# Examining the Effects of Child Sexual Behavior Problems on the Quality of

the Parent-Child Relationship

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# **ABSTRACT**

- The purpose of this study is to add to current research by examining the effects of child sexual behavior problems on the already challenged relationships between parents and their maltreated children.
- 179 maltreated children and their biological mothers were referred to Parent Child Interaction Therapy (PCIT), 19.9% of whom were rated as having high levels of sexual behavior problems.
- Results show that parents of children exhibiting sexual behavior problems demonstrated significantly greater hostility toward their children than other parents, most notably in situations regarding child compliance.

## INTRODUCTION

- Research has shown that children who have experienced maltreatment often demonstrate disruptive behaviors such as aggression and defiance (Kim & Cicchetti, 2003; Shonk & Cicchetti, 2001), and reflect problems in the parent child relationship (DuPaul et al., 2001).
- Children who have experienced maltreatment such as physical abuse or neglect may also present co-occurring problems such as sexualized behaviors (Merrick, Litrownik, Everson, & Cox, 2008).
- Pithers et al. (1998) found that caregivers of children with sexualized behaviors thought parenting their children was more difficult and less rewarding.
- Further research shows that insecurely-attached parenting styles such as rejection and poor monitoring are shown to be associated with cumulative distress and sexual behavior problems in children (Friedrich, Davies, Feher, & Wright, 2003).
- Silovsky and Niec (2002) examined how parenting styles and attitudes associated with sexual behavior problems in maltreated children impact sexual behaviors and found that stigmatizing responses and distress added to further disruptions in the parent-child relationships.
- Elevated distress on the maltreated child and increased parenting concerns by the caregivers on how to manage sexual behavior problems demonstrates how the parent-child relationship between maltreated children who exhibit sexual behavior problems and their caregivers can have difficulties.
- The purpose of this study is examine how sexual behavior problems in maltreated children impact their relationships with their biological mothers.

# HYPOTHESES

• Based on previous research, we hypothesize that caregivers of children exhibiting sexual behavior problems will demonstrate less emotional availability to their children than caregivers of children not exhibiting sexual behavior problems.

# METHOD

### **Participants**

- 179 maltreated, clinic-referred young children and their biological mothers were included in the current study.
- Parents entered treatment with children ranging between 2.7 years and 6.8 years of age, with an average of 4.49 years of age.

### Measures

- The Trauma Symptom Checklist for Young Children (TSCYC) is a caregiver-report inventory designed to assess the severity of trauma-related symptoms in children 3 to 12 years old (Briere, 2005).
- The Emotional Availability (EA) scales is an observational measure designed to assess the quality of the parent-child relationship (Biringen et al., 2014).

### Procedure

- Mother-child dyads were evaluated before entering treatment (PCIT). Parents and children were observed in three 5-minute parent-child interactions (child directed play, parent directed play, cleanup) designed to elicit varying amounts of parental control as well as the child's response.
- During child-directed interaction, the child has control over the parent-child game. However, as the interaction moves to parent-directed interaction, the parent must direct the interaction. Cleanup requires the parent to direct the child to clean up without the parent's help.
- Interactions between mother and child during the 15-minute tapes were coded according to the Emotional Availability coding system (EA, 3<sup>rd</sup> Ed.; Biringen, 2000). The EA Scales have four parent scales (i.e., sensitivity, non-hostility, non-intrusiveness, structuring) and two child scales (i.e., responsiveness, involving).
- The TSCYC was primarily used for this study to focus on the 9-item Sexual Concerns response scale containing statements such as, "Pretending to have sex," "Touching other children's or adult's private parts (under or over clothes)."
- In this study, we use the Sexual Concerns scale of the TSCYC to categorize children into one of two groups:
- High levels of sexual concerns
- Normal range of sexual concerns

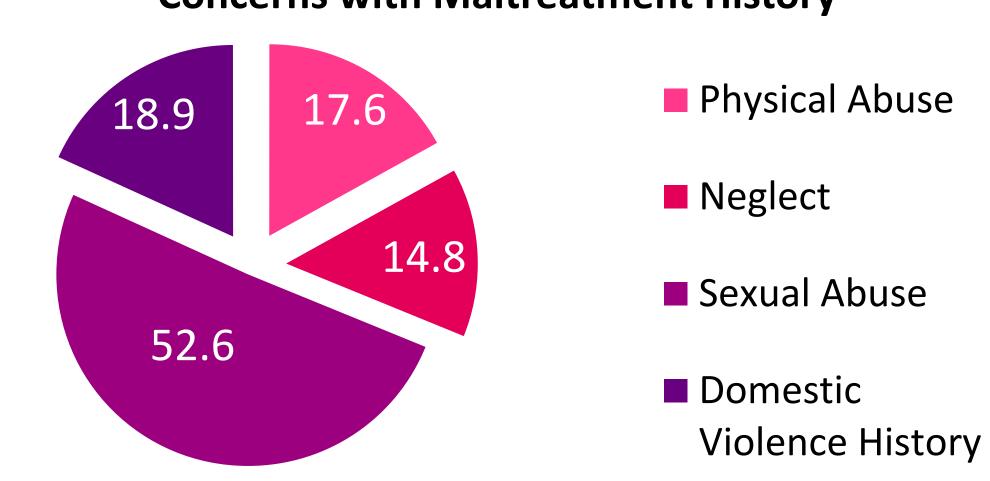
# RESULTS

# Table 1. Descriptive Statistics for Demographics of Maltreated Children and Mothers

Characteristic	N = 179
Sex of child (% male)	54.0
Mean age of child (SD)	4.49 (1.04)
Ethnicity of mother	
Caucasian (%)	37.9
African American (%)	33.6
Latina (%)	22.4
Other (%	6.1
Risk History	
Physical Abuse (%)	29.3
Neglect (%)	50.6
Ever in Foster Care (%)	54.0
Sexual Abuse (%)	11.0
Sexual Concerns of Children	
Normal range (%)	80.1
Borderline to Clinical Levels (%)	19.9
Mean age of Mother in years (SD)	28.3 (4.9)
Mothers' Marital Status (% Single)	72.7
Mothers' educational attainment Mean years (SD)	12.0 (1.4)

# Graph 1. Relationship Between Sexual Concerns and Maltreatment History

# Percent of Children with Elevated Sexual Concerns with Maltreatment History



• Among children with elevated sexual concerns, 52.6% of children had experienced sexual abuse  $\chi$ 2=14.04, df=1, p<.001. Sexual abuse history was controlled for all subsequent analyses.

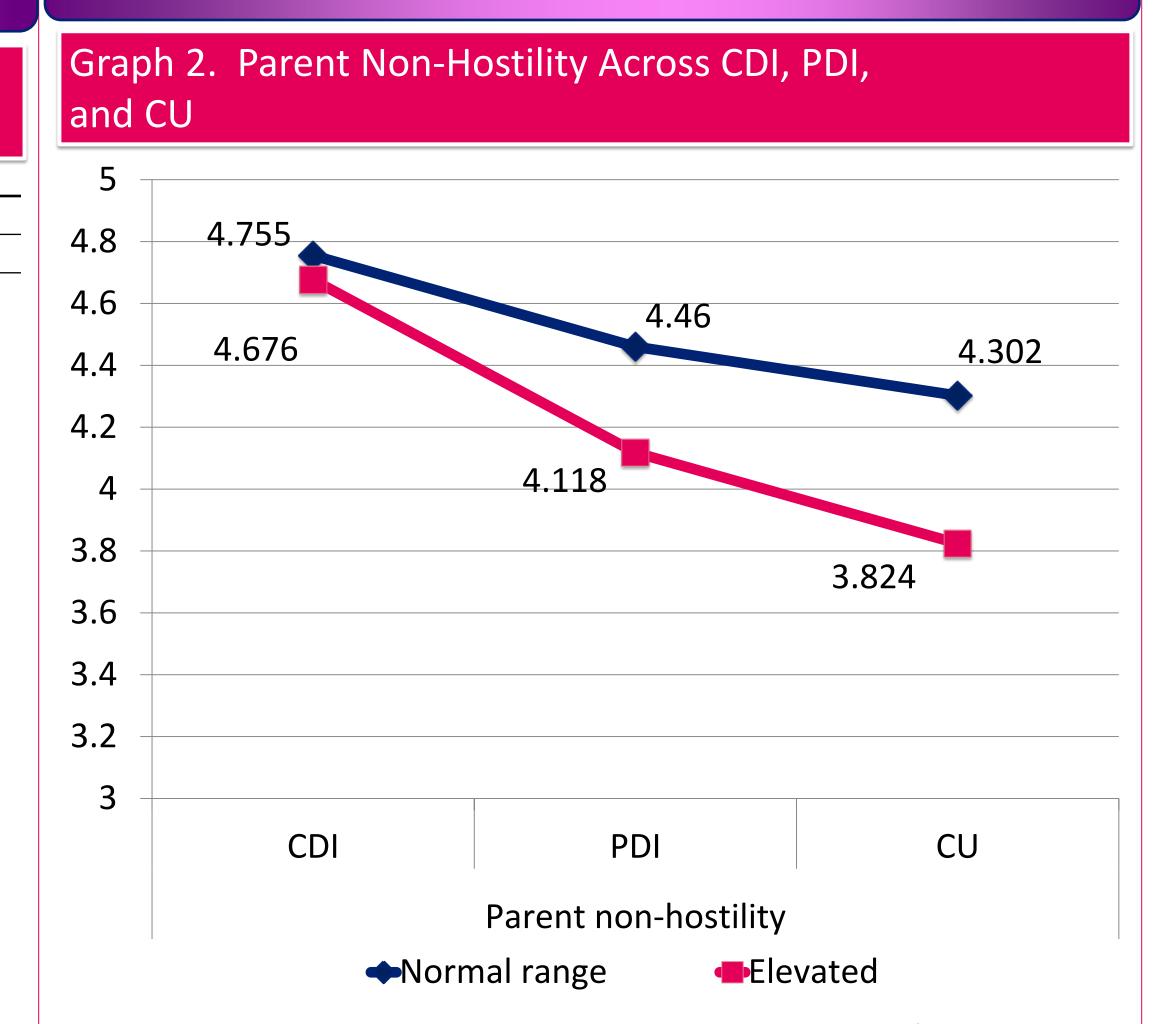
# Table 2. Means for Parent EA Scales by Level of Sexual Concerns

	SC-Risk	Mean	SD
Parent Sensitivity	No	4.68	1
	Yes	4.69	0.96
Parent Non-Hostility*	No	4.50	0.56
	Yes	4.23	0.63
Parent Non-Intrusiveness	No	3.40	0.74
	Yes	3.25	0.74
Parent Structuring	No	3.35	0.52
	Yes	3.40	0.49
Child Responsiveness	No	3.84	0.86
	Yes	3.72	0.72
Child Involvement	No	3.93	0.85
	Yes	3.87	0.75

\*F(1,171)=6.95, p=.009\*\*

• Comparing the averages between the EA scales, mothers of children with elevated sexual concerns show greater hostility than mothers of children in the normal range (lower score=greater hostility).

# RESULTS Cont.



As the interaction progressed through the analogs (CDI, PDI and CU), and as the parent's need to control the interaction increased, the parent's hostility increased significantly more for parents of children with elevated sexual behavior problems. F(1, 170) = 8.50, p=.004

# SUMMARY OF RESULTS

- Results show that in a maltreated sample, children with high levels of sexual concerns were more likely to have experienced sexual abuse.
- Results also show that among the EA scales, mothers differ in the amount of hostility they show their children based on whether or not they have sexual concerns.
- As the interaction required more child compliance, mothers with children who have sexual behavior problems became more hostile towards their children than mothers of children with low to no sexual behavior problems.

### DISCUSSION

- The purpose of this study is to examine how sexual behavior problems in maltreated children impact the levels of emotional availability that mothers demonstrate to their children.
- While the findings do not show that mothers demonstrate less EA overall towards children who have elevated sexual concerns, it does show that sexual concerns may have a much bigger impact in situations that put more stress on the parent.
- The discrepancies in how mothers treat their children may be associated with how parenting behaviors can be impacted by stigmatizing attitudes towards sexual behavior problems, further disrupting the parent-child relationship.
- Previous research stating how the stigma surrounding sexual behaviors may create further distress on relationships that are already impacted by other factors, such as insecure parenting, rejection, and poor monitoring of the child.
- Limitations
  - As the sample size of this study was not evenly distributed between children who have elevated sexual behavior problems and children who do not, certain variables may be more significant as more data is obtained.
- Future Directions
  - Further studies could examine how PCIT impacts the relationship over time between children with sexual behavior problems and their caregivers.

# CHILDREN'S HOSPITAL