THE EFFECTS OF CHILD SEXUAL ABUSE AND PERCEIVED MATERNAL SUPPORT ON CURRENT PSYCHOLOGICAL ADJUSTMENT

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by
Bettina M. Garner Earl

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ABSTRACT

THE RELATIONSHIP OF CHILD SEXUAL ABUSE AND PERCEIVED MATERNAL SUPPORT ON CURRENT PSYCHOLOGICAL ADJUSTMENT

Name: Garner Earl, Bettina M.
University of Dayton, 1999

Advisor: Dr. John R. Korte

This study examined the relationship between retrospective perceptions of maternal support and current adult psychological adjustment in women with and without reported history of child sexual abuse. Interviews were conducted with 73 (43 survivors of child sexual abuse and 30 non-abused) volunteers to survey the characteristics of the sexual abuse they experienced. To assess perceived maternal support and current psychological functioning, participants completed the Parental Bonding Instrument (PBI) – Caring Subscale and the Symptom Checklist-90-Revised (SCL-90-R), respectively. Results supported earlier studies, indicating that women who were sexually abused reported more psychopathological symptoms. Contrary to the researcher’s hypothesis, perceived maternal support was not found to have a significant effect on current adult adjustment. The limitations of the study and suggestions for future research are discussed.
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CHAPTER I
INTRODUCTION

Don't let yourself know it's real.
If it's real, you're crazy; blank it out.
Knowledge is powerlessness.
Blank it out.
Knowledge is pain.
Blank it out.
Mother to daughter;
blank it out.
Teach us to numb ourselves;
teach us not to feel.
-Yarrow Morgan (excerpted from *Voices in the Night: Women Speaking About Incest*, 1982)

A survivor of incest wrote the above poem and it epitomizes the pain and suffering that many victims of child sexual abuse experience. Probably for these reasons the subject of child sexual abuse has been extensively researched and discussed in the past several years. Although the number of reports of child sexual abuse have risen, most researchers believe that the actual incidence of child sexual abuse has not increased (Finkelhor, 1984). With the increased number of persons identifying themselves as survivors of child sexual abuse, the identification of mediating factors and variables that may ameliorate the general impact of the sexual abuse becomes imperative.

Definition of Child Sexual Abuse

Sgroi, Blick and Porter (1986) define child sexual abuse as "a sexual act imposed on a child who lacks emotional, maturational, and cognitive development." A sexual act may
include adults exposing their genitals to a child, kissing, fondling, masturbation, oral sex, anal sex, and intercourse. Some researchers expand on this definition by stating that the sexual abuse is any sexual activity that takes place between a child and an adult who is at least 5 years older (Browne & Finkelhor, 1986). Additionally, the abuse often involves coercion (Browne & Finkelhor, 1986). However, it is important to note that even if the child appeared to consent, the sexual behaviors between the adult and child must still be considered sexual abuse as children are not able to distinguish between appropriate and inappropriate sexual behaviors with adults and are not in a position to refuse their participation (Finkelhor, 1984, Wyatt & Mickey, 1987).

A differentiation is usually made between "incest" and "child sexual abuse." Incest is child sexual abuse, but it is defined by the familial relationship between the victim and the offender (Sgroi, et al., 1986). Incestuous child sexual abuse involves sexual activity between a child and a relative (for example, mother, father, uncle, cousin, etc.). Many researchers (e.g., Everson, Hunter, Runyon, Edelsohn & Coulter, 1989) also consider child sexual abuse to be incest if the offender is occupying a surrogate parental role (for example, mother's boyfriend) in the child's life.

Prevalence

In a sample of almost 500 college women, 22% identified themselves as being victims of at least one incident of child sexual abuse (Fromuth, 1986), while in another, later sample of college women 24% reported at least one incident (Edwards & Alexander, 1992). These prevalence rates coincide with other obtained figures in nonclinical samples which generally range from 8% to 27% for females and 3% to 15% for males (Finkelhor, 1984, Finkelhor, Hotaling, Lewis, & Smith, 1990). Researchers agree that the perpetrators are overwhelmingly
male. For example, Finkelhor (1984) states that in 95% of cases involving girls and 80% of cases involving abuse to boys the perpetrator is male. Additionally, in over 80% of the cases the perpetrator is known to the victim (Fromuth, 1986).

**Risk Factors**

Risk factors associated with a child being a potential victim of sexual abuse include an unhappy home life, living without the natural mother during any part of childhood (Finkelhor, et al., 1990), having a stepfather, not having a close relationship with the mother, receiving little or no physical affection from the father, and having two or less friends as social supports (Finkelhor, 1984).

**Age of Victim**

Adams-Tucker (1982) in her ground breaking investigation of sexually abused children included a sample of children aged 2 to 15 1/2 years with a median age close to 10 years. Of her sample, 50% were younger than 7 years old and 75% were younger than 9 at onset of the abuse. In Feinauer's (1989) sample of 56 women, the age of abuse onset was under 5 years old for 41%, and between 6 and 9 years old for 33% of the sample. Cupoli and Sewell's (1988) sample of 1059 sexually abused children indicated an even wider age range of 3 months to 16 years with a mean age of 8.3 years.

**Short-Term Effects of Abuse**

Short-term effects of child sexual abuse have been defined as those reactions exhibited within 2 years of the last incident of sexual abuse (Browne, et al., 1986). In their study of sexual abuse victims who were less than 7 years old, Gale, Thompson, Moran and Sack (1988) reported that 95% of their subjects displayed at least one symptom, while 61% displayed at least three symptoms. Browne and Finkelhor (1986) in their review of the research found fear,
anxiety, depression, anger and hostility, and inappropriate sexual behavior to be the most reported initial effects. Inappropriate sexual behavior is usually evidenced in children by a heightened interest in or a preoccupation with sex. In adolescents, this behavior may be expressed through promiscuity or homosexual behavior (Beitchman, Zucker, Hood, DaCosta & Akman, 1991). Other short-term effects reported include clinging and nightmares (Gale, et al., 1988). Beitchman, et al. (1992) reported similar results and suggested the frequency and duration of the abuse was associated with the severity of the impact. They also stated that the use of force or the presence of incestuous sexual abuse resulted in the child being more traumatized and, thus, experiencing more severe effects.

Long-Term Effects

Browne, et al. (1986), in their review of the literature of the long term effects of sexual abuse found adult female survivors to be prone to depression, anxiety, and self-destructive behavior. They may experience feelings of isolation and stigmatization, and low self-esteem. Lundberg-Love, Marmion, Ford, Geffner, and Peacock (1992) found adult female incest survivors to be significantly more alienated, inhibited and socially introverted. Interestingly, they also found the incest survivors to be more sensitive in interpersonal situations or relationships. Cunningham, Pearce and Pearce (1988) found women who were sexually abused as children to be more likely to report physical complaints and seek medical help than women who were not abused. Common medical complaints cited in the study included headaches, pelvic and stomach pain, heart palpitations and asthma.

Victims may be at a greater risk than non-victims for being revictimized, for engaging in substance abuse, and for experiencing later sexual maladjustment (Beitchman et al., 1992, Browne, et al., 1986, Fromuth, 1986). Child sexual abuse may result in marital disruption in
both men and women, nonreligiosity in men and sexual dissatisfaction in women (Finkelhor, Hotaling, Lewis, & Smith. 1989). Additionally, for male victims there is the increased likelihood that they will become sexual offenders themselves (Beitchman, et al., 1992).

Some variables were found to be correlated with more severe and lasting impact. As with the short term effects, the use of force and level of severity or invasiveness is associated with more severe outcomes. In reference to the relationship between the offender and the victim, father-daughter incest was found to be the most traumatic with more long lasting effects. Age at onset of the sexual abuse is also important when looked at in conjunction with duration and severity of the abuse. Generally, the younger the age of onset the more traumatic the effects are (Beitchman, et al., 1992).

Finkelhor, et al. (1989) note that a substantial number of persons who were sexually abused as children do not experience later psychological maladjustment. For example, Finkelhor and his colleagues cite research which indicates that although female child sexual abuse victims are four times more likely to experience clinical depression, 78% of the victims had never been depressed. Additionally, in their national survey approximately 50% of the respondents had reported sexual satisfaction and approximately 75% of the sample had experienced no marital disruption. Cunningham, et al. (1988) make similar cautionary statements with regards to physical complaints reported by sexually abused women.

Coping with the Abuse

When investigating the variety of long-term and short-term effects sexual abuse victims experience, it becomes evident that victims utilize a number of different strategies to cope with their experience of being abused. Often there is a direct relationship between coping methods used and later adjustment (Johnson & Kenkel, 1991). In a retrospective study of long-term
coping strategies, Leitenberg, Greenwald and Cado (1992) found adult women sexually abused as children most often use "emotional suppression" and denial as methods of coping. Emotional suppression is defined by the authors as escaping and avoiding the pain and negativity associated with the abuse. Although the subjects in their sample reported these coping methods to be considerably helpful to them, Leitenberg and his fellow researchers found women utilizing these strategies to experience significantly greater maladjustment than women using other coping methods. Other coping strategies often employed included expressing one's feelings about the abuse, "ruminating" about the abuse, avoiding potentially dangerous situations, and seeking social support. One coping strategy found to be potentially beneficial to the victims was taking direct action against the offender. For example, the victim may confront her abuser, warn others to protect them from the abuser or prosecute.

Social Support

The amount of social support a child receives after the disclosure of being a victim of sexual abuse appears to have a substantial impact on the immediate and future adjustment of the child. The quality of the support system, which could include family members, friends, and spouses, was found to be influential in the resolution of the trauma of the sexual abuse (Feinauer, 1989). Similarly, Conte and Schuerman (1987) found the presence of a support system, for example supportive siblings or non-offending adults, to have a significant influence on reducing the impact of sexual abuse for the victim. Further, the presence of supportive individuals combined with a generally well functioning family was found to explain higher levels of functioning in the child.

Parental reactions to the disclosure are often varied. Sometimes parents do not believe that the abuse has taken place. Pierce and Pierce (1985), in their comparison of male and
female child sexual abuse victims, found that 16% of the non-offending parents chose not to believe their child. Regehr (1990) found that parental responses to extrafamilial sexual abuse cases often included parental guilt and subsequent overprotection of the child. Clinical observations found a variety of feelings toward the child to be present. Some parents felt angry and wondered, in cases of older children, if the child consented to the sexual activity. Some parents perceived the child as older and more mature as a result of his/her apparent sexual awareness and knowledge. A reluctance to touch the child was also reported.

Edwards and Alexander (1992) emphasize the role that positive family relationships play in long-term adjustment of women who were sexually abused. Further, Fromuth (1986) suggests that the amount of parental support a sexually abused child receives may have more of an impact on adult functioning than the abuse itself. Fromuth concedes, however, that two factors, parental supportiveness and child sexual abuse, could possibly have a combined effect on adult functioning. Wyatt and Mickey (1987) also found a relationship between level of positive support from parents and later psychological adjustment of the child sexual abuse victims. They contend parental support during and after disclosure of the abuse is paramount in validating the victim's experiences.

The parent or supportive individual may accomplish validation of a child's experience in a variety of ways. Most importantly, the child must be believed and the parent must accept that the abuse has occurred. The child's feelings regarding the abuse must not be minimized. The child must not be blamed for causing or allowing the sexual abuse to occur or continue. Finally, the child must not be made responsible for the inevitable family disruption her disclosure may precipitate (Timmons-Mitchell & Gardner, 1991).
Maternal Support

A mother's reaction to her child's disclosure appears to be most important in determining later functioning. Beitchman, et al. (1992) reported maternal warmth toward the child to be the strongest predictor of the impact of sexual abuse on the child. Timmons-Mitchell and Gardner (1991) highlight this point by contending that the restoration of the mother-daughter relationship should be one of the main goals of treatment for girls who have been victimized by incest. Spaccarelli and Fuchs (1997) found lower perceived maternal support to be related to increased number of symptoms victims reported on anxiety and depression inventories. In some cases, maternal support may have an effect on the child's immediate future. Thus, Hunter, Coulter, Runyan and Everson (1990) found the lack of maternal support to be one of the two best predictors for the child being removed from her home.

Consequently, it is important to take a closer look at the mothers' reactions to the disclosure of sexual abuse for two reasons. First, a large percentage of children in general and, more specifically, victims reside in households headed by women. Often the mother is the child's only adult social support. Second, as previously mentioned, a large majority of perpetrators is male, often living in the household and holding a parental role. Thus, mothers may have a lot to lose if they are placed in a position of choosing to support and/or believe their child or the perpetrator. This may be an especially difficult choice to make as the perpetrator may often be the source of income for the family and the mother may be emotionally tied to him.

In a study specifically investigating mother's reactions to incest, Sirles and Franke (1989) found that although 78% of the mothers believed their child, almost 22% of the mothers
did not believe their child. Sirles and Franke found the two most important variables in the mother's acceptance of the abuse to be the age of the child and the relationship between the child and the perpetrator. Young children's accounts were easier to believe than older children's (e.g., teenager's) accounts of abuse. Mothers were more likely to believe their child if the perpetrator was not the mother's current partner. Additionally, mothers had difficulty believing their children if the abuse involved intercourse or if the child stated the mother was in the home while the abuse occurred.

Dejong's (1998) study of maternal responses to their children's sexual abuse found that nearly a third (31%) of the 103 women interviewed by the child's pediatrician were not able to express support to their children. These women either did not believe the abuse occurred, felt anger toward the child or social services, and/or continued relationships with the perpetrator. The remaining 69% of the mothers were described as either supportive with emotional changes (38%) or supportive without emotional changes (31%). Both categories of supportive mothers believed their child was telling the truth about the abuse and that the perpetrator was responsible for the abuse. Supportive mothers were very likely to seek therapy for their child and press charges against the perpetrator. However, the mothers who encountered emotional changes reported feelings of profound guilt, anxiety, sleep and appetite disturbances, and fear their child could be abused again.

Everson and his colleagues (1989) also specifically examined mother's reactions. In this study, the experimenters used their clinical judgement to determine levels of maternal support and reaction after disclosure of incest. For this particular study, incest was defined as sexual abuse by father figures (88% of the perpetrators) and other relatives such as brothers, uncles and cousins. Findings suggest that levels of maternal support vary with the mothers'
relationship to the perpetrator. Support ranged from most supportive when perpetrators were ex-spouses to moderately supportive when the mother was currently married to the perpetrator to least supportive if the perpetrator was the mother's current boyfriend. Level of the support increased if the perpetrator confirmed the incest. Most importantly, this study found maternal support (more than type or length of abuse) to be one of the best single predictors of the victim's psychological functioning.

**Perceived Support**

When investigating the effects of support, how supportive the mother behaves, may not be as important as how supportive the child perceives her mother to be. Sarason, Pierce, Shearing, Sarason and Waltz (1991) suggest that when confronted with traumatic situations, persons evaluate the level of support they perceive to be available. The perceived support, whether based on real or imagined information, was found to affect the subjects' expectations of situations and consequently their behaviors. Wethington and Kessler (1986) suggest that the perception of available social support may serve to act as a "buffer" to stressful life events. This buffer will affect the psychological adjustment to a stressful event. The perception of support was found to be more instrumental to this buffering effect than the presence of actual supportive behaviors. Dunn, Putallaz, Sheppard and Lindstrom (1987) found similar results in their study of gifted students' adjustment to new school environments. General perceived support from such sources as peers and family was related to positive psychological adjustment, and, in particular, perceived family support was linked to overall adjustment to the new environment.

Thus, being able to perceive others as being socially supportive during a stressful situation appears to be positively correlated to future adjustment to the stressor. For a victim
of sexual abuse, who finds herself in the stressful situation of coping with the victimization as well as contemplating the disclosure of the abuse to her mother, it becomes crucial be able to perceive one's mother as supportive. Gold (1986) investigated long-term effects of child sexual abuse as related to adult attributional styles and the child's social support network. She suggests a victim's perception of the abuse coupled with the victim's perception of the mother's reaction to the abuse is paramount in determining future adult functioning. Johnson and Kenkel (1991) agree. They found the level of perceived maternal supportive responses to an adolescent's disclosure of incest to be the most significant predictor of amount of distress that will be experienced by the adolescent.

**Purpose of Present Study**

Although, as described above, much research has been conducted in the arena of maternal support and child sexual abuse, there appears to be little research focusing primarily on the relationship of maternal support, as perceived by the adult survivor, and adult psychological adjustment. Particularly, no research to date has investigated the potential relationship of retrospective recollections of perceived maternal support and self-reported measures of current adult functioning. Thus, the purpose of the present study is to further explore the relationship between the level of perceived maternal support experienced by adult female victims of child sexual abuse and the current psychological functioning. As was cited in the above literature review, perceived maternal support is crucial after the victim's disclosure of the abuse and is often instrumental in the long-term adjustment of the victim, with little or no perceived maternal support often having lasting negative effects. It is hypothesized that the adjustment of the victim will increase relative to the level of reported perceived maternal support. It is also hypothesized that disclosing the abuse to the mother will have a significant
effect on the amount of reported perceived maternal support. Furthermore, it is believed the relationship between the mother of the victim and the perpetrator will be significantly related to the amount of support she is able to provide to her daughter, and, hence, the amount of support the daughter is able to perceive. Additionally, variables such as family constellation, frequency and duration of abuse will be examined. A control group of non-abused adult women was also sampled to differentiate between the effects of sexual abuse and/or perceived maternal support on current psychological functioning.
CHAPTER II

METHOD

Participants

A total of 73 (43 abused and 30 non-abused) adult women who lived in the Sierra Vista, Arizona area volunteered to participate in this study. The mean age of the women interviewed was 35.42 (SD = 11.58), with a range of 18 - 72. Of the 73 women interviewed, one woman identified herself as African American, one as Native American, two as Hispanic and the remaining 69 (93%) were Caucasian. The mean number of years the women had been educated was 14.49 (SD = 2.25), with a range of 7 - 22 years of schooling. Mean number of years of maternal and paternal education was 12.69 (SD = 2.78) and 13.44 (SD = 3.43), respectively. Of the participants, 44 (60.27%) were currently married, 19 (26.03 %) were divorced or separated, 9 (12.33%) were single and 1 (1.37%) was widowed. Eleven (15.07%) women identified themselves as being catholic, 32 (43.84%) protestant, 13 (17.80%) metaphysical or generally spiritual and 17 (23.29%) had no spiritual affiliation. Thirty-nine (53.42%) participants reported a change in their spiritual affiliation from childhood.

Instruments

A packet of several questionnaires, one asking for demographic information and one exploring history of sexual abuse, as well as a measure of maternal support and a measure of adjustment were used in this study.
**Demographic Information.** The researcher, using an interview format, recorded each participant’s responses to a questionnaire consisting of seventeen items pertaining to general demographic data (e.g., age, marital status, religion, and education, as well as parents’ marital status and education) (See Appendix A). Each participant was asked for a description of her childhood family constellation (e.g., persons that lived with her during her childhood, divorce or separation of parents, and moving from one household to another). As Testa, Miller, Downs, and Panek (1992) described in their study of social support and childhood sexual abuse, the description of family constellation was used to obtain a measure of family stability or disruptiveness. For the purposes of this study, each participant was assigned a family stability score in the range of one (extremely stable) to four (extremely unstable). A score of “one” reflected the absence of divorce or notable disruptiveness in the family (e.g., sibling leaving home before the age of 18 against his or her will). A score of “two” was assigned if the history included up to one divorce and remarriage. A score of “three” included between two and three marriages or remarriages and other family disruptions. The highest score of “four” was assigned if there were more than three marriages and more severe family disruptions (e.g., moving in and out of foster care).

**Sexual Abuse Questionnaire.** This two-part questionnaire developed by the researcher, gathers information about the participant’s history of child sexual abuse (See Appendix B). Part I of the questionnaire provides a definition of sexual abuse, then asks the participants to ascertain if they had been sexually abused and, if yes, by whom. Participants identifying themselves as victims of sexual abuse filled out the second part of the sexual abuse questionnaire. Part II includes items that investigate the details of the sexual abuse. These items include questions about the relationship of the perpetrator to the victim, and the
frequency, duration and severity of the abuse. Questions relating to the victim's mother are
also included. These items inquire as to whether or not the subject disclosed the abuse to the
mother, whether or not the mother believed the abuse occurred, and the steps taken, if any, by
the mother to prevent future abuse.

If the participant indicated that she had been sexually abused by more than one
perpetrator, a separate part two questionnaire was filled out for each perpetrator. In the case
of multiple perpetrators, the researcher analyzed only the abuse experience which was judged
most severe and potentially had the greatest impact.

**Parental Bonding Instrument (PBI).** To assess perceived maternal support, the 12-item
Caring subscale of the 25-item Parental Bonding Instrument (PBI) (Parker, 1979, 1983;
Parker, Tupling & Brown, 1979) was used (see Appendix C). Usually participants are asked
to rate each parent separately. However, for the purposes of this study, participants were
asked only to rate their mothers. The scale includes items such as "my mother does not help
me as much as I need," "my mother appears to understand my problems and worries," and "my
mother did not seem to understand what I need or want". Respondents were asked to rate
likeness or similarity of the 12 items to their own mother-daughter relationship on a 4-point
scale (1 = very like; 2 = moderately like; 3 = moderately unlike; 4 = very unlike).

Prior to completing the PBI, participants who indicated prior sexual abuse were asked
to rate on a 5-point Likert scale how stressful they felt the abuse was for them. They then were
asked to respond to each PBI item three times; one response for before the abuse occurred,
once for the time after the abuse occurred, and once for the amount of support presently
perceived. Participants, who identified themselves as non-victims, were also asked to respond
to each PBI item three times. However, in order to make the responses for the abuse (control)
and non-abuse (experimental) group on the perceived support scales as comparable as possible, the non-abused participants were first asked to think of the most negative event of their childhood, to indicate how old they were at the time of the event and also to rate the stressfulness of the event on the 5-point Likert scale. Examples of some of the negative events identified include: witnessing father physically abusing her mother, a grandparent's death, suicide attempt by mother, moving, and parents divorcing. Participants then responded to each item three times; once for perceived maternal support before the event occurred, once for immediately after the event occurred, and once for the present amount of perceived maternal support. In case the mother was deceased, participants in both groups were instructed to respond to the "now" mode by rating the level of maternal support perceived in the one or two years prior to the mother's death.

The PBI has been used successfully in child sexual abuse research to measure perceived emotional support by parents (Greenwald, Leitenberg, Cado & Tarran, 1990). Reliability and validity have been established for the measure. Test-retest reliability for the parental caring subscale has been reported to be in the range of .76 to .92 (Parker, 1983). Parker (1983) reports the caring subscale's internal consistency (alpha) for mothers to be .95. Some support for the validity of the measure is provided by the finding that participants' ratings of their parents correlate strongly with those of their siblings (Parker, 1983).

The Symptom Checklist-90-Revised (SCL-90-R). The SCL-90-R is a well-validated 90-item self-report inventory containing 9 symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism (Derogatis, 1983). The SCL-90-R also provides a Global Severity Index (GSI) which is used to assess the current overall level of psychological adjustment. Each
item consists of a symptom corresponding to one or more of the symptom dimensions. Example items are "headache", "trouble falling asleep," and "feeling tense and keyed up." Participants were asked to respond to each item by rating their current level of distress pertaining to that symptom on a 5-point Likert scale (0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, 4 = extremely). The SCL-90 usually requires no more than 15 minutes to complete. Reliability and validity have been well established. Test-retest ratings are high, ranging from .78 to .90 (Derogatis, 1983). Internal consistency (alpha) ranged from .77 to .90 with the dimension of depression having the highest alpha (Derogatis, 1983). This measure also highly correlates with other standardized measures of psychopathology such as the Minnesota Multiphasic Personality Inventory (Brophy, Norvell & Kiluk, 1988, Derogatis, 1983).

Procedure

Participants responded to one of two different classified ads that were placed in the local newspaper to recruit the subjects for the experimental and the control groups (see Appendix D). After telephoning the researcher, participants met for the interview with the researcher at a mutually convenient location. Most interviews took place in private meeting rooms at the public library, in restaurants or parks. In some cases, the participants requested to hold the interviews at their home. The researcher addressed confidentiality, explained the nature of the study and after consenting to participate in the study (see Informed Consent Form, Appendix E), the interview began. It was initially estimated that the entire interview would last 30 minutes or less. However, most interviews, especially with women identifying themselves as survivors of sexual abuse, lasted 60 minutes, with the longest lasting two hours.
The interview began with the researcher asking, obtaining and recording the information from the demographic interview. Next, the participants were given Part I of the sexual abuse questionnaire and, for those participants who indicated prior sexual abuse, Part II of the sexual abuse questionnaire also was administered. The appropriate Parental Bonding Instruments followed. Lastly, the participants were asked to fill out the Symptom Checklist-90-Revised.

After completion of the questionnaires and scales, participants were debriefed. The debriefing process included thanking the participants for volunteering. Potential concerns and risks for the participants were again addressed. The primary risks or concerns were identified by the researcher as 1) confidentiality issues and 2) possible discomfort in the participant from emerging feelings or concerns they may have about the experienced sexual abuse or their relationship with their mother.

To address the first concern of confidentiality, the researcher guaranteed confidentiality to the participants. Although the researcher had access to the participant’s first name and telephone number (and, in some cases, the home address), the participants were again informed that this information was only used to make contact with the participant. Any identifying information was discarded upon completion of the interview.

To address any possible discomfort from emerging feelings about the sexual abuse, participants were informed that mental health professionals were available to them should they choose to seek professional help. Participants were provided with the telephone number of the researcher as well as telephone numbers of appropriate mental health agencies in the area. Hopefully any discomfort felt was alleviated by the participants' awareness of the availability of
professional help. Finally, participants were informed that they might, if they desire, obtain the results of the study by contacting the researcher.
CHAPTER III
RESULTS

Table 1 provides a summary of the means and standards deviations, as well as ranges, of the demographic variables and background experiences of the abuse and non-abuse groups. An analysis of mean differences between the abuse and non-abuse groups revealed significant differences only on the background variables of number of marriages, family stability, and change in spiritual affiliation. Thus, the participants in the abuse group had a greater number of previous marriages, $t(70) = 2.22, p = .029$ and reported more family instability, $t(70) = -3.14, p = .003$. Furthermore, significantly more women in the abuse group (65% vs. 37% for the non-abuse group) also reported changing their childhood spiritual affiliation, $t(61) = -2.46, p = .017$.

The characteristics of the sexual abuse the women experienced are summarized on Table 2. It is apparent that the abuse these women endured was severe. The mean age of onset at 8 years old is quite young. The mean length the abuse lasted is over 4 years, with 44% of the abuse occurring once a week or more. More than 60% of the women interviewed reported being subjected to oral sex or actual intercourse with their perpetrator. Additionally, 29 (67.44%) of the cases of abuse were identified as incest. For the purposes of this study, incest was defined as abuse by fathers, persons in a surrogate paternal role, brothers, and grandfathers. Abuse by cousins, uncles, etc. was not defined as incest.
### Table 1

**Means of the Abuse and Non Abuse Groups on Demographic Variables**

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Abuse (N = 43)</th>
<th>Non Abuse (N = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Age</td>
<td>34.44</td>
<td>9.59</td>
</tr>
<tr>
<td>Years of Education</td>
<td>14.12</td>
<td>2.36</td>
</tr>
<tr>
<td>Mother’s Yrs. of Educ.</td>
<td>12.74</td>
<td>2.71</td>
</tr>
<tr>
<td>Father’s Yrs. of Educ.</td>
<td>13.23</td>
<td>3.25</td>
</tr>
<tr>
<td>Family Stability</td>
<td>2.28</td>
<td>1.08</td>
</tr>
<tr>
<td>Previous Marriages</td>
<td>0.88</td>
<td>1.05</td>
</tr>
</tbody>
</table>

*Note.* Family stability scores range from 1 (extremely stable) to 4 (extremely unstable).
Table 2

Characteristics of the Sexual Abuse

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Onset</td>
<td>8.37</td>
<td>4.11</td>
<td>1-16</td>
</tr>
<tr>
<td>Age Abuse Stopped</td>
<td>12.51</td>
<td>3.92</td>
<td>3-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>16.28</td>
</tr>
<tr>
<td>Several Times a Year</td>
<td>13.95</td>
</tr>
<tr>
<td>About Once a Month</td>
<td>9.30</td>
</tr>
<tr>
<td>Several Times a Month</td>
<td>16.28</td>
</tr>
<tr>
<td>About Once a Week</td>
<td>9.30</td>
</tr>
<tr>
<td>Several Times a Week</td>
<td>18.61</td>
</tr>
<tr>
<td>Almost Everyday</td>
<td>16.28</td>
</tr>
</tbody>
</table>

“Highest” Level of Sexual Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing or Hugging in Sexual Way</td>
<td>2.32</td>
</tr>
<tr>
<td>Fondling in a Sexual Way</td>
<td>6.98</td>
</tr>
<tr>
<td>Touching/Rubbing Genitals</td>
<td>30.23</td>
</tr>
<tr>
<td>Oral Sex</td>
<td>27.91</td>
</tr>
<tr>
<td>Intercourse</td>
<td>32.56</td>
</tr>
</tbody>
</table>
Of the 43 women abused, 25 (58.14%) chose to disclose the abuse to their mothers. The mean number of years that the victim waited to disclose the abuse after it occurred was 5.92 (SD = 9.59). The distribution of when the women chose to tell their mothers was quite large. Over half of the women that disclosed the abuse, (14 women, 56%) told their mothers immediately after the abuse occurred. For the rest of the women, 5 (20%) told within 5 years, 2 women (8%) each told within 10 and 20 years, 1 woman (4%) waited 25 years and 1 woman (4%) waited 38 years.

Although not all mothers who were told about the abuse believed their daughters initially, only 4 (16%) mothers did not presently believe any abuse had taken place during their daughters’ childhood. Of the 25 mothers who were told of the abuse, 8 took steps to try to prevent any further abuse. These steps included removing the daughter from the home, telling the offender to stay away from the daughter, not allowing the daughter to have contact with the offender, filing a police report and pressing criminal charges. Five women reported repeated abuse by the same perpetrator after they had disclosed the abuse to their mother. However, in only one of these repeated abuse cases did the mother not believe any previous abuse had occurred. Additionally, only one was a case where the mother had taken steps to prevent further abuse.

Of the perpetrators, 18 (41.86%) were reported to be the mother’s current spouse or boyfriend; 1 (2.32%) was an ex-spouse or ex-boyfriend; 12 (27.91%) a close family member (i.e., mother’s father, son or brother); 2 (4.65%) family members (i.e., mother’s cousin or uncle); 9 (20.93%) friends of the mother and 1 perpetrator was unknown to the mother. The mean score of mother’s “emotional closeness” to the perpetrator as perceived by the daughter was 4.14 (SD = 1.08) on a scale of 1 (“did not know abuser”) to 5 (“very close”).
Table 3 summarizes the means scores (and standard deviations) obtained by both abused and non-abused women on the nine symptom dimensions plus the Global Severity Index (GSI) of the SCL-90-R. A series of ten separate ANOVAs was conducted to determine if the differences were significant between the two groups (abused vs. non-abused) on reported psychopathology. The results of these ten ANOVAs were significant. As hypothesized, female adult survivors of sexual abuse reported more psychopathological symptoms than those women who were not abused. These analyses revealed that symptom levels were significantly higher for the abuse group for each of the SCL-90-R dimensions and the GSI. Furthermore, two of the abuse group’s symptom dimension mean scores (Obsessive-Compulsive and Interpersonal Sensitivity) and the GSI score fell in the clinical range (i.e., T score greater than 63).

When asked to rate the stressfulness of the abuse on a scale from 1 to 5, 33 (77%) women rated the experience as “5” (“extremely stressful”); 7 (16%) women as “3” (“moderately stressful”); 2 (5%) women rated the experience as “4” (between “moderately” and “extremely”). Only one woman (2%) rated the abuse as “1” (“not stressful at all”). The mean stressfulness score of the child sexual abuse was 4.54 (SD = .94) on the 5-Point Likert scale. In comparison, the women who were not sexually abused were asked to rate the stressfulness of a negative childhood event they were asked to remember during the interview. The mean stressfulness score for these non-abused women was group was 4.20 (SD = .85) with a range of 2 to 5. The difference in reported stressfulness between the abuse and non-abuse groups was not statistically significant, F(1,72) = 2.45, p = .122. When looking at the
Table 3

Impact of Sexual Abuse on Symptom Dimensions of the SCL-90-R

<table>
<thead>
<tr>
<th>Symptom Dimension</th>
<th>Abuse (N = 43)</th>
<th>Non Abuse (N =)</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Somatization</td>
<td>57.5</td>
<td>10.4</td>
<td>50.2</td>
<td>7.3</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>63.6</td>
<td>10.4</td>
<td>56.8</td>
<td>7.2</td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>63.5</td>
<td>9.9</td>
<td>54.4</td>
<td>9.0</td>
</tr>
<tr>
<td>Depression</td>
<td>62.7</td>
<td>12.4</td>
<td>54.6</td>
<td>8.7</td>
</tr>
<tr>
<td>Anxiety</td>
<td>60.7</td>
<td>11.1</td>
<td>51.1</td>
<td>10.6</td>
</tr>
<tr>
<td>Hostility</td>
<td>61.4</td>
<td>11.2</td>
<td>52.6</td>
<td>8.5</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>56.8</td>
<td>11.7</td>
<td>47.2</td>
<td>7.8</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>60.4</td>
<td>10.5</td>
<td>51.8</td>
<td>9.2</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>62.1</td>
<td>13.7</td>
<td>53.8</td>
<td>9.1</td>
</tr>
<tr>
<td>Global Severity Index</td>
<td>64.2</td>
<td>9.9</td>
<td>54.3</td>
<td>8.2</td>
</tr>
</tbody>
</table>
entire sample of women, significant differences were found between the levels of perceived stressfulness and SCL Global Index scores, $F(4,72) = 6.09, p < .05$. Further correlation analyses showed that, generally speaking, higher perceived levels of stressfulness of the remembered event or the sexual abused were correlated with higher scores on the GSI ($r = .350, p = .002$ for the entire sample; $r = .325, p = .033$ for the abuse group; $r = .264, p = .158$ for the non-abuse group).

Table 4 provides a summary of means and standard deviations (including $F$ and $p$ values) on the symptom dimensions for the abused women disclosing the abuse and for those not disclosing the abuse to their mothers. The differences between women who chose to disclose the abuse to their mothers and women that did not disclose were examined with a series of ten separate ANOVAs. The results indicated that women who disclosed the abuse to their mothers received a higher score and in the clinical range on the GSI than women who did not disclose, $F(1,42) = 4.16, p = .048$. Women who disclosed the abuse also received significantly higher (and also in the clinical range) scores on the hostility dimension of the SCL-R-90 than those women that did not disclose, $F(1,42) = 4.09, p = .050$. Additionally, the differences between women who disclosed the abuse and those that did not disclose approached significance on two of the other SCL-R-90 dimensions, interpersonal sensitivity, $F(1,42) = 3.48, p = .070$, and psychoticism, $F(1,42) = 3.82, p = .060$. Again, as indicated by the means, women who disclosed the abuse scored higher on these measures of psychopathology than women who did not disclose.

Table 5 provides means and standard deviations, as well as $F$ and $p$ values, for the abuse characteristics of those women who disclosed and did not disclose their abuse to their mothers. Differences in these actual abuse characteristics for the two disclosure groups
Table 4

Differences in Symptom Dimension Scores of the SCL-90-R between Disclosure and Non Disclosure of Sexual Abuse

<table>
<thead>
<tr>
<th>Symptom Dimension</th>
<th>Disclosure N = 25</th>
<th>Non Disclosure N = 18</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Somatization</td>
<td>59.72</td>
<td>10.80</td>
<td>54.39</td>
<td>9.29</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>65.52</td>
<td>10.92</td>
<td>60.83</td>
<td>9.15</td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>65.80</td>
<td>10.45</td>
<td>60.28</td>
<td>8.20</td>
</tr>
<tr>
<td>Depression</td>
<td>63.36</td>
<td>14.82</td>
<td>61.89</td>
<td>8.25</td>
</tr>
<tr>
<td>Anxiety</td>
<td>62.08</td>
<td>11.70</td>
<td>58.67</td>
<td>10.06</td>
</tr>
<tr>
<td>Hostility*</td>
<td>64.24</td>
<td>10.27</td>
<td>57.50</td>
<td>11.45</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>57.08</td>
<td>12.56</td>
<td>56.33</td>
<td>10.67</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>62.20</td>
<td>10.24</td>
<td>58.00</td>
<td>10.75</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>65.48</td>
<td>13.24</td>
<td>57.44</td>
<td>13.40</td>
</tr>
<tr>
<td>Global Severity Index*</td>
<td>66.76</td>
<td>10.24</td>
<td>60.72</td>
<td>8.55</td>
</tr>
</tbody>
</table>

*p < 0.05
Table 5

Relationship of Sexual Abuse Characteristics and Abuse Disclosure

<table>
<thead>
<tr>
<th>Abuse Characteristic</th>
<th>Disclosure N = 25</th>
<th>Non Disclosure N = 18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S</td>
</tr>
<tr>
<td>Frequency*</td>
<td>5.84</td>
<td>2.32</td>
</tr>
<tr>
<td>Severity</td>
<td>4.96</td>
<td>1.28</td>
</tr>
<tr>
<td>Age of Onset*</td>
<td>7.32</td>
<td>3.77</td>
</tr>
<tr>
<td>Age Abuse Stopped</td>
<td>12.20</td>
<td>3.91</td>
</tr>
<tr>
<td>Mother's Closeness to Abuser</td>
<td>4.28</td>
<td>1.06</td>
</tr>
<tr>
<td>Incest</td>
<td>0.76</td>
<td>0.44</td>
</tr>
<tr>
<td>Therapy</td>
<td>0.76</td>
<td>0.44</td>
</tr>
</tbody>
</table>

*p < .05
also were examined with another series of ANOVAs. These analyses indicated that the severity of the abuse, age the abuse stopped, presence of incest, emotional closeness of the mother to the abuser, and whether or not the participant sought therapy did not significantly differ between the two disclosure groups. However, the age of onset and frequency of the abuse did significantly differ between the two groups. The mean age of onset of sexual abuse for the women who disclosed the abuse was 7.32 years (SD = 3.77) versus 9.83 years (SD = 4.22) for the women who did not disclose. The mean frequency of the sexual abuse for the women who disclosed was 5.84, equivalent to “about once a week,” (SD = 2.32) versus 3.67, equivalent to “about once a month,” (SD = 1.88) for the women who did not disclose the abuse to their mothers. Thus, the younger the woman was when the abuse began and the more frequently the abuse occurred, the more likely she was to tell her mother. An additional ANOVA revealed that the women who did not disclose the abuse to their mothers originated from a significantly more “stable” family (M = 1.89, SD = .76) than those women that did disclose (M = 2.56, SD = 1.19), F (1,42) = 4.40, p = .042.

Women who indicated that they had received some sort of therapy to help deal with the abuse (n = 31) also scored significantly higher and in the clinical range (M = 66.26, SD = 10.03) on the GSI than women who reported not seeking therapy (n = 12, M = 59.0, SD = 7.76), F (1,42) = 5.07, p = .030.

To examine the relationship between perceived maternal support and a number of other variables of interest (i.e., frequency and severity of abuse, age of onset, level of perceived stressfulness of the abuse), several statistical analyses were conducted. First, the correlations between the three ratings of perceived maternal support, more specifically, support before or prior to the abuse, support after the abuse occurred, and the present support, were calculated.
All three possible intercorrelations were found to be significantly correlated. Thus, the \( r \) between perceived maternal support "before" and "after" the abuse was .665, between "before" and "now" rating was \( r = .369 \), and between "after" and "now" rating was \( r = .442 \), all \( p \)’s < .05. Table 6 provides a summary of the \( r \) and \( p \) values for the participants’ three ratings of perceived maternal support with each of the previously mentioned major sexual abuse characteristics. Only the correlation of frequency of abuse and reported maternal support after the abuse was statistically significant \( (r = .30, p = .050) \). Thus, the more frequently the abuse occurred, the more maternal support the women reported to have perceived immediately following the abuse.

To test the hypothesis of that the relationship between the mother of the victim and the perpetrator will be significantly related to the amount of support the daughter is able to perceive, correlational analyses were conducted between level of closeness of mother to perpetrator and the three reported maternal support scores. As also seen on Table 6, no significant correlations were found for any of the three perceived maternal support scores, indicating reported emotional closeness of mother and perpetrator did not relate to perceived maternal support.

ANOVA were then conducted to determine significant differences for the three measures ("before," "after", "now") of perceived maternal support and the two categorical sexual abuse characteristics incest and therapy to determine if perceived support differed between women who experienced incestuous abuse versus abuse that was not incestuous; as well as between women who eventually sought therapy and those who did not. The results of these analyses are summarized in Table 7. Women who reported their abuse to be incest \( (n = 29) \) perceived their mothers to be more supportive after the abuse occurred \( (M = 35.83, SD = \)
Table 6

Relationship of Maternal Support and Sexual Abuse Characteristics

<table>
<thead>
<tr>
<th>Abuse Characteristic</th>
<th>Maternal Support Before Abuse</th>
<th>Maternal Support After Abuse</th>
<th>Maternal Support Now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Frequency</td>
<td>0.07</td>
<td>0.30</td>
<td>0.14</td>
</tr>
<tr>
<td></td>
<td>0.657</td>
<td>0.050*</td>
<td>0.373</td>
</tr>
<tr>
<td>Severity</td>
<td>0.19</td>
<td>0.27</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>0.236</td>
<td>0.077</td>
<td>0.807</td>
</tr>
<tr>
<td>Age of Onset</td>
<td>0.22</td>
<td>-0.07</td>
<td>-0.16</td>
</tr>
<tr>
<td></td>
<td>0.162</td>
<td>0.662</td>
<td>0.307</td>
</tr>
<tr>
<td>Level of Stressfulness of Abuse</td>
<td>0.02</td>
<td>0.14</td>
<td>-0.15</td>
</tr>
<tr>
<td></td>
<td>0.876</td>
<td>0.383</td>
<td>0.346</td>
</tr>
<tr>
<td>Mother's Closeness to Abuser</td>
<td>0.05</td>
<td>0.08</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>0.754</td>
<td>0.628</td>
<td>0.965</td>
</tr>
</tbody>
</table>

* p < .05
Table 7

Differences in Maternal Support and Incest & Therapy Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Before Abuse</th>
<th>Maternal Support</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value</td>
<td>Value</td>
<td>Value</td>
</tr>
<tr>
<td>Incest</td>
<td>F 0.87</td>
<td>p 0.356</td>
<td>F 6.81</td>
</tr>
<tr>
<td>Therapy</td>
<td>F 1.00</td>
<td>p 0.324</td>
<td>F 4.30</td>
</tr>
</tbody>
</table>

*p < .05
9.15) than the women who were abused by someone outside their immediate family (\( M = 27.86, SD = 9.87 \)). Women who reported seeking therapy also perceived their mothers to be more supportive after the abuse occurred (\( M = 35.13, SD = 8.71 \)) than those women who did not report seeking therapy (\( M = 28.33, SD = 11.83 \)).

For the sample of women who were sexually abused, a simple multiple regression was performed to test the predictive value of the ‘frequency,’ ‘severity,’ and ‘age of onset’ abuse variables on the measure of current psychological adjustment, the SCL Global Severity Index. As was hypothesized, the regression equation for these variables was significant for this sample of abused women, \( F (3, 42) = 2.95, p = .044 \). Although the individual predictors were not significant in this regression equation, the combination of the three predictors accounted for 18.5% of the variance of the Global Severity Index. The Beta coefficients indicated that the more severe and frequent the abuse and the earlier the age of onset, the more severe the reported psychopathology.

To test the hypothesis that the adjustment of the victim will increase relative to the level of reported perceived maternal support correlational analyses were performed. Table 8 summarizes these analyses conducted to determine relationships between the three reported perceived maternal support scores (before abuse, after abuse and now) and self-reported measures of psychopathology. For the entire sample of abused women, no significant relationship was found for any of the measures of support and psychopathology. Additional correlational analyses of the three maternal support scores and the SCL-90-R symptom dimension depression also resulted in no significant findings. When the disclosure and non-disclosure groups were examined individually, no significant correlations were found.
Table 8

Correlations of SCL-90-R Global Severity Index and Perceived Maternal Support

<table>
<thead>
<tr>
<th>Maternal Support</th>
<th>All Abused N = 43</th>
<th>Disclosure N = 25</th>
<th>Non Disclosure N = 18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td>p</td>
<td>r</td>
</tr>
<tr>
<td>Before Abuse</td>
<td>-0.005</td>
<td>0.973</td>
<td>0.085</td>
</tr>
<tr>
<td>After Abuse</td>
<td>0.187</td>
<td>0.229</td>
<td>0.369</td>
</tr>
<tr>
<td>Now</td>
<td>0.227</td>
<td>0.144</td>
<td>0.333</td>
</tr>
</tbody>
</table>
However, two results approached significance. The correlations of the GSI (psychopathology measure) and perceived support after the abuse ($r = .369, p = .070$) occurred and now ($r = .33, p = .104$) approached significance for the women who disclosed the abuse to their mothers, indicating that the more supportive they perceived their mother after the abuse and at present; the higher they reported their present psychopathology.

To assess a potential relationship of disclosing the abuse and perceived maternal support, a 2 (Disclosure/Non-Disclosure) x 3 (Before/After/Now) analysis of variance was performed to assess main and interaction effects between disclosure and the three reported scores of maternal support. No significant interaction effect was found $F(2, 123) = .51, p > .05$. Additionally, there was no main effect for disclosure, $F(1, 123) = 1.97, p > .05$. However, the main effect for maternal support evaluated over the three time periods (before, after and now) was significant, $F(2, 123) = 6.05, p < .01$. Abused women reported significantly higher levels of perceived maternal support immediately after the abuse occurred ($M = 33.23$) than before the abuse occurred ($M = 28.98$) and now ($M = 26.186$).
CHAPTER IV
DISCUSSION

Results of this study provide additional support for the pervasiveness of long term effects of child sexual abuse on adult psychological adjustment. Consistent with work previously cited (i.e., Browne et al., 1986; Cunningham et al., 1988; Lundberg-Love et al., 1992), women who identified themselves as survivors of childhood sexual abuse reported more severe psychological symptoms than those women who had not experienced abuse. Furthermore, several of the characteristics of the sexual abuse (i.e., age of onset, severity, and frequency of the abuse) that the woman experienced were found to be related to the woman’s later adult mental health.

Contrary to the hypothesis, disclosing the abuse to mothers was related to more adult psychopathology. Compared to women who did not disclose their abuse, women who disclosed the abuse self-reported higher, even clinical range scores on overall adult psychopathology. Although this finding may appear to be counterintuitive, there are several possible explanations. First, the decision to disclose was for this sample related to two other mediating variables, frequency of abuse and age of onset. The younger the daughter was when the abuse began and the more frequently the abuse occurred the more likely she was to tell her mother about the abuse. The frequency of the abuse and the youth of the child may have been a factor in wanting the abuse to stop and, thus, disclosing the abuse to the mother.
Also, possibly, the earlier onset and greater frequency may have resulted in a much more traumatic experience of child sexual abuse and may be the very reason that disclosers indicated more pathology as adults.

Second, the response a person receives after disclosure has been shown to be related to later adjustment (Roesler, 1994). Everson et al. (1989) found that nearly 25% of mothers were not able to give a positive response (i.e. conveying belief that the abuse occurred, taking steps to ensure no further abuse would occur) to their daughters after disclosure of incest. Dejong’s (1998) study of maternal responses to their children’s sexual abuse found that nearly a third (31%) of the women interviewed were not able to express support to their children. As previously described, these women either did not believe the abuse occurred, felt anger toward the child or social services, and/or continued relationships with the perpetrator. Dejong described supportive mothers as believing the abuse had occurred and that the perpetrator was responsible for the abuse. Other than asking if the mother believed the abuse occurred, this present study did not question what type of emotional or possibly, supportive response the women received after disclosing the abuse to their mothers. Perhaps a negative response served to increase the likelihood of later maladjustment. This may be one area of study for future research.

Women who disclosed the abuse to their mothers rated themselves as being significantly more hostile than those women who did not disclose the abuse. It may be possible that those women who disclosed to their mothers did not receive the type of support or response they had envisioned and are experiencing a reaction formation. Maybe they are inappropriately projecting their anger and hostility on their mothers rather than on the perpetrator of the sexual abuse. In some cases, the abuser may not be in the victim’s life
anymore while the mother is most likely still present and a perfect person on which to place understandable, yet misguided anger.

Additionally, those women who had received some sort of therapy for the problems associated with the abuse also self-reported higher psychopathology. Although it seems counterintuitive to find that the absence of therapy was actually related to higher levels of adjustment, this finding supports Tsai, Feldman-Summers, and Edgar’s (1979) study of adult survivors of child sexual abuse. Tsai et al. (1979) found that women who sought treatment for the abuse were less adjusted than those that did not. One explanation might be that the recruitment of participants of this study served to attract those women who were still in the midst of dealing with their child sexual abuse. Since no monetary incentives were offered for participation in this study, maybe the motivation was to receive some additional relief by talking about the abuse. Or, quite possibly, more disturbing symptoms resulted in a higher likelihood of seeking therapy.

The finding that women who did not disclose the abuse originated from more “stable” families than those that did not disclose is also very interesting. “Stable,” for the purpose of this study, was simply defined as how many changes took place in the child’s household. However, sometimes the disclosure of abuse by a child will precipitate a change in the household (i.e., by removing the perpetrator or placing the child in foster care). Thus, by this study’s standards a change, even an adaptive change, would serve to define the family as less stable. The simplicity of the definition of family stability is a definite limitation of this study. Perhaps, more factors, such as presence of alcohol, drug, physical and spousal abuse could also be considered.

The amount of reported perceived maternal support did not significantly relate to current adult adjustment for the entire group of abuse women and, more specifically, for the
women who disclosed and did not disclose the abuse to their mothers. However, one result approached significance. For the women who disclosed the abuse to their mothers, the higher they rated the amount of maternal support immediately after the abuse occurred the higher they reported current psychopathology. As a reminder, the decision to disclose was significantly associated with the frequency of the abuse and early age of onset. Also, as previously reported, mothers tended to believe younger children more readily than older children after a disclosure of sexual abuse. Perhaps, women were able to perceive higher amounts of support from their mothers immediately after the abuse because of their young age, however the trauma of the type of abuse endured still served to result in higher reported levels of psychopathology. For the entire abuse group, the maternal support scores were higher immediately after the abuse occurred. Possibly the very nature of this study in utilizing retrospective recollections of the maternal support could have made an impact on these perceived maternal support scores. In looking back as an adult woman, the participant may have wished that the support she received after the abuse occurred was high.

Another explanation for the above finding of this study may be found in Barrera’s (1986) review of the social support literature. In his attempt to conceptualize social support, Barrera (1986) defined several models of social support. The “support seeking/triage” model states that those persons with the most problems associated with a stressful event will seek out social support. Hence, for the purposes of this study, those women who showed the greatest symptomatology, perceived their mother’s as more supportive after the traumatic incidents of child sexual abuse occurred.

Finally, it was not the intent of this research to blame mothers for the aftermath of child sexual abuse. The responsibility of the damage to a child’s, and later a woman’s psyche, lays
solely with the perpetrator who chooses to take away a child’s innocence and trust for his own gratification. It is important, however, to continue searching for avenues to alleviate the pain of the abuse for the child. Because mothers are usually the most prominent social support in an abused child’s life, it is paramount, as Lovett (1995) states, both to restore the mother-daughter relationship and to empower mothers in our society.
APPENDIX A

Demographic Information
Interview to Obtain Demographic Information Instructions (read to participant): To begin, I am going to ask you a series of questions about yourself and your background. Please remember that all of your responses will be held strictly confidential and you may choose not to respond to any of the questions. Thank you in advance for your cooperation.

How old are you?
How much education have you had?
What is your current occupation?
What is your current marital status?
How many previous marriages have you had?
(If divorced or separated) How long were you married/separated for each marriage?
Do you have a spiritual or religious affiliation?
(If yes) What is your spiritual or religious affiliation?
Is this affiliation different now than it was during your childhood?
(If yes) What was your childhood religious affiliation?
What was your mother's occupation during your childhood?
What is your mother's current occupation?
How much education does your mother have?
What was your father's occupation during your childhood?
What is your father's current occupation?
How much education does your father have?

Now I am going to ask you about your family while you were growing up. Because of divorces, deaths, siblings leaving, and other reasons, the make-up of households or homes often changes. As best as you can remember; please tell me who lived in your household while you were growing up. Tell me who left and entered the household and why. Let's begin from the time you were born and continue until your 18th birthday. Let me give you an example - When I was born my mom, dad and I lived in our home. Then when I was two, my brother was born so he entered our household. When I was four, my parents got divorced so my dad left the home. Do you have any questions? Let's begin.

Follow-up questions -- (In case of divorce or separation, if not clear from response) did your mother/father remarry? How old were you? How many times? Did he/she ever live with any significant others? How old were you? How many times?
APPENDIX B

Sexual Abuse Questionnaire
Part I

Definition of Child Sexual Abuse

Child Sexual Abuse is any sexual activity between a child and another person who is at least 5 years older. Sexual acts include: adults exposing their genitals to a child, kissing, fondling, masturbation, oral sex, anal sex, and intercourse.

1. After reading the above definition, do you believe you were sexually abused at any time during your childhood or adolescence? (Circle one)

   Yes    No

2. If yes, how was the person who abused you related to you?

   (Check as many as apply)

   Biological Father          Biological Mother
   Stepfather                  Stepmother
   Mother's Boyfriend         Father's Girlfriend
   Grandfather                 Grandmother
   Brother                    Sister
   Uncle                      Aunt
   Fosterfather               Fostermother
   Member of the Clergy       Babysitter/Caretaker
   Friend                     Stranger
   Friend of Family           Other (please explain)
Sexual Abuse Questionnaire – Part II

The following questions pertain to specific information about the sexual abuse you experienced. If you have been abused by more than one person, please fill out one questionnaire for each of the persons who abused you. Again remember, all of your responses will be kept confidential and you may stop any time you choose. Skip any questions you do not feel comfortable answering.

1. How old were you when the abuse began?
2. How old were you when the abuse stopped?
3. Have you ever sought professional help as a result of being sexually abused (for example, psychologist, psychiatrist, therapy groups, social worker, etc.)?

   Yes   No

4. How often did the abuse occur? (Check one)

   Almost everyday
   . Several times a week
   . About once a week
   . Several times a month
   . About once a month
   . Several times year
   . Once a year
   . Only once
   . Other (please explain)

5. What acts did the abuse include? (Please check as many as apply)

   . An invitation or request to do something sexual
   . Kissing and hugging in a sexual way
   . Other person showing his/her sex organs to you
   . You showing your sex organs to other person
   . Other person fondling you in a sexual way
   . You fondling other person in a sexual way
   . Other person touching/rubbing your sex organs
   . You touching/rubbing other person's sex organs
   . Other person placing his/her mouth on your sex organs
   . You placing your mouth on other person's sex organs
   . Intercourse
   . Other (Please explain)
6. How was the person who abused you related to you?

- Biological Father
- Stepfather
- Mother's Boyfriend
- Grandfather
- Brother
- Uncle
- Fosterfather
- Member of the Clergy
- Friend
- Friend of Family

- Biological Mother
- Stepmother
- Father's Girlfriend
- Grandmother
- Sister
- Aunt
- Fostermother
- Babysitter/Caretaker
- Stranger
- Other (please explain)

7. How was the person who abused you related to your mother at the time that the abuse occurred?

- Spouse
- Ex-spouse
- Boyfriend
- Ex-Boyfriend
- Daughter
- Son
- Sister
- Brother
- Sister-in-law
- Brother-in-Law
- Mother
- Father
- Stepmother
- Stepfather
- Friend
- Mother did not know person
- Other (please explain)

8. How close was this person to your mother?

- Very close
- Close
- A little close
- Not close
- Unknown to mother

9. Many people who have been sexually abused will eventually tell their mothers about the abuse. Have you ever told your mother about the abuse?

   Yes       No
10. If yes, how long after the abuse occurred did you wait to tell your mother?

11. What age were you when you told your mother?

12. When you first told your mother, did she believe the abuse occurred?
   Yes  No

13. If no, did she believe you at a later time?
   Yes  No

14. If she did believe, did she take steps to ensure no further abuse would occur?
   Yes  No
   If yes, what steps did she take?

15. Did the abuse occur again (by the same person) after you told your mother about it?
   Yes  No

16. Did you ever tell anyone else (besides your mother) about the abuse?
   Yes  No
   If yes, whom did you tell?
APPENDIX C

Perceived Parental Support Instrument—Caring Subscale
Mother-Daughter Relationship – Abused Participant

Please read the following statements pertaining to your relationship with your mother. Respond to each statement three times. First, respond how much you believe the statement describes your mother before the abuse began, second, how much you believe the statement describes your mother after the abuse ended, and finally how much you believe the statement describes your mother at the present time. If your mother is deceased, please respond to the "now" mode by indicating how much the statement described your mother during the one to two years prior to her death. (If deceased, please note year of her death.)

Before filling out this questionnaire, please indicate how stressful you believe the abuse was for you.

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Please circle the number that indicates how like of unlike each of the following statements is of your mother.

1. My mother speaks to me with a warm and friendly voice.

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2. My mother does not help me as much as I need.

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3. My mother seems emotionally cold to me.

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4. My mother appears to understand my problems and worries.

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5. My mother is affectionate to me.

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6. My mother enjoys talking things over with me.

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7. My mother frequently smiles at me.

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8. My mother does not seem to understand what I need or want.

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9. My mother makes me feel I wasn't wanted.

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10. My mother can make me feel better when I am upset.

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11. My mother does not talk to me very much.

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12. My mother does not praise me.

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Mother-Daughter Relationship—Non Abused Participant

Please read the following statements about your relationship with your mother. Before filling out this questionnaire, please try to remember the most negative event that occurred during your childhood. Examples of negative events include: divorce of parents, death of a close relative or friend, moving, or natural disaster. (These are just examples, you may choose to think of any negative event.)

Once you have that event in your mind, respond to each statement three times. First, respond how much you believe the statement describes your mother before the event took place, second how much the statement describes your mother immediately after the event took place, and finally, how much you believe the statement describes your mother at the present time. If your mother is deceased, please indicate in the “now” mode how much the statement described your mother during the one to two years prior to her death. (If deceased, please note year of her death.)

Before filling out this questionnaire, please indicate how stressful you believe the event was for you.

1                       2                       3                       4                       5
Not Stressful            Moderately Stressful     Extremely Stressful
At All                    Stressful

What event are you thinking of?

How old were you at the time of the event?

Please circle the number that indicates how like or unlike each of the following statements is of your mother.

1. My mother speaks to me with a warm and friendly voice.

Before Event

1
Very Like 2
Moderately like 3
Moderately Unlike 4
Very Unlike

After Event

1
Very Like 2
Moderately like 3
Moderately Unlike 4
Very Unlike

Now

1
Very Like 2
Moderately like 3
Moderately Unlike 4
Very Unlike
2. My mother does not help me as much as I need.

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3. My mother seems emotionally cold to me.

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4. My mother appears to understand my problems and worries.

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5. My mother is affectionate to me.

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6. My mother enjoys talking things over with me.

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7. My mother frequently smiles at me.

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8. My mother does not seem to understand what I need or want.

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9. My mother makes me feel I wasn't wanted.

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10. My mother can make me feel better when I am upset.

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11. My mother does not talk to me very much.

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12. My mother does not praise me.

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APPENDIX D

Advertisement Recruitment Material
Experimental Group

If you are a woman at least 18 years old and a survivor of child sexual abuse, please consider volunteering 30 minutes to participate for a study on child sexual abuse conducted by Bettina Garner Earl, a graduate student in clinical psychology at the University of Dayton. For further information, please call 459-6124 and leave your first name and telephone number. All information will be held strictly confidential.

Control Group

Interested in volunteering 30 minutes to participate in a research project on mother daughter relationships? My name is Bettina Garner Earl, graduate student in clinical psychology at the University of Dayton. If you are a woman at least 18 years old and would like further information, call 459-6124 and leave your first name and telephone number. All information will be held strictly confidential.

*The ads were placed consecutively for two weeks each in the classified section of the Sierra Vista Herald newspaper during the fall and winter of 1993.
APPENDIX E

Informed Consent Form
Informed Consent Form

Bettina Garner Earl has explained to me the purpose and requirements of this study which is being supervised by Dr. John Korte at the University of Dayton. My participation in this study is completely voluntary. I understand that I am guaranteed certain rights. If I choose to participate in this study, I may at any time refuse to answer any question I find objectionable. I am free to discontinue my participation in this study at any time. If I have any questions, I am free to ask.

I understand my participation will take approximately 30 minutes. I will be filling out a series of short questionnaires pertaining to child sexual abuse, mother-daughter relationships and general information about myself.

The researcher, Bettina Garner Earl, has stated that my participation in this study and all of my responses will remain confidential. My name and telephone number were only used to contact me and will not be associated with my responses on the questionnaires. Further, the researcher will not inform other people that I have participated in this study.

I further understand that if I wish I may obtain the results of this study by contacting Bettina Garner Earl at 459-6124.

I AGREE TO PARTICIPATE IN THIS STUDY.

_____________________________  _______________________
Signature of Participant        Date

_____________________________  _______________________
Signature of Researcher         Date
REFERENCES


