



Pergamon

Child Abuse & Neglect 25 (2001) 369–387

Child Abuse
& Neglect

Predicting the child-rearing practices of mothers sexually abused in childhood[☆], ^{☆☆}

Ayelet Meron Ruscio*

Department of Psychology, Brandeis University, Waltham, MA, USA

Received 5 January 2000; received in revised form 11 July 2000; accepted 18 July 2000

Abstract

Objective: Although empirical investigations have established a relationship between childhood sexual abuse and numerous long-term consequences, surprisingly little research has addressed the possible effects of childhood victimization on the later child-rearing practices of adult survivors. The present study examined hypothesized predictors of three parenting styles among adult survivors of sexual abuse as compared with adult children of alcoholic parents.

Method: Forty-five clinical outpatients completed a questionnaire battery assessing experiences of childhood abuse, current economic and social resources, and parenting attitudes and practices. The child-rearing practices of participants were compared with those reported by a community sample of 717 mothers. Additional analyses examined the extent to which sexual abuse and its adult sequelae predicted the parenting behaviors reported by the present sample.

Results: Both sexual abuse survivors and children of alcoholics reported significantly higher rates of permissive parenting practices than mothers in the community sample. Multiple regression analyses further revealed unique relationships between sexual abuse and parenting, over and above the variance explained by physical abuse, current socioeconomic status, and the experience of growing up in an alcoholic home. Mothers' sexual abuse severity, social support satisfaction, and dysfunctional parenting attitudes moderated several of these relationships.

Conclusions: The present findings suggest that sexual abuse and its adult sequelae may have negative consequences for the parenting practices of survivors, particularly for survivors' ability to provide

[☆] This research grew out of the author's honors thesis and was supported by grants from Brandeis University's Undergraduate Research Program and Undergraduate Fellows Program.

^{☆☆} Portions of this article were presented at the 11th annual meeting of the American Psychological Society, Denver, CO, June, 1999.

* Department of Psychology, The Pennsylvania State University, 429 Bruce V. Moore Building, University Park, PA 16802-3104.

their children with appropriate structure, consistent discipline, and clear behavioral expectations. Implications for the psychosocial development of survivors' children are discussed. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Sexual abuse; Adult survivors; Mother; Parenting practices

Introduction

In the last 25 years, the problem of child sexual abuse has become a leading concern among mental health professionals and a critical area of new research (Cole & Putnam, 1992). Epidemiologic studies suggest that perhaps one-third of women and one-sixth of men in the United States have experienced contact sexual abuse before age 18 (Finkelhor, 1979; Finkelhor, Hotaling, Lewis, & Smith, 1989; Russell, 1986; Wyatt, 1986), estimates that are particularly disturbing in light of growing evidence linking childhood sexual victimization with considerable long-term emotional and interpersonal impairment (Browne & Finkelhor, 1986; Neumann, Houskamp, Pollock, & Briere, 1996). Adult survivors of sexual abuse report higher rates of depression (Bagley & Ramsay, 1985; Peters, 1984), anxiety (Briere, 1984; Sedney & Brooks, 1984), self-mutilation and suicidality (Sedney & Brooks, 1984), substance abuse (Brown & Anderson, 1991; Ladwig & Anderson, 1989), and dissociation (Chu & Dill, 1990) than nonabused adults. Moreover, adult survivors often experience significant interpersonal difficulties, including problems relating to and trusting others (Briere, 1984; Briere & Runtz, 1988); conflict with parents, peers, and romantic partners (Briere & Runtz, 1988; DeYoung, 1982; Meiselman, 1978); feelings of stigmatization and isolation from others (Courtois, 1979; Herman, 1981); and perceptions of being markedly different from others (Harter, Alexander, & Neimeyer, 1988).

Given the prevalence of child sexual abuse and the extent of its impact, it is critical that research address the implications of sexual abuse not only for those who have been victimized, but also for others who may be affected secondarily. As survivors reach adulthood, many have children of their own, and these children may be vulnerable to the negative consequences of their parents' prior abuse. Past findings suggest that sexual abuse—and the impairment with which it is associated—may exacerbate the stresses of parenting, reduce available energy for parenting activities, and weaken important social supports, making the tasks of child-rearing particularly difficult. However, surprisingly little research has systematically compared the child-rearing practices of sexual abuse survivors with those of non-abused parents.

Cole and her colleagues (Cole & Woolger, 1989; Cole, Woolger, Power, & Smith, 1992) conducted two studies investigating the parenting attitudes and experiences of abuse survivors. The first study, which compared the child-rearing attitudes of incest and nonincest sexual abuse survivors, found that incest survivors expected their children to become autonomous more rapidly than did survivors of nonincest abuse. This effect was particularly strong for incest survivors who perceived their own mother as negatively controlling or uninvolved (Cole & Woolger, 1989). The second study compared the parenting experiences of incest survivors with those of adult children of alcoholic fathers and a nonrisk group of

mothers (Cole et al., 1992). Both incest survivors and children of alcoholics reported less confidence and a lesser sense of control as parents than nonrisk mothers. Incest survivors also reported less spousal support in parental tasks, less consistency and organization in their parenting, and fewer demands of mature behavior from their children than mothers in either comparison group.

Two observational studies have been conducted with survivors of sexual abuse and their children. Burkett (1991) observed the interactions of female incest survivors and nonabused mothers with their children on four laboratory tasks. She found that sexually abused mothers exhibited more role reversal with their children than mothers in the comparison group, including greater focus on themselves and less focus on their children, less affirmation of independence in their children, and greater reliance on children for companionship and emotional support. Lyons-Ruth and Block (1996) observed at-home interactions of low-income mothers and their infants. Relative to mothers with benign or neglectful childhoods and mothers who witnessed violence in childhood, mothers with histories of sexual and/or physical abuse evidenced very low levels of maternal involvement and high levels of infant distress. Moreover, sexual abuse was found to be the strongest correlate of decreased maternal involvement with infants, with sexually abused mothers spending less time with their infants and exhibiting disengagement and flat affect while interacting with them. Finally, in a recent qualitative study, Kreklewetz and Piotrowski (1998) interviewed 16 incest survivors about the strategies that they employed to protect their preadolescent and adolescent daughters from victimization. They found that these mothers were often fearful and overprotective, heavily supervising and monitoring their daughters' activities at home and in social activities with peers.

These studies are suggestive of parenting difficulties among sexual abuse survivors and indicate a need for additional research in this area. However, these investigations were limited in several important ways. First, each of the studies examined isolated dimensions of parenting attitudes and behaviors (e.g., autonomy promotion, role reversal, protective behavior) which—though relevant and meaningful—did not permit a broader evaluation of global parenting styles exhibited by abuse survivors. Developmental theorists generally agree that parenting is most accurately represented by the combined effects of multiple dimensions of child-rearing behavior within global parenting styles (Lamborn, Mounts, Steinberg, & Dornbusch, 1991). Second, the studies focused almost exclusively on the parenting experiences of abuse survivors, yielding important information about survivors themselves but generating fewer predictions about the consequences of these attitudes and behaviors for survivors' children. Third, although two of the studies (Cole et al., 1992; Lyons-Ruth & Block, 1996) included clinical comparison groups that helped to identify parenting problems specific to sexual abuse survivors, none of the studies isolated unique relationships between sexual abuse and parenting, above and beyond variance explained by other abuse experiences *and* by family-of-origin dysfunction, as methodological reviews have recommended (Briere, 1992; Browne & Finkelhor, 1986). Fourth, the studies failed to assess additional experiences that might buffer or exacerbate parental difficulty, such as specific characteristics of the abuse or aspects of survivors' psychosocial functioning.

The present study sought to examine the relationship between childhood sexual abuse and three global, multidimensional parenting styles predictive of psychosocial competence in

children. In an effort to improve upon the methods of past investigations, the present study examined the unique relationship between sexual abuse and specific parenting practices, over and above the variance explained by family-of-origin dysfunction, physical abuse severity, and current socioeconomic status. Furthermore, the study also investigated indirect associations between sexual abuse and parenting.

The present research utilized Baumrind's widely investigated typology of authoritarian, authoritative, and permissive parenting styles to assess survivors' child-rearing practices (Baumrind, 1967, 1971, 1972, 1989). *Authoritarian* parenting is characterized by attempts to control the behaviors and attitudes of children in accordance with absolute standards, valuing obedience and using punitive methods to punish deviation from rules. *Authoritative* parents consistently enforce high standards for their children but are also highly supportive of and responsive to them, respecting their children's opinions and interests while providing them with stimulation and challenge. *Permissive* parents affirm their children's desires but avoid actively shaping child behaviors through parental direction, allowing children to regulate their own activities without holding them to external standards of conduct or maturity. Three decades of research have revealed many advantages of authoritative parenting over authoritarian and permissive approaches, linking authoritative practices to academic success; prosocial behavior; positive relationships with parents, peers, and teachers; high self-esteem; psychosocial maturity; social and cognitive agency; lack of antisocial behavior; and mental health (Baumrind, 1967, 1977; Dekovic & Janssens, 1992; Hall & Bracken, 1996; Lamborn et al., 1991; Maccoby & Martin, 1983; Mantzicopoulos & Oh-Hwang, 1998; Taylor, Hinton, & Wilson, 1995). Thus, individuals' parenting styles can be used to predict the likely psychosocial adjustment of their children.

One goal of the present study was to determine whether the parenting practices employed by sexual abuse survivors differed from those of mothers in the community. To this end, rates of authoritarian, authoritative, and permissive practices reported by mothers in the present sample were compared with those of mothers in a large community sample. Given the negative consequences commonly linked with childhood sexual abuse, it was hypothesized that a history of sexual abuse would be associated with greater use of authoritarian and permissive practices and decreased use of authoritative practices.

A second goal of the study was to determine whether sexual abuse was a unique predictor of parenting practices, above and beyond other experiences commonly associated with sexual abuse. In order to distinguish the specific effects of sexual abuse from the effects of growing up in a dysfunctional family environment, a comparison group of adult children of alcoholics with no history of sexual abuse was included in the study. As many sexual abuse survivors are also children of alcoholic parents, this comparison was regarded as particularly appropriate. In addition, two variables were used as covariates to further isolate unique correlates of sexual abuse: (a) childhood physical abuse, which frequently co-occurs with sexual abuse; and (b) adult socioeconomic status (SES), which has been associated with both child abuse sequelae and parenting practices in past research (Hess, 1970; Hoff-Ginsberg & Tardif, 1995; Russell, Schurman, & Trocki, 1988). It was hypothesized that sexual abuse would uniquely predict the three parenting styles, above and beyond the variance explained by childhood physical abuse, current SES, and growing up in a dysfunctional (alcoholic) family environment.

A third goal of the present study was to determine whether a specific characteristic of mothers' sexual abuse experiences, the severity of the abuse, moderated the relationship between sexual abuse and parenting. In research with adolescent survivors of sexual abuse, abuse involving penetration has been associated with higher rates of psychological disturbance and negative behaviors and lower rates of self-esteem than nonpenetration abuse (Mennen & Meadow, 1995; Morrow & Sorell, 1989). Among adults, penetration is one of the most powerful predictors of the severity of mental health problems (Bagley & Ramsay, 1986) and of emotional, sexual, and relationship difficulties following the abuse experience (Wyatt & Newcomb, 1990). Because sexual abuse severity was regarded as an exploratory variable in this study, no specific hypotheses were proposed for its association with parenting practices.

The final goal of the present study was to examine aspects of survivors' psychosocial adjustment through which sexual abuse might indirectly affect parenting. First, there is extensive evidence that social networks—including extended family members, friends, and community resources—serve as an important source of stability and security for parents. These networks provide emotional support, economic assistance, and help with child care and are associated with heightened parental sensitivity and nurturing (Crockenberg, 1987; Halpern, 1990; McLoyd, 1990). Given the interpersonal problems with which sexual abuse is often associated, it was expected that sexual abuse would be associated with diminished levels of social support, and that diminished social support would, in turn, contribute to decreased authoritative parenting practices and increased authoritarian and permissive practices. Second, clinical accounts and past research suggest that sexual abuse survivors are more likely than nonabused mothers to hold specific parenting attitudes that may compromise effective parenting. Such attitudes include low confidence in parenting abilities (Cole et al., 1992; Herman, 1981), role reversal with children (Burkett, 1991), promotion of early child autonomy (Cole & Woolger, 1989), and excessive concerns about child safety (Kreklewetz & Piotrowski, 1998). Sexual abuse was therefore expected to have an indirect, negative influence on parenting behavior through its association with these “dysfunctional” parenting attitudes.

Method

Procedure

Participants were recruited through mental health agencies, rather than from the population at large, in order to ensure that these potentially vulnerable individuals had access to formal support resources. In order to maximize the generalizability of study results, participants were recruited from a large number of clinics, hospitals, and mental health centers throughout Massachusetts (MA). Using the MA Human Services Yellow Pages and clinical referrals, all self-identified providers of mental health services to sexual abuse survivors or children of alcoholics were contacted by the investigator. Professionals who were reached were told about the study and asked whether they would be willing to inform their clients

about the opportunity to participate. Willing clinicians were mailed letters to give to their clients explaining the nature of the study and flyers advertising the study that could be posted in their clinics.

Individuals calling with an interest in the study were screened over the telephone by the investigator to determine whether they: (a) were sexual abuse survivors or had grown up in an alcoholic home, (b) were currently parenting at least one child, (c) had access to therapy or other formal support resources, and (d) read English on at least a sixth-grade level (all callers met the latter criterion). Individuals who met all four inclusion criteria were mailed an instructional letter, a consent form, a questionnaire packet, and two stamped envelopes. Participants were asked to mail back their consent form and questionnaire responses in separate envelopes in order to guarantee anonymity and to encourage honesty in responses. Participants were mailed written feedback regarding the results of the study and received \$10 as reimbursement for their participation. Ninety-two percent of individuals who agreed to participate in the study completed and returned the questionnaire battery.

Participants

Participants were 45 mothers receiving outpatient mental health services at 23 MA clinics and hospitals. All participants were residing with and parenting at least one child at the time of the study. Mothers were included in the study if they reported a history of childhood sexual abuse involving physical contact with a perpetrator or if they grew up in a household where one or both parents were alcoholics. The final sample included 14 participants with a history of nonpenetration sexual abuse, 21 participants with a history of penetration sexual abuse, and 10 participants who were adult children of alcoholics (ACOA) without a history of childhood sexual abuse. Table 1 provides summary statistics describing the sexual abuse experiences of nonpenetration and penetration abuse survivors in the present study. Table 2 presents demographic characteristics of the full sample. Across both tables, the only variable on which the three groups differed in an omnibus test was marital status, $\chi^2(2, N = 45) = 7.68, p < .05$. Subsequent pairwise χ^2 tests across the three abuse groups revealed that, relative to nonpenetration abuse survivors and ACOA participants, fewer survivors of penetration sexual abuse were married at the time of the study.

Measured variables

Mothers participating in the present study completed a battery of self-report measures assessing their trauma history, current economic and social resources, and parenting attitudes and practices. Questionnaires were counterbalanced across participants using three different orders. Cronbach's alphas for these measures were uniformly high in the present sample, providing evidence of reliable measurement of the constructs included in the study (see Table 3).

ACOA status. The 6-item Children of Alcoholics Screening Test (CAST-6; Hodgins, Maticka-Tyndale, El-Guebaly, & West, 1993), a shortened version of the 30-item CAST (Jones, 1983), was used to identify individuals who had lived with an alcoholic parent in

Table 1

Characteristics of sexual abuse experienced by survivors of non-penetration, penetration, and any sexual abuse

Characteristic	Group		
	Non-penetration (<i>n</i> = 14)	Penetration (<i>n</i> = 21)	Any sexual abuse (<i>n</i> = 35)
Male perpetrator (%)	85	100	94
Identity of perpetrator (%)			
Family member	60	53	56
Father/Stepfather	40	35	37
Age when abuse began (years) ^a	9.0 (3.7)	6.5 (4.5)	7.5 (4.3)
Force/threat of force (%)	39	65	55
Physical injury (%)	15	35	27
Number of abusive episodes (%)			
1	33	14	22
2 to 5	33	14	22
6 or more	33	71	56

Note: Descriptive statistics provided for survivors of penetration abuse were computed across all sexual abuse experiences, penetration and non-penetration, reported by this group. None of the variables yielded significant differences across the non-penetration and penetration groups.

^a *M* (*SD*)

childhood. Studies have found three positive responses on the CAST-6 to be the optimal cut-point for classifying children of alcoholics, yielding 2% false positives and 4% false negatives relative to full-scale CAST categories (Hodgins et al., 1993). Participants in the present sample scoring 3 or higher on the CAST-6 were thus classified as children of alcoholics.

Childhood sexual abuse. Participants' sexual abuse experiences were assessed by the Childhood Experiences Survey (CES), an instrument developed for use in the present study. Participants were asked which, if any, of the following they had experienced in childhood: (a) being kissed in a sexual way, (b) being forced to touch a perpetrator's genitals, (c) being touched in a sexual way, (d) being penetrated orally, vaginally, or anally. Based on their most severe abuse experience, participants were classified into one of three groups: no sexual abuse, nonpenetration sexual abuse, or penetration sexual abuse. Using contrast coding (Cohen & Cohen, 1983), two sexual abuse variables were computed for multiple regression analyses. The first variable contrasted participants who had experienced any sexual abuse with participants who had never been sexually abused. This variable was used to compare the effects of childhood sexual abuse with the effects of growing up in a dysfunctional (alcoholic) home. The second variable contrasted participants who had experienced penetration sexual abuse with those whose sexual abuse did not involve penetration. This variable was used as a measure of sexual abuse severity in regression analyses. Taken together, the two contrast variables served as the primary predictor variables in the present study.

Childhood physical abuse. Participants' physical abuse experiences were assessed by the Childhood History Questionnaire (CHQ; Milner, Robertson, & Rogers, 1990). Eighteen

Table 2
Demographic characteristics of participants with histories of penetration, non-penetration, or no sexual abuse (ACOA)

Characteristic	Group		
	ACOA (<i>n</i> = 10)	Non-penetration (<i>n</i> = 14)	Penetration (<i>n</i> = 21)
Age (years) ^a	37.4 (6.7)	36.0 (10.5)	36.5 (9.2)
Ethnicity (%)			
Caucasian	90	92	81
Black	10	0	0
Hispanic	0	8	0
Other	0	0	19
Education (%)			
< High school diploma	0	15	5
High school diploma	20	8	15
Post-high school education	80	77	80
Currently married (%) [*]	70 _b	36 _b	19 _c
Residing with spouse/partner (%)	80	50	35
Total number of children ^a	1.7 (0.9)	2.6 (0.9)	2.1 (1.2)
Adult child of an alcoholic (%)	100	85	67

Note: Values in the same row that do not share subscripts differ at $p < .05$ in pairwise chi-square tests. Rows without subscripts denote no significant differences between values.

^a *M* (*SD*)

^{*} $p < .05$.

items on the CHQ measure how often instances of physical abuse (e.g., whipping, slapping/kicking) and physical abuse sequelae (e.g., burns, bruises/welts) were experienced before and after age 13. Separate means were computed for abuse experienced before and after age 13; these means were then summed to form a single continuous score of physical abuse severity for analysis.

Socioeconomic status. Socioeconomic status (SES) at the time of the study was calculated using Nock and Rossi's (1979) method for computing household SES. This method was chosen because it: (a) considers the resources of the family unit rather than only those of the

Table 3
Reliability coefficients (Cronbach's Alpha) for measures in the present sample

Measure	Reliability
Children of Alcoholics Screening Test-6	.89
Childhood History Questionnaire-Total Physical Abuse	.92
Social Support Questionnaire-Number	.97
Social Support Questionnaire-Satisfaction	.97
Parenting Attitudes Questionnaire	.89
Parenting Practices Questionnaire	
Authoritative Subscale	.96
Authoritarian Subscale	.89
Permissive Subscale	.87

participant, (b) makes provisions for single-mother households in which the mother is unemployed, and (c) has been recommended by SES researchers (e.g., Mueller & Parcel, 1981). The Nock-Rossi method assigns empirically-derived regression weights to educational and occupational data for all adults in the household and combines them with demographic information to produce a single SES score for the family. Each participant (and her spouse, if applicable) was assigned a Siegel Occupational Prestige Score that was included in the formula (see Featherman & Hauser, 1977). Mothers who were housewives, students, or currently unemployed were assigned a score of 44 corresponding to the code for “housewife”; spouses who were unemployed received a score of 24 corresponding to the code for “househusband.”

Social support. Participants’ social support resources were assessed by the Social Support Questionnaire (SSQ; Sarason, Levine, Basham, & Sarason, 1983), a 27-item instrument yielding two relatively independent measures of social support: the *number* of available others to whom a participant can turn for support (*SSQN*) and the participant’s *satisfaction* with these supports (*SSQS*). Past research has found a correlation of only .34 between these subscales, suggesting that they represent different aspects of the social support construct (Sarason et al., 1983). Prior research has also found the SSQ to have high internal consistency, test-retest stability, and construct validity (Sarason et al., 1983; Sarason, Shearin, Pierce, & Sarason, 1987).

Dysfunctional parenting attitudes. The Parenting Attitudes Questionnaire (PAQ), a 46-item measure designed for the present study, was used to evaluate dysfunctional parenting attitudes that have been associated with sexual abuse in past research. The PAQ includes items from five domains: low confidence in parenting abilities, role reversal with child, promotion of early child autonomy, concerns about child safety, and sexual difficulties in parenting. The last of these domains assesses a broad range of sex-related attitudes with potential consequences for parenting, including level of comfort discussing sexual matters with child, anxiety concerning the child’s normal sexual development, and worry regarding the child’s future or present sexual relationships with others. Participants were asked to rate their agreement with each parenting attitude along a 6-point Likert scale.

Parenting practices. Parenting behaviors were assessed by the Parenting Practices Questionnaire (PPQ; Robinson, Mandlco, Olsen, & Hart, 1995), a measure that classifies self-reported parenting practices according to Baumrind’s typology of authoritative, authoritarian, and permissive parenting. This instrument asks participants to rate, using a Likert scale, how frequently they employ each of 62 specific parenting behaviors. Of these behaviors, 27 comprise the authoritative scale, 20 comprise the authoritarian scale, and 15 comprise the permissive scale. Validity assessments of the measure have yielded correlations of the three subscales with child and family outcomes in directions predicted by Baumrind’s typology (Robinson, Mandlco, Olsen, Bancroft-Andrews et al., 1995). Participants’ scores on each of the three subscales of the PPQ—authoritative, authoritarian, and permissive parenting—served as the primary outcome variables of the present study.

Results

Comparing parenting practices of the present sample and the general population

In order to identify differences in parenting between the present sample and mothers drawn from the community, parenting norms for the PPQ were obtained from its authors (C. C. Robinson, personal communication, March 28, 1996). These norms were based on the PPQ responses of a general sample of 717 mothers residing in Utah. The mean age of women in this sample was 35.7 years ($SD = 6.11$); 93% of the sample was Caucasian. Thirty-two percent of women in this sample were mothers of preschool-aged children in a Headstart program, whereas 68% were mothers of children in grades K through 6. Normative data for the sample included means and standard deviations for each of the three broad parenting styles categorized by the PPQ. These data were treated as population parameters for the PPQ, reflecting the incidence of each parenting style in a general community sample of mothers.

In order to compare the parenting practices of mothers in the present sample with those of mothers in the PPQ normative sample, z -tests were conducted for each of Baumrind's three parenting categories. The first z -test revealed significantly higher rates of permissive practices among sexually abused mothers ($M = 2.33$, $SD = .67$) relative to the normative sample ($M = 2.12$, $SD = .41$), $z = 3.04$, $p < .01$. The same pattern of results was uncovered for ACOA mothers ($M = 2.45$, $SD = .53$), $z = 2.54$, $p < .01$. A second z -test revealed significantly lower rates of authoritarian practices among mothers who had experienced penetration sexual abuse ($M = 1.83$, $SD = .45$) relative to mothers in the general population ($M = 2.06$, $SD = .40$), $z = -2.64$, $p < .01$. However, neither nonpenetration abuse survivors, $z = .75$, ns , nor ACOA mothers, $z = 1.27$, ns , reported different rates of authoritarian practices than mothers in the general population. There were no differences in authoritative parenting practices reported by mothers in the normative sample and either mothers who were sexually abused, $z = -.29$, ns , or children of alcoholics, $z = -1.43$, ns . Additional tests failed to reveal differences between sexually abused and ACOA mothers in the present sample on rates of reported authoritative practices, $t(42) = -.72$, ns , authoritarian practices, $t(42) = 1.36$, ns , or permissive practices, $t(42) = .51$, ns .

Direct relationship between sexual abuse and parenting

A series of hierarchical multiple regression analyses was next performed to examine hypothesized direct and indirect relationships between childhood sexual abuse and parenting practices. The first set of regression analyses examined the direct relationship between sexual abuse and parenting practices, over and above the two covariate variables: physical abuse severity (centered to reduce multicollinearity) and current household SES. These covariates were entered on the first step of each analysis, followed by the two contrast-coded sexual abuse variables (sexual abuse vs. ACOA, penetration vs. nonpenetration sexual abuse) on the second step. In order to check for possible moderators of the relationship between sexual abuse and parenting, four interaction variables (cross-products of each sexual abuse variable with physical abuse severity and SES) were entered on the final step of the analyses.

Although this was considered to be the most thorough and conservative sequence for the

regression analyses, the large number of variables under consideration—combined with the relatively small size of the present sample—threatened statistical power and the stability of the regression equation. In order to conserve power, each analysis was first performed following the steps outlined above. Any covariate which failed to reach even a marginal level of statistical significance in this analysis, either alone or in interaction with the sexual abuse variables, was discarded. A trimmed version of the analysis was then performed with the remaining variables. This allowed physical abuse and SES to be considered in each analysis while maximizing statistical power when their effects were negligible.

Following the above procedure, hierarchical multiple regression analyses revealed a negative relationship between sexual abuse and authoritarian parenting, with sexual abuse explaining 18% of the variance in this parenting style following entry of the covariate set, $F(2, 34) = 3.69, p < .05$. Examination of the contrast-coded sexual abuse variables revealed that sexual abuse in general, and penetration in particular, were marginally associated with decreased authoritarian parenting. There was no unique relationship between sexual abuse and permissive parenting, above and beyond the variance explained by physical abuse, SES, and the experience of growing up in an alcoholic home, $\Delta R^2 = .01, F(2, 38) = .28, ns$.

The relationship between sexual abuse and authoritative parenting was more complex. This association was moderated by dysfunctional parenting attitudes: Interactions of the sexual abuse variables and dysfunctional parenting attitudes accounted for 14% of the variance in authoritative practices, $F(2, 37) = 3.85, p < .05$, above and beyond the variance explained by sexual abuse ($\Delta R^2 = .01$) and dysfunctional attitudes ($\Delta R^2 = .16$) alone. Closer inspection of this interaction revealed a strong, negative correlation between dysfunctional attitudes and authoritative practices among penetration abuse survivors, $r(18) = -.69$, but virtually no correlation among nonpenetration abuse survivors in the sample, $r(11) = .09$.

Indirect relationship between sexual abuse and parenting

In order to test hypothesized indirect relationships between sexual abuse and parenting, a second set of analyses regressed adult adjustment variables on the two sexual abuse variables (controlling for physical abuse, SES, and family-of-origin dysfunction), then regressed the three parenting practices variables on each of the adult adjustment variables (without controlling for the covariate set). As was hypothesized, sexual abuse was a significant predictor of social support satisfaction, above and beyond the covariate set, $\Delta R^2 = .17, F(2, 37) = 3.72, p < .05$. Closer examination revealed that the contrast between penetration and nonpenetration sexual abuse survivors was primarily responsible for the effect, $\beta = -.41, t(37) = -2.73, p < .01$. Mothers whose abuse involved penetration were less satisfied with their social support network than were mothers whose abuse did not involve penetration. In turn, social support satisfaction was positively associated with authoritative parenting practices, $R^2 = .13, F(1, 38) = 5.49, p < .05$. Thus, sexual penetration indirectly contributed to decreased authoritative parenting through its association with diminished social support satisfaction. Contrary to prediction, however, sexual abuse was not related to the number of individuals in mothers' social support networks, $R^2 = .05, F(2, 40) = 1.00, ns$, nor was the number of social supports related to any of the dependent parenting variables (all R^2 s $< .06, ns$).

Although the PAQ was developed to measure dysfunctional parenting attitudes identified by the clinical literature as uniquely problematic for sexual abuse survivors, there was no simple, direct relationship between sexual abuse and dysfunctional attitudes over and above the covariate set. Instead, this relationship was moderated by current SES, with interactions between the sexual abuse variables and SES accounting for 14% of the variance in PAQ scores, $F(1, 37) = 3.88, p < .10$, above the variance explained by SES ($\Delta R^2 = .09$) and sexual abuse ($\Delta R^2 < .01$) alone. Subsequent examination revealed that the interaction between SES and the sexual abuse/ACOA contrast variable was primarily responsible for this effect, $\beta = 3.71, t(33) = 2.50, p < .05$. Among sexually abused mothers, the correlation between SES and dysfunctional parenting attitudes was slightly negative, $r(28) = -.14$, whereas the correlation among ACOA mothers was strongly negative, $r(7) = -.88$. Dysfunctional parenting attitudes were powerful predictors of child-rearing practices in predicted directions, sharing positive relationships with authoritarian, $R^2 = .17, F(1, 41) = 8.39, p < .01$, and permissive, $R^2 = .32, F(1, 41) = 19.37, p < .001$, practices and a negative relationship with authoritative practices, $R^2 = .14, F(1, 41) = 6.72, p < .05$.

Discussion

The present study examined the effects of childhood sexual abuse on survivors' parenting practices, above and beyond the effects of childhood physical abuse, current SES, and family-of-origin dysfunction. Results were consistent with past investigations documenting parenting difficulties among sexually abused mothers. Both sexual abuse survivors and ACOA mothers reported more permissive child-rearing practices than mothers in a community sample, and survivors of abuse involving penetration also reported lower-than-normal rates of authoritarian practices. Multiple regression analyses revealed a unique, negative association between sexual abuse and authoritarian parenting. Analyses further revealed a more complex relationship between sexual abuse and authoritative parenting, moderated by dysfunctional parenting attitudes. Finally, sexual abuse was adversely related to parenting through its association with social support dissatisfaction and dysfunctional parenting attitudes.

One of the most striking discoveries of the present study was a consistent pattern of results pairing sexual abuse with increased permissive practices and decreased authoritarian practices. Whereas elevated levels of permissive parenting appeared to be more generally associated with traumatic childhood stressors or family-of-origin dysfunction, high rates of permissive practices accompanied by below-average rates of authoritarian practices were unique to sexual abuse survivors. Taken together, these findings suggest that sexually abused mothers may find it difficult to provide their children with the structure, guidance, clear behavioral expectations, and consistent discipline that are such necessary elements of successful socialization. Further, they indicate that survivors may make fewer age-appropriate maturity demands on their children than other mothers, as has been suggested in prior research (Cole et al., 1992). Having experienced the pain of abuse and a heightened awareness of adults' power over children, survivors may so carefully try to avoid forceful or punitive parenting that they move to the other extreme, avoiding directiveness and discipline,

withholding criticism, and ignoring misbehavior. Alternatively, survivors may employ permissive practices because they lack confidence in their abilities to set limits on children's behavior or because they believe that children should be autonomous rather than parent-directed from an early age (see Cole & Woolger, 1989; Cole et al., 1992). Unfortunately, Baumrind's (1967, 1971, 1972) research has found that children of permissive parents tend to be less mature, self-reliant, socially assertive, and achievement-oriented than peers raised by authoritative or authoritarian parents. These children are less likely to exert control over their impulses, accept social responsibility, and act independently. Thus, survivors' high permissive/low authoritarian parenting approach may have considerable negative consequences for their children. Research is needed to explore the reasons underlying survivors' utilization of this approach and to determine whether interventions that reduce survivors' use of permissive practices may benefit their children.

The relationship between sexual abuse and the "optimal" authoritative style of parenting was moderated in the present study by dysfunctional parenting attitudes. Among survivors of penetration sexual abuse, those reporting high levels of dysfunctional attitudes also reported dramatically lower levels of authoritative practices. By contrast, there was no relationship between dysfunctional attitudes and authoritative practices for nonpenetration abuse survivors. These findings suggest that the parenting attitudes assessed by the PAQ may reflect different underlying processes among mothers with histories of penetration and nonpenetration sexual abuse. Among survivors of penetration sexual abuse, endorsement of these dysfunctional attitudes may be closely linked to the severity of long-term psychosocial impairment or to persistent views of the world as unsafe and the self as ineffectual. It stands to reason that such difficulties would reduce survivors' use of authoritative parenting, parenting which may require more patience, effort, energy, and skill than permissive or authoritarian approaches. What is not clear, however, is why this pattern of results did not also hold for survivors with less severe histories of sexual abuse. Although this interaction raises several intriguing and potentially important questions, the unexpected nature of the finding and the relatively small size of the present sample suggest the need to interpret this result with caution. Additional research is needed to replicate the finding in larger samples, to further evaluate the psychometric properties of the PAQ, and to more closely examine the relationships among sexual abuse severity, psychosocial adjustment, and dysfunctional parenting attitudes in survivors.

The dysfunctional parenting attitudes assessed in the present study were selected based on their association with sexual abuse survivors in past empirical and clinical reports. It was therefore notable that sexual abuse was not a unique, significant predictor of these parenting attitudes in the study. Instead, an interaction between sexual abuse and SES was found to predict parenting attitudes. Closer inspection of this interaction revealed that the socioeconomic status of ACOA mothers was strongly related to their reports of dysfunctional parenting attitudes, whereas the socioeconomic status of sexually abused mothers was not related to reports of these attitudes. This finding—along with the interaction discussed above—raises compelling questions about the nature of these dysfunctional parenting attitudes and their applicability and specificity to sexual abuse survivors. As the PAQ is a highly face-valid and internally consistent measure, and as there was no restriction of range among the PAQ or SES scores of either group of mothers, it seems unlikely that the absence of a

direct relationship between sexual abuse and dysfunctional parenting attitudes can be attributed purely to measurement problems. Thus, two alternative explanations for this absence must be considered. One explanation is that the relatively small sample utilized in the present study may have failed to provide sufficient statistical power to detect this effect. A second explanation is that the dysfunctional parenting attitudes that have been associated with sexual abuse survivors in past research are not unique to this population, but may in fact be common to mothers with any history of significant interpersonal childhood stressors. These results further suggest that a history of childhood sexual abuse is not necessarily or inevitably associated with dysfunctional parenting attitudes. Further research is needed to determine which of these explanations better accounts for the present findings, as well as to clarify the role of SES and other psychosocial factors in the development and maintenance of dysfunctional attitudes in parents. This research seems particularly important in light of the strong, negative associations uncovered between dysfunctional attitudes and effective parenting in the current investigation.

The present study revealed that sexual abuse severity was associated with diminished social support satisfaction, and that social support satisfaction was positively related to authoritative parenting. These results are consistent with past findings of increased interpersonal difficulties among survivors of penetration sexual abuse and indicate that these survivors may have insufficient access to the kinds of social support associated with effective parenting. As formal causal modeling techniques were not employed in the current study, the present results can only be taken to suggest that social support satisfaction may serve as a causal pathway through which sexual abuse negatively affects parenting behavior. Additional research is needed to test this relationship using more formal modeling procedures (e.g., structural equation modeling) in larger samples. Future research might also examine whether the provision of instrumental and emotional support to sexual abuse survivors improves the quality of their parenting practices, and whether this improvement is associated with positive consequences for their children. Having established a link between sexual abuse and parenting problems, researchers must now begin to identify specific characteristics of the abuse experience (e.g., abuse severity and duration, relationship to perpetrator) and specific long-term abuse sequelae (e.g., psychopathology, marital difficulties) that are associated with parenting difficulties. This information may help to identify mothers and children with the greatest need for assistance and may be used to identify areas of difficulty for which appropriate interventions may be developed.

Although the present study had several important advantages over past investigations of the parenting of sexual abuse survivors, it also had several limitations. First, although the analytic approach utilized in the study aimed to conserve statistical power, power was still threatened by the relatively small size of the sample. Sample size also precluded the use of more formal modeling procedures to test hypothesized relationships between the variables. Thus, although the present results are suggestive, they must be replicated in larger samples before their implications for survivors' children can be fully considered. Second, the benefits of studying an outpatient clinical sample—a significantly impaired or distressed population with a higher risk for parenting difficulties and potentially greater need for intervention—may also be viewed as potential limitations. Prior research has revealed that clinical samples of sexual abuse survivors tend to have more severe trauma histories and greater psycholog-

ical impairment than nonclinical samples (e.g., Herman, Russell, & Trocki, 1986; Neumann et al., 1996), suggesting that the present findings may not be generalizable to sexually abused mothers in nonclinical settings. On the other hand, restriction of the present sample to individuals with access to therapy may have excluded particularly low-functioning mothers from the sample. However, because participants were recruited from a variety of mental health agencies across Massachusetts, it is unlikely that these findings were limited by unique characteristics of a specific geographic location or by selection biases of particular clinics. Future research might seek to replicate and extend these findings in a community sample of mothers, in an inpatient clinical sample, or in samples that differ in their current psychological adjustment.

Third, although the measures utilized in the present study were psychometrically strong, they shared the more general limitations of all self-report instruments. Thus, although steps were taken to enhance anonymity and encourage honest responding, it was unclear how accurately participants' self-reports reflected their true experiences and behaviors, particularly their parenting practices. As past research has found mothers' reports on the PPQ to correspond well to actual parenting behaviors, there is reason to believe that participants' parenting behaviors were accurately represented in this study. Likewise, as prior research has linked specific child outcomes to each of the three global parenting styles, it seems appropriate to use this literature to infer potential areas of risk or difficulty for the children of abuse survivors. However, as participants' parenting behaviors were not directly observed in the present study, and as child outcomes were not directly assessed, these conclusions must be viewed as exploratory rather than confirmatory. Future research may profitably include behavioral observations of sexual abuse survivors engaging in critical parenting tasks, emphasizing the assessment of parenting behaviors that have been consistently linked with important psychosocial outcomes for children. Furthermore, future investigations might study fathers with sexual abuse histories to determine whether results found with female participants are also applicable to males. Studies conducted with male war-zone veterans have suggested that fathers' traumatic experiences and related psychopathology may have important negative consequences for their children (e.g., Caselli & Motta, 1995; Jordan et al., 1992; Ruscio, Weathers, King, & King, 2000), underscoring the importance of parenting research with trauma survivors of both genders. Finally, research is needed to directly assess the adjustment and needs of children of abuse survivors, particularly in light of accumulating evidence suggesting that these mothers experience significant parenting difficulties. Only through systematic investigation can we hope to identify unique relationships between childhood sexual abuse and parenting and to determine the consequences of these practices for the children of abuse survivors.

Acknowledgments

The author thanks Theodore P. Cross for his valuable suggestions at all stages of the study; and T. D. Borkovec, Pamela M. Cole, Joseph Cunningham, Daniel and Lynda King, and John Ruscio for their helpful comments on earlier drafts of this work.

References

- Bagley, C., & Ramsay, R. (1985, February). *Disrupted childhood and vulnerability to sexual assault: long-term sequels with implications for counseling*. Paper presented at the Third International Conference on Counseling the Sexual Abuse Survivor, Winnipeg, Canada.
- Bagley, C., & Ramsay, R. (1986). Sexual abuse in childhood: psychosocial outcomes and implications for social work practice. *Journal of Social Work and Human Sexuality*, 4, 33–47.
- Baumrind, D. (1967). Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs*, 75, 43–88.
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology Monographs*, 4(1, Part 2).
- Baumrind, D. (1972). An exploratory study of socialization effects on Black children: some Black-White comparisons. *Child Development*, 43, 261–267.
- Baumrind, D. (1977). *Socialization determinants of personal agency*. Paper presented at the biennial meetings of the Society for Research in Child Development, New Orleans, LA.
- Baumrind, D. (1989). Rearing competent children. In W. Damon (Ed.), *Child development today and tomorrow* (pp. 349–378). San Francisco, CA: Jossey-Bass.
- Briere, J. (1984, April). *The effects of childhood sexual abuse on later psychological functioning: defining a "post-sexual-abuse" syndrome*. Paper presented at the Third National Conference on Sexual Victimization of Children, Washington, DC.
- Briere, J. (1992). Methodological issues in the study of sexual abuse effects. *Journal of Consulting and Clinical Psychology*, 60, 196–203.
- Briere, J., & Runtz, M. (1988). Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. *Child Abuse & Neglect*, 12, 51–59.
- Brown, G. R., & Anderson, B. (1991). Psychiatric morbidity in adult inpatients with childhood histories of sexual and physical abuse. *American Journal of Psychiatry*, 148, 55–61.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: a review of the research. *Psychological Bulletin*, 99 (1), 66–77.
- Burkett, L. P. (1991). Parenting behaviors of women who were sexually abused as children in their families of origin. *Family Process*, 30, 421–434.
- Caselli, L. T., & Motta, R. W. (1995). The effect of PTSD and combat level on Vietnam veterans' perceptions of child behavior and marital adjustment. *Journal of Clinical Psychology*, 51, 4–12.
- Chu, J. A., & Dill, D. L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry*, 147, 887–892.
- Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: a developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*, 60 (2), 174–184.
- Cole, P. M., & Woolger, C. (1989). Incest survivors: the relation of their perceptions of their parents and their own parenting attitudes. *Child Abuse & Neglect*, 13, 409–416.
- Cole, P. M., Woolger, C., Power, T. G., & Smith, K. D. (1992). Parenting difficulties among adult survivors of father-daughter incest. *Child Abuse & Neglect*, 16, 239–249.
- Courtois, C. (1979). The incest experience and its aftermath. *Victimology: An International Journal*, 4, 337–347.
- Crockenberg, S. (1987). Support for adolescent mothers during the postnatal period. In C. Boukydis (Ed.), *Research on support for parents and infants in the postnatal period* (pp. 3–24). Norwood, NJ: Ablex Publishing Corp.
- Dekovic, M., & Janssens, J. M. A. M. (1992). Parents' child-rearing style and child's sociometric status. *Developmental Psychology*, 28 (5), 925–932.
- DeYoung, M. (1982). *The sexual victimization of children*. Jefferson, NC: McFarland.
- Featherman, D. L., & Hauser, R. M. (1977). Commonalities in social stratification and assumptions about status

- mobility in the United States. In R. M. Hauser & D. L. Featherman (Eds.), *The process of stratification* (pp. 3–50). New York: Academic Press.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1989). Sexual abuse and its relationship to later sexual satisfaction, marital status, religion, and attitudes. *Journal of Interpersonal Violence, 4*, 279–299.
- Hall, W. N., & Bracken, B. A. (1996). Relationship between maternal parenting styles and African-American and White adolescents' interpersonal relationships. *School Psychology International, 17*, 253–267.
- Halpern, R. (1990). Poverty and early childhood parenting: toward a framework for intervention. *American Journal of Orthopsychiatry, 60* (1), 6–18.
- Harter, S., Alexander, P. C., & Neimeyer, R. A. (1988). Long-term effects of incestuous child abuse in college women: social adjustment, social cognition, and family characteristics. *Journal of Consulting and Clinical Psychology, 56* (1), 5–8.
- Herman, J. L. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press.
- Herman, J., Russell, D., & Trocki, K. (1986). Long-term effects of incestuous abuse in childhood. *American Journal of Psychiatry, 143*, 1293–1296.
- Hess, R. D. (1970). Social class and ethnic influences upon socialization. In P. H. Mussen (Ed.), *Carmichael's manual of child psychology* (Vol. 2, pp. 457–557). New York: Wiley.
- Hodgins, D. C., Maticka-Tyndale, E., El-Guebaly, N., & West, M. (1993). The CAST-6: development of a short-form of the children of alcoholics screening test. *Addictive Behaviors, 18*, 337–345.
- Hoff-Ginsberg, E., & Tardif, T. (1995). Socioeconomic status and parenting. In M. H. Bornstein (Ed.), *Handbook of parenting. Biology and ecology of parenting* (Vol. 2, pp. 161–188). Mahwah, NJ: Erlbaum.
- Jones, J. W. (1983). *The Children of Alcoholics Screening Test and test manual*. Chicago, IL: Camelot Unlimited.
- Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., & Weiss, D. S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 60*, 916–926.
- Kreklewetz, C. M., & Piotrowski, C. C. (1998). Incest survivor mothers: protecting the next generation. *Child Abuse & Neglect, 12*, 1305–1312.
- Ladwig, G. B., & Anderson, M. D. (1989). Substance abuse in women: relationship between chemical dependency in women and past reports of physical and sexual abuse. *International Journal of Addiction, 24*, 739–754.
- Lamborn, S. D., Mounts, N. S., Steinberg, L., & Dornbusch, S. M. (1991). Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development, 62*, 1049–1065.
- Lyons-Ruth, K., & Block, D. (1996). The disturbed caregiving system: relations among childhood trauma, maternal caregiving, and infant affect and attachment. *Infant Mental Health Journal, 17*, 257–275.
- Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: parent-child interaction. In P. H. Mussen (Ed.), *Handbook of child psychology* (Vol. 4). *Socialization, personality, and social development* (pp. 1–101). New York: Wiley.
- Mantzicopoulos, P. Y., & Oh-Hwang, Y. (1998). The relationship of psychosocial maturity to parenting quality and intellectual ability for American and Korean adolescents. *Contemporary Educational Psychology, 23*, 195–206.
- McLoyd, V. (1990). The impact of economic hardship on Black families and children: psychological distress, parenting, and socioemotional development. *Child Development, 61*, 311–346.
- Meiselman, K. (1978). *Incest*. San Francisco: Jossey-Bass.
- Mennen, F. E., & Meadow, D. (1995). The relationship of abuse characteristics to symptoms in sexually abused girls. *Journal of Interpersonal Violence, 10*, 259–274.
- Milner, J. S., Robertson, K. R., & Rogers, D. L. (1990). Childhood history of abuse and adult child abuse potential. *Journal of Family Violence, 5* (1), 15–34.
- Morrow, K. B., & Sorell, G. T. (1989). Factors affecting self-esteem, depression, and negative behaviors in sexually abused female adolescents. *Journal of Marriage and the Family, 51*, 677–686.

- Mueller, C. W., & Parcel, T. L. (1981). Measures of socioeconomic status: alternatives and recommendations. *Child Development, 52*, 13–30.
- Neumann, D. A., Houskamp, B. M., Pollock, V. E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: a meta-analytic review. *Child Maltreatment, 1*, 6–16.
- Nock, S. L., & Rossi, P. H. (1979). Household types and social standing. *Social Forces, 57*, 1325–1345.
- Peters, S. D. (1984). *The relationship between childhood sexual victimization and adult depression among Afro-American and White women*. Unpublished doctoral dissertation, University of California, Los Angeles, CA.
- Robinson, C. C., Mandleco, B. L., Olsen, S. F., Bancroft-Andrews, C., McNeilly, M. K., & Nelson, L. (1995). Authoritative, authoritarian, and permissive parenting practices: psychometric support for a new measure. Paper presented at the biennial meeting of the Society for Research in Child Development, Indianapolis, IN.
- Robinson, C. C., Mandleco, B., Olsen, S. F., & Hart, C. H. (1995). Authoritative, authoritarian, and permissive parenting practices: Development of a new measure. *Psychological Reports, 77*, 819–830.
- Ruscio, A. M., Weathers, F. W., King, L. A., & King, D. W. (2000). *Predicting male war-zone veterans' relationships with their children: the unique contribution of emotional numbing*. Manuscript submitted for publication.
- Russell, D. E. H. (1986). *The secret trauma: incest in the lives of girls and women*. New York: Basic Books.
- Russell, D. E. H., Schurman, R. A., & Trocki, K. (1988). The long-term effects of incestuous abuse: a comparison of Afro-American and White American victims. In G. E. Wyatt & G. J. Powell (Eds.), *Lasting effects of child sexual abuse* (pp. 119–134). Newbury Park, CA: Sage.
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: the Social Support Questionnaire. *Journal of Personality and Social Psychology, 44*, 127–139.
- Sarason, B. R., Shearin, E. N., Pierce, G. R., & Sarason, I. G. (1987). Interrelations of social support measures: theoretical and practical implications. *Journal of Personality and Social Psychology, 52*, 813–832.
- Sedney, M. A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. *Journal of the American Academy of Child Psychiatry, 23*, 215, 218.
- Taylor, L. C., Hinton, I. D., & Wilson, M. N. (1995). Parental influences on academic performance in African-American students. *Journal of Child & Family Studies, 4*, 293–302.
- Wyatt, G. E. (1986). The sexual abuse of Afro-American and White American women in childhood. *Child Abuse & Neglect, 9*, 507–519.
- Wyatt, G. E., & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. *Journal of Consulting and Clinical Psychology, 58* (6), 758–767.

Résumé

Objectif: Bien que la recherche empirique ait établi une relation entre les abus sexuels connus dans l'enfance et de nombreuses conséquences à long terme, on est surpris de constater que l'on se soit peu penché sur les effets possibles de la victimisation de l'enfant sur les pratiques éducatives des adultes qui ont survécu ("survivors"). Cette étude examine l'hypothèse de la prédiction de trois styles éducatifs chez les adultes ayant survécu aux abus sexuels comparés aux adultes ayant été enfants de parents alcooliques.

Méthode: 44 patientes d'une consultation externe ont rempli une batterie de questionnaires destinés à évaluer leur expérience d'enfant abusé sexuellement, leurs ressources sociales et économiques courantes, ainsi que leurs attitudes et leurs pratiques en tant que parents. Les participantes furent comparées quant à leur façon d'élever leurs enfants avec un échantillon communautaire de 717 mères. Des analyses supplémentaires ont examiné jusqu'où les abus sexuels et leurs séquelles pouvaient prédire les comportements parentaux dont faisait état l'échantillon mentionné.

Résultats: A la fois les parents "survivants" des abus sexuels et les enfants d'alcooliques ont fait état de taux significativement plus élevés de comportements parentaux permissifs que les mères de

l'échantillon communautaire. Les analyses par régression multiple ont révélé par la suite une relation particulière entre les abus sexuels subis et la parentalité, bien au-dessus de la variance expliquée par les abus sexuels, par le statut socio-économique courant ainsi que par l'expérience d'avoir grandi dans un famille alcoolique. La gravité des abus sexuels subis par les mères, le soutien social rencontré ainsi que les attitudes parentales dysfonctionnelles ont modéré plusieurs de ces relations.

Conclusions: Les résultats actuels suggèrent que les abus sexuels et leurs séquelles chez l'adulte peuvent entraîner des conséquences sur les pratiques des adultes survivants, particulièrement en ce qui concerne la capacité à élever leurs enfants de façon structurée, avec une discipline cohérente ainsi qu'avec des attentes claires concernant leur comportement. Les implications au sujet du développement des enfants de ces parents sont discutées.

Resumen

Objetivo: Aunque la investigación empírica ha establecido una relación entre el abuso sexual infantil y múltiples consecuencias a largo plazo, sorprendentemente hay poca investigación que aborde los posibles efectos de la victimización infantil en las prácticas de crianza infantil de esos niños/as en el estado adulto. Este estudio analizó un conjunto de posibles predictores de tres estilos de "paternidad/maternidad" entre sujetos adultos que habían sufrido abuso sexual en su infancia y sujetos adultos hijos de padres/madres alcohólicos.

Método: Cuarenta y cinco pacientes psiquiátricos ambulatorios completaron una batería de cuestionarios que evaluaban sus experiencias de abuso sexual infantil, sus recursos económicos y sociales actuales, y sus actitudes y conductas como padres/madres. Se compararon las prácticas de crianza infantil de los participantes en el estudio con las prácticas de crianza de una muestra comunitaria de 717 madres. Otros análisis examinaron la medida en la cual el abuso sexual en la infancia y sus secuelas en la madurez predecían las conductas de estos adultos hacia sus hijos/as.

Resultados: Tanto los adultos abusados sexualmente en su infancia como los adultos hijos de alcohólicos informaron tener una tasa significativamente más alta de conductas parentales permisivas que las madres de la muestra comunitaria. Los análisis de regresión múltiple mostraron además la existencia de relaciones únicas entre el abuso sexual infantil y las prácticas de crianza en el estado adulto, más allá de la varianza explicada por el maltrato físico, el estatus socioeconómico actual, y la experiencia de crecer en un hogar alcohólico. La severidad del abuso sexual, la satisfacción con el soporte social, y las actitudes parentales disfuncionales de las madres moderaban algunas de estas relaciones.

Conclusiones: Estos resultados sugieren que el abuso sexual y sus secuelas en la madurez pueden tener consecuencias negativas en las conductas parentales de los adultos, especialmente en la capacidad de los adultos para proporcionar a sus hijos un marco de referencia apropiado, una disciplina consistente, y expectativas claras respecto a su conducta. Se comentan las implicaciones para el desarrollo psicosocial de los hijos de estos adultos.