

## **The Impact of Child Sexual Abuse on Parenting: A Female Perspective**

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Childhood sexual abuse (CSA) is a significant family health risk for women and their children due to the intergenerational aspect of this trauma and the immediate and long-term disruption it can cause in the mother-child relationship (Duncan, 2004). Studies reviewed from the past 20 years estimated that one in three women are reported to have been sexually abused as children (Duncan, 2004). These estimates translate into 25.4 million women between the ages of 20 to 59 who have experienced childhood sexual abuse (U.S. Census Bureau, 2000). Polusny and Follette (1995) reported that 35% to 75% of females seeking mental health services report some form of childhood sexual abuse trauma (CSAT). In addition, women frequently report multiple childhood sexual abuse traumas by different perpetrators that lead to future pathways of violence spanning a woman's lifetime and that of her children (Duncan, 2004).

Both the prevalence rates of CSAT and the associated health risks to women require that interventions to assist and support mothers in their parenting are needed and offered within a framework of bringing recovery and treatment programs for past childhood sexual abuse trauma (CSAT) into the mainstream of women's healthcare (Duncan, 2004). The proposed outcomes for interventions of this type are that women will lead healthier lives because the emotional, physical, and developmental effects of CSAT diminish. The disruption to women's relationships caused by CSAT can be addressed, thereby decreasing the likelihood of attachment disorder between mother and child and improving a woman's ability to parent. It stands to reason that a mother is more likely to keep her child safe from sexual abuse and other forms of maltreatment when her own sense of safety is restored and the connection to her child is established emotionally within the mother-child relationship. Further, CSAT along with its multiple and prolonged effects will be prevented from continuing into the next generation of children and parents.

### **The Consequences of CSA**

The lifetime consequences of sexual abuse as a traumatic experience does not simply end because at some point in time the sexual abuse did; rather it is known to create specific long-term problems that have the ability to disrupt women's lives. When women become mothers, their children can also experience specific kinds of problems stemming from their mother's trauma of childhood sexual abuse. For example, mothers sexually abused as children may experience more intense and prolonged postpartum depression than mothers who have not experienced this trauma. Women frequently experience another type of depression (dysthymic) associated with childhood sexual abuse, which then becomes compounded by postpartum depression. Children whose mothers were sexually abused in their childhood may be at greater risk for the actual trauma of childhood sexual abuse to occur to them given that the majority of perpetrators are family members or known to the family and that family perpetrators sexually abuse a number of children within generations (Duncan, 2004).

Children can also be affected by the long-term problems their mothers may experience associated with childhood sexual abuse (Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999). Emotional problems including depression, anxiety, and eating disorders along with chronic and multiple physical health problems can occur either daily or periodically and interfere with a woman's availability to her children or cause adult responsibilities to be transferred onto a child because a mother is not able to function (Browne & Finkelhor, 1986; Duncan, 2004). A primary consequence of CSA is the long-term disruption it can cause in relationships, with the mother-child relationship as an example of a significant relationship that can be disrupted by this childhood trauma (Main, 1996).

The family belief system and environment where a mother's sexual abuse occurred is also important to recognize as having a role in the disruption of the mother-child relationship because the family belief

system and environment provide a context for understanding both this trauma and its intergenerational effects on parenting (Hall, 1996). When the trauma of childhood sexual abuse was occurring, women as children learned certain beliefs and behaviors within this family context; therefore, it is important to identify what maladaptive beliefs and behaviors learned from the family where the sexual abuse took place are influencing a mother's parenting today (Duncan, 2004). CSA is a particularly insidious trauma to women since it is known to be consistently associated with the experience of multiple problems that vary in their disruption, seldom diminish on their own, and have the potential to reoccur across a woman's lifetime (Browne & Finkelhor, 1986; Duncan, 2004; Nash, Hulse, Sexton, Harralson, & Lambert, 1993; Polusny & Follette, 1995).

### **Attachment Theory, Female Parenting, and Childhood Sexual Abuse**

The importance of the parent-child relationship is both well known and intuitively accepted across cultures. Attachment theory as proposed by Bowlby in 1969 has grown in interest during recent years since it provides a basis to help explain how a healthy parent-child attachment translates into healthy adult relationships (Main, 1996). A majority of the research applied to attachment theory has been on the observation of the mother-child relationship, with the focus of study on the consequences to the infant's development when the mother's attachment to her child is disrupted for a period of time or does not occur at all. The view from this research is that the disruption to maternal attachment is traumatic to the child and impacts his or her development neurologically (structures of the brain), emotionally (affect regulation), and socially (interaction with others) resulting in long-term problems through a child's lifetime (Schor, 2001). Attachment theory can also be applied to understand the consequences that past sexual abuse trauma can have on relationships and in particular the mother-child relationship.

Healthy attachment by a mother to her child is viewed as one of the internal female foundations that enables a mother to nurture her child's development and protect her child from potential harm. The maternal attachment is shown by a mother through her parenting of her child. Women who are observed with their children as nurturing, attuned to their child's needs, encouraging appropriate development, emotionally available, physically healthy, and mentally alert are viewed as positive and healthy mothers capable of meeting the needs of the developing child from infancy

to adulthood. Alternatively, women who are observed with their children as distant, hostile, passive and withdrawn, emotionally harsh or punitive, permissive, and preoccupied solely with their own social and emotional needs, and who maintain adult family and partner relationships that are abusive and neglectful, are viewed as mothers who are not able to meet their own needs let alone the needs of their developing child.

The preceding exemplifies how CSA as a trauma that occurs within a family context with intergenerational aspects and resulting in long-term developmental problems can have detrimental consequences upon the parenting relationship between mother and child. Studies and writings have indicated that the past trauma of sexual abuse along with other types of child maltreatment, neglect, and adversities create risk factors that disrupt a mother's ability to comfort, nurture, care for, and protect her child (Duncan, 2004; Polusny & Follette, 2001; Schor, 2001). Therefore, attachment theory lends support to interventions with both mother and child when the trauma of sexual abuse has occurred to the mother in her childhood. This cointervention is imperative if the mother-child relationship is to be nurtured, established, or restored; future disruptions to parenting (attachment) prevented; and the developmental and emotional needs of children are to be met within a healthy maternal and family environment and belief system.

### **Family Risk Factors**

Childhood sexual abuse is frequently perpetrated by either a family member or someone the family knows and trusts (Duncan, 2004; Saunders et al., 1999). Similar to other types of child maltreatment, it takes place within the context of a family environment. The internal belief system of the family and external family behavior co-exist within a family environment and interact to both create and maintain risk factors for the sexual abuse of children. Duncan proposed that it is the established maladaptive belief system in families where sexual abuse occurs that both supports and continues the maltreatment of children.

According to Duncan (2004), intergenerational aspects of sexual abuse include not only a risk of the trauma of sexual abuse being passed forward into the next generation, but also the belief system that sustains it. Women as children are vulnerable to acquiring (in some part) the maladaptive beliefs existing within their family that are learned and reinforced through social and cognitive conditioning, which in turn shapes their thoughts, beliefs, and behavior. The perpetrator of the sexual abuse also influences a woman's thoughts and beliefs, especially those that define how she views

herself in relation to the trauma of sexual abuse and her future relationships with men. When internalized, these maladaptive beliefs learned from the family and the perpetrator will continue to impact a woman's view of how to relate in future relationships and will (in some manner) define and guide her maternal attitudes and parenting behavior with her child.

The family environment where sexual abuse occurred to women is described as lacking adult supervision, harsh and punitive, inconsistent, and desensitized to stress, chaos, and crisis (Crespi & Fieldman, 2002; Hall, 1996). A review by Polusny and Follette (1995) of reported family characteristics where sexual abuse occurred identified those families as less cohesiveness, less adaptable, and more conflictual and authoritarian. Family characteristics seemed to cluster into behaviors exhibiting higher levels of role and boundary confusion, more rigid control over children while exhibiting permissive and authoritarian styles of parenting, less cohesiveness, lack of adaptability, vacillation between emotional dyscontrol, and an absence of emotional expression (Black, Schumacher, Slep, & Heyman, 1999; Hall, 1996; Nash et al., 1993).

When mothers come from these kinds of family environments, they report having difficulties that include an inability to speak up when children are being mistreated, not trusting or overestimating their ability to parent effectively; less ability to show love, affection, warmth, and genuine feelings toward children or with specific children; excessive anger and hostility toward children; inappropriate expectations of autonomy for their children; less acceptance of their children; and experiences of health problems that interfere with being available to their children on a consistent basis (Duncan 2004; Polusny & Follette, 1995). A tendency to use the family's denial system also creates the risk for victimization to children by perpetrators within the family and can reinforce a woman's inability to identify when her parenting is problematic or harmful to her children (Duncan, 2004).

### **Disruption of Parenting Related to CSA**

#### *Confusion About Characteristics of Healthy Families*

Mothers sexually abused as children report confusion about healthy family characteristics. This confusion creates interpersonal conflict which increases internal stress for the mother and external stress for the child (Schore, 2001). The context for this confusion occurred within the family environment and belief system where a mother was sexually abused. It then transferred to a mother's adult life where it influences her thoughts, feelings, beliefs, and behavior as a mother.

#### *Not Protecting Their Children From Abuse*

Confusion about who and when to trust is a significant long-term consequence of childhood sexual abuse (Hall, 1996; Polusny & Follette, 1995). While trust is a significant part of intimate relationships, it is difficult for women who experienced this trauma to trust appropriately: they either end up trusting the wrong people or not trusting the right people. Future victimization to women and their children is one of the outcomes of this confusion about trust. One of the risk factors stemming from childhood sexual abuse is that revictimization to women and their children is likely to occur when mothers continue to have a relationship or contact with the perpetrator who sexually abused them, especially when that perpetrator is a family member. Therefore, when a mother has not ended the relationship with the original perpetrator and continues to expose her child to the same perpetrator who sexually abused her, her child is more than likely in harm's way of sexual abuse from the same perpetrator.

Another risk factor for victimization to mothers and children is that women may marry or establish relationships with partners who are abusive. While this seems contrary to societal expectations that women do not continue abusive relationships into their adult lives if they were abused as children, these accepted ideas do not apply when women continue to carry the family and perpetrator's belief system, especially when those beliefs may include "abuse is acceptable" or that "love is always abusive." Therefore, women have a difficult time identifying other men as perpetrators, or they can lack the ability and knowledge of how to stop sexual abuse from happening to their children (Browne & Finkelhor, 1986; Duncan, 2004).

#### *Negative Emotional Responses That Disrupt the Mother-Child Relationship*

The emotional states that a child experiences when sexual abuse has occurred can be experienced continuously or periodically even after the sexual abuse has ended. Among these internal emotional states that women experience are dissociation, depression, anxiety, guilt, shame, and rage (Duncan, 2004; Polusny & Follette, 1995). Because these emotions are negative, women often want to avoid experiencing them or are overwhelmed by them when they do occur. Consequently, women experience automatic responses that inhibit or help avoid these emotions, and when they do, they can experience a disconnection to positive emotions as well. Mothers need to be able to experience their emotions in order to relate to their children, teach emotional understanding, and model ways to manage and soothe emotions in a healthy manner. CSA disrupts a mother's ability to express and moderate a range of

feelings due to the long-term emotional consequences of this trauma that have often not been healed.

### **Interventions for Mothers Sexually Abused as Children**

Women are the major consumers of healthcare both for themselves and their children. It is within the access of healthcare and community services that women can most readily be helped with the consequences that CSA has had on their lives and in particular on their parenting. Screening for this trauma, providing women information about the long-term disruptions caused by CSA, discussing healing and recovery as a means of long-term prevention of sexual abuse trauma to their children, and providing therapeutic treatment to women for this trauma is the answer to preventing the long-term consequences CSA has on the lives and relationships of mothers and children. When we consider the number of women who have experienced this trauma in childhood along with the significant number of problems associated with it and the continuing risk to women for revictimization once this trauma has occurred, there is no plausible reason for screening, education, treatment, and recovery not to be a part of the mainstream of healthcare for women and children.

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