.10 for a small effect size and 0.40 for a large effect size.

For subhypothesis one, assessing characteristics that most contribute to parenting stress: child characteristics, parent characteristics, or parent-child interaction characteristics for those parents that reported significantly higher levels of parenting stress. This hypothesis is also tested using a 1-way ANCOVA. To detect a large effect size at the .10 level and power = .80, a sample size of 42 is required. With a sample of 42, the analysis would have .10 power to detect a small effect and .40 power to detect a large effect.

The second hypothesis compares the relationship between emotional and behavioral child problems and parenting stress. This hypothesis is tested utilizing a standard multiple regression analysis. To detect a large effect size at the .10 level and power = .95, a sample size of 40 is required. With a sample of 42, the analysis would have .02 power to detect a small effect and .35 power to detect a large effect. The third hypothesis, that parenting stress will be negatively correlated with family cohesion and adaptability, is also tested using a standard multiple regression analysis. The power

analysis for multiple regression uses the predicted effect size, sample size, and number of predicting variables in the model. Assuming a sample of 42, the power to detect a small effect size is .02 and a large effect size is .35.

Chapter IV

Results

For the purpose of analysis, parent and child participants were divided into two groups: sexually abused (Child Sexual Abuse, CSA) and non-traumatized. Sample sizes for the analyses were: CSA ($n = 17$) and the comparison group ($n = 24$). As discussed in the previous chapter, this study looked at archival data from a 1999 participant sample. One case was not included for certain analyses as data was missing. All analyses were conducted using the Statistical Package for Social Sciences (SPSS) Standard Version for Windows 10.0 (1999). Demographic information regarding race and family income as well as descriptive statistics are provided in the following tables.

Table 1

Demographic Characteristics of Participants ($N = 41$)

| Characteristic | <i>n</i> | % |
|----------------------|----------|------|
| Race | | |
| African American | 23 | 59.8 |
| Caucasian | 11 | 20.7 |
| Hispanic | 6 | 13.4 |
| Other | 1 | 4.9 |
| Family Income | | |
| Over 50,000 | 12 | 20.7 |
| 30,000-50,000 | 2 | 6.1 |
| 10,000-29,000 | 19 | 46.3 |
| Under 10,000 | 8 | 26.8 |

Mean and standard deviation scores and between group differences for PSI Parent and Child Domain subscales are provided in Tables 2 and 3. General life stress (PSI Life Stress Scale score) served as a covariate as shown in Table 4.

Table 2

Mean and Standard Deviation Scores Aggregated by Study Group for PSI Child Domain Subscales

| Subscales | Clinical (<i>n</i> = 16) | | Control (<i>n</i> = 24) | | <i>t</i> |
|-------------------|------------------------------|-----------|-----------------------------|-----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | |
| Distractibility | 58.03 | 34.26 | 49.33 | 28.24 | -.876 |
| Adaptability | 47.38 | 36.54 | 43.50 | 29.27 | -.371 |
| Reinforces Parent | 56.88 | 29.77 | 59.10 | 29.95 | .231 |
| Demandingness | 64.06 | 30.01 | 48.17 | 29.05 | -1.67 |
| Mood | 64.50 | 32.07 | 50.54 | 30.91 | -1.38 |
| Acceptability | 68.13 | 33.08 | 57.71 | 26.78 | -1.10 |

Note. No statistically significant differences were observed.

Table 3

Mean and Standard Deviation Scores Aggregated by Group for PSI Parent Domain Subscales

| Subscales | Clinical (<i>n</i> = 16) | | Control (<i>n</i> = 24) | | <i>t</i> |
|------------------|------------------------------|-----------|-----------------------------|-----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | |
| Competence | 40.75 | 25.37 | 44.29 | 24.63 | .440 |
| Isolation | 37.31 | 30.72 | 45.13 | 28.97 | .816 |
| Attachment | 45.63 | 32.61 | 57.75 | 30.37 | 1.20 |
| Health | 29.13 | 28.27 | 42.75 | 24.42 | 1.62 |
| Role Restriction | 38.44 | 27.19 | 46.50 | 27.45 | .913 |
| Depression | 29.31 | 26.43 | 41.88 | 26.93 | 1.46 |
| Spouse | 39.25 | 29.84 | 58.04 | 29.17 | 1.98 |

Note. No statistically significant differences were observed.

Table 4

Mean and Standard Deviation Scores Aggregated by Group for Covariate PSI Life Stress

| Covariate | Clinical (<i>n</i> = 16) | | Control (<i>n</i> = 24) | | <i>t</i> |
|-------------|------------------------------|-----------|-----------------------------|-----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | |
| Life Stress | 80.81 | 27.84 | 52.25 | 30.24 | 12.89 |

Note. No statistically significant differences were observed.

Predictor variables were child behavioral and emotional problems including BASC Externalizing Composite and the BASC Internalizing Composite scores for both groups. As noted in chapter III, family cohesion and adaptability assessment measure included the combined cohesion and adaptability score or family type (FACES II Family Type raw score = balanced, moderately balanced, mid-range, extreme). The family type score is derived from a family cohesion score (FACES-II Cohesion raw score = very connected, connected, separated, disengaged) combined with the adaptability score (FACES II Adaptability raw score = very flexible, flexible, structured, rigid). Please see Table 5 for mean scores and group differences for PSI Total Stress, FACES Family Type, BASC Internalizing Problems and BASC Externalizing Problems. There was a significant difference between the clinical and control groups in parenting stress and child emotional problems.

Table 5

Mean and Standard Deviation Scores Aggregated by Group for Parenting Stress, Family Type, and Child Emotional and Behavioral Problems

| Measure | Clinical (<i>n</i> = 16) | | Control (<i>n</i> = 24) | | <i>t</i> |
|-------------------------------------|------------------------------|-----------|-----------------------------|-----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | |
| PSI Total Stress Percentile | 44.12 | 32.63 | 45.75 | 29.34 | .161 |
| FACES Family Type Raw Score | 5.19 | .98 | 5.15 | 1.09 | -1.57 |
| BASC Internalizing Problems T-Score | 56.81 | 14.77 | 44.48 | 9.96 | -2.53** |
| BASC Externalizing Problems T-Score | 54.69 | 16.22 | 47.58 | 11.50 | -1.52 |

Note. **p* < .05. ***p* < .01.

In order to determine if primary predictor variables might be multicollinear, bivariate correlation coefficients were computed for parenting stress and the BASC Internalizing and Externalizing Problems Composite Scales. As shown in Table 6, there was a positive correlation between parenting stress and child internalizing problems.

Table 6

Intercorrelations for Parenting Stress and Child Emotional and Behavioral ProblemsPredictor Variables

| Variable | 1 | 2 | 3 |
|--------------------------------|----|-------|-------|
| 1. BASC Externalizing Problems | -- | .82** | .91** |
| 2. BASC Internalizing Problems | | -- | .87** |
| 3. PSI Total Stress | | | -- |

Note. * $p < .05$. ** $p < .01$. (Control $n = 23$) (Clinical $n = 16$).

Bivariate correlation coefficients were also computed for the PSI Total Stress and FACES Cohesion, FACES Adaptability, and FACES Family Type scores (Cohesion & Adaptability scores) to examine potential multicollinearity. Results are presented in Table 7 and reveal no significant relationships between these variables.

Table 7

Intercorrelations for Parenting Stress and Family Adaptability/Cohesion

| Variable | 1 | 2 | 3 | 4 |
|---|----|------|------|------|
| 1. PSI Total Stress | -- | -.37 | -.35 | -.30 |
| 2. FACES Cohesion | | -- | .39 | .87 |
| 3. FACES Adaptability | | | -- | .80 |
| 4. FACES Family Type (Cohesion & Adaptability) | | | | -- |

Note. (PSI Total Stress $n = 40$) (FACES $n = 27$).

Primary Analyses

Question 1: What differences exist between non-offending parents and parents of non-abused children when controlling for life stress?

Hypothesis 1 predicted that the non-offending parents would evidence higher levels of parenting stress in comparison to parents of controls, after controlling for life stress. PSI Total Parenting Stress served as predictor variable, while the clinical and comparison groups were the criterion variables with the PSI Life Stress score as the covariate.

Screening for the assumption of homogeneity of slopes was met prior to conducting the analysis. Analysis of covariance (ANCOVA) was conducted to compare the parenting stress of non-offending parents of sexually traumatized children in comparison to parents of non-traumatized children after controlling statistically for life stress. The ANCOVA revealed no significant difference between parenting stress of traumatized and comparison groups after controlling for life stress as shown in Table 8 ($F [1, 37] = .986, p = 0.32$).

Table 8

Analysis of Covariance for PSI Total Stress with Life Stress as Covariate

| Source | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>p</i> |
|-----------------|-----------|-----------|-----------|----------|----------|
| Covariate | 3583.03 | 1 | 3583.03 | 4.07 | .05 |
| PSI Life Stress | 3215.63 | 1 | 3215.63 | 3.66 | .06 |
| Groups | 867.97 | 1 | 867.97 | .986 | .32 |
| Error | 32576.62 | 37 | 880.45 | 833.9 | |
| Total | 117178.00 | 40 | | | |

Note. No statistically significant differences were observed.

Question 1a: After controlling for life stress, which PSI domain contributes most to total parenting stress: child characteristics or parent characteristics?

Consistent with Mash and Johnston's (1990) findings that the parenting stress experienced by parents of physically abused children was not associated with child characteristics as compared to parents of hyperactive children, it was hypothesized that parent characteristics would contribute the greatest to overall parenting stress. The independent variables measured included the PSI Parent and Child Domain scores. The dependent variable was the PSI Total Parenting Stress score with the PSI Life Stress score serving as the covariate. Before considering the effects of the covariate, analysis of variance revealed no significant difference. Screening for the assumption of homogeneity of slopes was met prior to conducting the analyses. Separate analyses of covariance (ANCOVA) were conducted to evaluate each independent variable with the dependent variable. ANCOVA with life stress as the covariate indicated a significant difference between parenting stress and parent characteristics after controlling for life stress as illustrated in Table 9 ($F [1, 37] = 4.74, p = .04$), but no significant difference between parenting stress and child characteristics depicted in Table 10 ($F [1, 37] = .001, p = .98$), after controlling for life stress. Findings suggest that parent characteristics exert a greater influence on parenting stress versus child characteristics when controlling for life stress.

Table 9

Analysis of Covariance for PSI Parent Domain

| Source | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>p</i> |
|---------------|-----------|-----------|-----------|----------|----------|
| Covariate | 1708.28 | 1 | 1708.28 | 2.36 | .13 |
| Parent Domain | 3432.06 | 1 | 3432.06 | 4.74 | .04* |
| Error | 26821.11 | 37 | 724.89 | | |
| Total | 97466.00 | 40 | | | |

Note. * $p < .05$. ** $p < .01$.

Table 10

Analysis of Covariance for PSI Child Domain

| Source | <i>SS</i> | <i>df</i> | <i>MS</i> | <i>F</i> | <i>p</i> |
|--------------|-----------|-----------|-----------|----------|----------|
| Covariate | 3813.01 | 1 | 3813.01 | 4.44 | .04 |
| Child Domain | .522 | 1 | .522 | .001 | .98 |
| Error | 31746.49 | 37 | 858.01 | | |
| Total | 146886.00 | 40 | | | |

Note. No statistically significant differences were observed.

Question 2: What is the relationship between emotional and behavioral child problems and parenting stress?

It was anticipated that parenting stress will be positively correlated with child reported behavioral and/or emotional problems. Data was screened to check for accuracy of input, missing data, normality, and multivariate outliers. A multiple regression analysis was conducted with total parenting stress as the dependent variable and the BASC Internalizing Problems and Externalizing Problems Composite scores as the independent

variables. The regression equation model accounted for 25% of variance and the overall model was significant ($R = .49$, adjusted $R^2 = .18$, $F [3, 35] = 3.789$, $p = .019$) as shown in Table 11. Child internalizing problems was the only significant predictor indicating that parents of children with emotional or internalizing problems had greater parenting stress, while child behavioral or externalizing problems had no significant effect on parenting stress. Specifically, as hypothesized the relationship between internalizing problems was positive, where greater internalizing was associated with greater parenting stress.

Table 11

Regression Analysis Summary for Child Variables Predicting Parenting Stress

| Variable | <i>B</i> | <i>SEB</i> | <i>p</i> |
|-----------------------------|----------|------------|----------|
| BASC Externalizing Problems | -.05 | .56 | .83 |
| BASC Internalizing Problems | .59 | .56 | .04* |

Note. * $p < .05$.

Question 3: What is the relationship between parenting stress and family cohesion and adaptability?

It is believed that parenting stress will be negatively correlated with combined family cohesion and adaptability. Data was again screened to check for accuracy of input, missing data, normality, and multivariate outliers. While no further analysis was needed based on a lack of statistically significant bivariate correlations between parenting stress and family cohesion and adaptability (see Table 7), a multiple regression analysis was conducted with total parenting stress as the dependent variable and the FACES family type as the independent variable. The overall model was not significant ($R = .26$,

adjusted $R^2 = .04$, $F [1, 38] = 2.696$, $p = .109$) as presented in Table 12. Regression analysis of the predictor variable did not share significant variance with parenting stress. In general, the results suggest that parent stress is not associated with family cohesion or adaptability.

Table 12

Regression Analysis Summary for Family Type Variables Predicting Parenting Stress

| Variable | <i>B</i> | <i>SEB</i> | <i>p</i> |
|-------------------|----------|------------|----------|
| FACES Family Type | -.25 | .47 | .13 |

Note. No statistically significant differences were observed.

In conclusion, while the major hypotheses concerning parenting stress, clinical group and family cohesion and adaptability were not confirmed, two hypotheses regarding parenting stress were supported. A significant relationship was found between parent characteristics and parenting stress. In addition, child internalizing difficulties were associated with greater levels of parenting stress. Possible explanations for the results as well as the clinical implications of these findings are explored in the following chapter.

Chapter V

Discussion

This study has attempted to examine the parenting stress of non-offending parents of sexually traumatized children as well as to examine parent and child characteristics that may be correlated with parenting stress. The non-offending parents of sexually victimized children are faced with multiple parenting challenges; thus, it appeared plausible that the parents of sexually abused children may experience significant levels of parenting stress. Lastly, the purpose of this study was to examine the degree of family cohesion and adaptability among those non-offending parents experiencing parenting stress.

Several theoretical models guided this investigation: Abidin's (1992) and Mash and Johnston's (1990) models of parenting stress that emphasize the interplay of parent, child and environmental factors in association with parenting stress, and the Circumplex Model of Family System types (Olson, et al., 1979), which describes family systems in terms of two dimensions, cohesion and adaptability. Abidin's (1992) and Mash and Johnston's (1990) models of parenting stress both highlighted the amount of familial and social support as important factors related to parenting stress. It therefore seemed worthwhile to examine non-offending parents of sexually traumatized children parenting stress along with family type, classified by their cohesion and adaptability levels.

This investigation builds on several studies in order to examine parenting stress and family types among non-offending parents of sexually traumatized children. A study by Davies (1995) examined the stress reactions of 17 non-offending parents of victims of extrafamilial sexual abuse, and findings of significant levels of distress, despite child-

focused therapeutic interventions and various community agency supports. In one study of stress and family type with data from over one thousand families, (Lavee and Olson, 1991) the authors found that the sense of connection and coherence as well as the interplay of cohesion and adaptability may have the greatest impact on a family's ability to cope with stress. In the second study, Duis & Summers (1997) examined parent- and child-related stress and family type in over one hundred single and two parent families of disabled and non-disabled children. Results revealed lower levels of parenting stress for both single- and two-parent families with non-disabled children; however, family cohesion was not the best predictor of parent stress for families with disabled children. The present study sought to examine the parenting stress of non-offending parents of sexually traumatized children in comparison to a control group as well as to examine the characteristics that contribute most to parenting stress including parent and child characteristics. Building upon the above studies, the present investigation also sought to examine the relationship between family type and parenting stress.

Surprisingly, parenting stress did not differ significantly among non-offending parents of sexually traumatized children and parents of non-traumatized children. In contrast to the first hypothesis, parents of sexually traumatized children did not perceive themselves to have greater levels of parenting stress in comparison to parents of children without a sexual trauma history. There are several reasons why this hypothesis may not have been confirmed. First, examination of the PSI Total Stress scores of the comparison group revealed a little less than half of the total comparison parents evidenced scores greater than the 65th percentile rank for Total Stress, indicating a significant amount of parenting stress for many control parents. Second, of the 17 clinical parents only 6

parents evidenced PSI Total Stress scores within the clinically significant range. Third, a restriction of range may have occurred as all the clinical families were involved in some type of therapeutic intervention prior to data collection. Thus, the parents of sexually traumatized children may have developed adaptive coping strategies for parenting stress as a result of their involvement in psychotherapeutic intervention. Another limitation is the small sample size. A larger sample size would have greatly impacted the findings from this study as results with the smaller sample size did approach significance. In other words, following involvement in some form of supportive therapy, this group of parents appeared to be better equipped to handle the stresses of parenting victims of sexual abuse.

Interestingly, while not statistically significant, the life stress covariate mean score was notably higher for the clinical versus control group indicating that non-offending parents may perceive greater life stress (i.e., low socioeconomic status, unemployment, stressful life events, and/or daily hassles). This suggests that for families with a child who has been sexually abused, life stressors such as the trauma of the abuse on the entire family (primary and secondary victimization), financial stressors and/or marital issues are quite salient for this group. This has important implications for mental health professionals working with sexually traumatized children and their families as parents experiencing family stressors related to demographics as well as stress related to major stressful life events such as the sexual victimization of a child are at greater risk for poor parenting (Webster-Stratton, 1990).

A significant difference did exist between parent and child characteristics related to parenting stress. PSI child characteristics encompassed: distractibility, adaptability, reinforces parent, demandingness, mood, and acceptability, while PSI parent

characteristics included: competence, isolation, attachment, health, role restriction, presence of depression and degree of spousal support. As expected, parent factors seem to play a more important role in parenting stress than child characteristics when controlling for life stress. The impact of parent perceptions (i.e., perceptions regarding parenting competence, role restriction, attachment, etc.) as well as external supports (i.e., spousal or social support) is congruent with existing parenting stress literature (Abidin, 1992; Mash & Johnston, 1990; McBride, Schoppe, & Rane, 2002). Thus, those parents that experience parenting stress perceive more doubts about their parenting competence, have more negative perceptions regarding parenting and perceive themselves as having less social support. Control and clinical participant group PSI means were higher in comparison to PSI means for the normative and Hispanic samples. Examination of PSI validity research revealed PSI Child Domain means for PSI reference group parents of children with a behavior disorder ($N = 40$) as compared to control and clinical group PSI Child Domain means revealed lower mean scores for both groups in this study (Abidin, 1995). It would have proved helpful if parents of depressed or anxious children were included as part of the PSI validity research in order to compare to clinical and control group means as present findings indicated parenting stress was significantly greater in those parents with children that evidenced internalizing problems.

As discussed earlier, for families with abused children, parental characteristics are viewed as the primary source of parenting stress along with adverse environmental factors, while child characteristics are of secondary importance (Mash & Johnston, 1990). Similarly, parental cognitions, affective states, personality attributes, isolation, health status, and behavioral repertoires as measured by the PSI Parent Domain in this study

appear to be the primary sources of parenting stress. Depressed parents or those with lower self-esteem often report greater parenting stress (Webster-Stratton & Hammond, 1988; Webster-Stratton, 1990) and may exhibit more negative and more critical interactions with their child (Aunola, Nurmi, Onatsu-Arviolommi & Pulkkinen, 1999) and adopt an authoritarian style of parenting (MacPhee et al., 1996). In terms of isolation, social support appears to be a critical factor related to parenting stress (Abidin, 1992; Davies, 1995; Mash & Johnston, 1990; Webster-Stratton, 1990).

This study also points to parent perceptions and expectations, which may also play a significant role in parenting stress. It is believed that parent cognitive schemas (i.e., attitudes and beliefs), parenting responses, and perceived parenting competency along with spousal and/or social support are major contributing factors related to parenting stress consistent with the work of several researchers (Aunola, Nurmi, Onastu-Arvioloomi, & Pulkkinen, 1999; Davies, 1995; Hastings, 2002; MacPhee et al., 1996; Mash & Johnston, 1990; McBride, Schoppe, & Rane, 2002; McCourt & Peel, 1998; Ostberg & Hagekull, 2000). In terms of parent competence, those competent parents who are mastery-oriented, in that, they believe in their ability to handle a situation may evidence lower levels of parenting stress in comparison to those parents that demonstrate lower competence may anticipate parenting failures (Aunola, Nurmi, Onastu-Arvioloomi, & Pulkkinen, 1999). Further research examining the specific parent characteristics of non-abusing parents as they may relate to parenting stress is necessary for more comprehensive understanding of the complex interplay of parent dynamics. Particularly, exploration of non-offending parent perceptions and social supports are fruitful areas for future research.

While findings highlighted the importance of parent factors as measured by the PSI related to parenting stress, child characteristics were also an identified source of parenting stress. Child emotional problems seem to be a better predictor of parenting stress in comparison to child externalizing behavior problems, which is in line with the research of Belsky (1984), Mash and Johnston (1990) and McBride, Schoppe and Rane (2002) that highlighted the importance of child characteristics related to parenting stress. Specifically, McBride, Schoppe and Rane (2002) found parenting to be more stressful with emotionally intense (tendency to express negative emotion) children. Child internalizing problems such as depression, anxiety, or withdrawal may be viewed as more disturbing in nature or stressful to the parent and/or more difficult for her to directly address or change via parenting style.

Results of this study also indicated that family cohesion and adaptability did not predict parenting stress for either group. While Duis and Summers (1997) found parent- and child-related stress of single- and two-parent families to be predicted by family cohesion, a multiple regression analysis of parenting stress and family type did not reach statistical significance. An interesting phenomenon may also partially explain the response style of some non-offending parents. One possible reason why non-offending parents did not demonstrate greater parenting stress and less cohesion and adaptability may involve social desirability or impression management. Several researchers have found social desirability bias for self-report measures of attitudes, personality, and behavior (Arkin & Lake, 1983; Crowne & Marlowe, 1960; Holtgraves, 2004). Some non-offending parents may not have wanted to indicate parenting stress and/or present their family as less than ideal. This may have been particularly salient for the clinical

participants as most were involved with the Department of Youth and Family Services (DYFS), and this may have contributed to the likelihood of endorsing more favorable responses. The non-offending parent's inability to accept or admit to the presence of parenting stress and/or disconnection or rigidity among family members and resulting cognitive dissonance may have implications for interventions as well as future research.

In conclusion, the results of this study indicate that parenting stress is influenced primarily by parent characteristics and secondarily by child characteristics, particularly internalizing problems. Non-offending parents did not differ in terms of parenting stress as compared to parents of non-traumatized children. A better understanding of the life and parenting stress of non-abusing parents of sexually traumatized children is needed. It may be fruitful to examine the parenting stress among the non-offending parents of physically abused as well as sexually abused children. Future research on parenting stress should also focus on parent personality characteristics as well as cultural factors. The impact of the trauma on the child and the family is immense and should be examined not only qualitatively as in most studies on this topic (Davies, 1995; Hildebrand & Forbes, 1987; McCourt & Peel, 1998), but quantitatively. The predicted direct relation between family type and parenting stress was not confirmed. Quantitative self-report measures may have contributed to this result as well as the aforementioned unconfirmed results.

Clinical Implications of the Present Study

There are several clinical implications for the present study. Consideration of both parent and child characteristics for each family may provide a framework for prevention and intervention services. For example, a clinician may want to focus on the

parent characteristics including mood, social or spousal support, socioeconomic status, and perceptions regarding parenting and perceived competence. These considerations serve to guide treatment in that parents may benefit from stress management, individual counseling, peer groups, community supports, and/or treatment emphasis on cognitions and expectations associated with parenting. Clinicians must also consider the parent-child relationship pre- and post-abuse.

Results of this study also have important implications for professionals working with sexually abused children and their families. Practitioners must explore parent perceptions and how these were influenced both before and after the abuse. They also should understand the non-offending parent as a secondary victim who may be experiencing depression, anger, guilt, and low self-esteem, common symptoms and feelings of non-abusing parents (deYoung, 1994; Mash & Johnston, 1990; McCourt & Peel, 1998). In addition, mental health professionals should also have a clear understanding of the social supports available to the non-offending parents of sexual abuse victims and how these factors may contribute to parenting stress. Mental health practitioners must also explore the potential relationship between a child's depression or anxiety and parenting stress.

Limitations

A major limitation of the present study is the reliance on self-report inventories to assess all variables. There are several factors to consider when utilizing self-report measures as they may be impacted by the respondent's mood, his or her conceptualization of the questions, respondents' insight and level of awareness, response bias, and the respondent's accuracy of recall. While a significant limitation, many of the

self-report inventories used in this study are recommended for future research including the Parenting Stress Index (PSI) and the Behavior Assessment Scale for Children (BASC). The PSI is a comprehensive way in which to evaluate perceived levels of parenting stress and those parent, child and environmental factors that contribute to parenting stress; however, a validity scale, a common feature of many self-report inventories would have proved useful in identifying impression management among participants. All scales used in this study were not believed to be problematic for participants given parent required reading and education levels necessary for completion and clear instructions, yet researcher including these scales in their research may want to consider having members of a research team or practitioner present while participants complete inventories to address any questions or concerns. Since data collection for this study, new editions of the assessment scales measuring child emotional and behavioral functioning as well as family cohesion and adaptability have been developed including the BASC-2 and the FACES-III. In addition to the FACES-II, a limitation of the present study was the lack of other approaches to family assessment such as observation and self-report inventories from other family members. For example, there are child forms for the FACES-III (children age 12 and older) and the BASC and BASC-2 (children age 8 and older). In addition to a reliance on self-report inventories, another shortcoming of the study is the small number of participants. As noted previously, results of this study did approach significance at times suggesting that a larger sample size may have yielded significant findings. The small sample size also has several important implications including limitations in terms of statistical analyses and generalizability of findings.

Among the small number of participants, there is a lack of equal gender and ethnic/racial representation among parent participants.

Another area of weakness is the lack of data concerning type of sexual abuse incurred and the victim's relationship to the abuser. This is critical information in further understanding the possible effects of abuse on the victim and their family. As indicated in the literature, spousal support is a major factor in understanding parenting stress and sense of family cohesion and adaptability. Thus, it would have proved useful to know whether clinical participants' were victims of intrafamilial or extrafamilial abuse. A significant limitation to the present study is the lack of data on the gender of the non-abusing parent. While the literature emphasizes that the majority of non-abusing parents are mothers and that fathers or stepfathers are often the abusers in cases of intrafamilial abuse, in this study the gender of the non-abusing parent is unknown. The gender of the non-abusing parent has important implications for response style on self-report measures, gender differences in reactions to stress, and gender differences in parenting.

Future studies should include qualitative measures as well as parent-child observation. Second, future research should also include data on the marital status of parents as well as information regarding community and mental health services received by the traumatized family. Third, studies should include larger sample sizes reflecting various ethnicities and racial backgrounds, income levels, as well as single- and two-parent families. Fourth, many parenting stress studies as well as the present study have failed to objectively measure parenting behaviors or style. Thus, an interesting avenue for future study may include examination of parenting style and parenting stress. Fifth, further investigation of the relationship between parenting stress and child internalizing

and externalizing behaviors is another important area for future research. Contrary to the literature, results of this study revealed parenting stress to be more strongly correlated with internalizing versus externalizing behaviors. Closer examination of parent perceptions regarding their child's internalizing or externalizing problems may yield interesting findings concerning parenting stress. Lastly, future research should also include both non-offending fathers and mothers to examine potential gender differences related to parenting style, ability to cope with the sexual abuse of a child, and parenting stress.

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